

Croatia Report NCPI

NCPI Header

COUNTRY

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

Jasmina Pavlic, prof

Postal address:

Croatian National Institute of Public Health Infectious Disease Epidemiology Service Rockefellerova 7 HR - 10 000 Zagreb

Telephone:

+385 1 4683 004

Fax:

+ 385 1 4683 877

E-mail:

jasmina.pavlic@hzjz.hr

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 .

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

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Dunja Skoko Poljak, MD/Senior Adviser	Yes	Yes	No	No	No	No
Croatian National Institute of Public Health	Tatjana Nemeth Blažić, MD/HIV/AIDS Department Head	No	No	Yes	No	Yes	No
Croatian National Institute of Public Health	Jasmina Pavlic, prof/M&E officer	No	No	No	No	Yes	No
University Clinic for Infectious Diseases "Dr. Fran Mihaljevic"	prof. Josip Begovac, MD, PhD	No	No	No	Yes	No	No
Children's Clinic, Reproductive Health Department	Vlasta Hiršl Hećej, MD MSc	No	No	Yes	No	No	No
Croatian Association for School and University Medicine	prof. Vesna Jureša, MD	No	No	Yes	No	No	No
University Clinic for Infectious Diseases	Sanja Belak Kovačević, psychologist	No	No	No	Yes	No	No
UNDP Croatia, theme group for HIV/AIDS	Iva Jovović, National HIV/AIDS Advisor	Yes	No	Yes	No	No	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Croatian Red Cross	Siniša Zovko, MD, Harm Reduction Programmes Manager	No	Yes	Yes	No	No
NGO "Flight"	Iva Jovović, Management Board President	Yes	Yes	Yes	No	No
NGO "Iskorak"	Hrvoje Fuček, Executive Director	No	Yes	Yes	No	No
NGO "Help"	Mario Puljiz, Harm Reduction Programmes Manager	No	Yes	Yes	No	No
NGO "Terra"	Dejan Travica, Harm Reduction Programmes Manager	No	Yes	Yes	No	No

Croatian Association for PLWHA	Tomislav Beganović, President	Yes	Yes	No	Yes	No
UNDP Croatia, Theme group on HIV/AIDS	Iva Jovović, national HIV/AIDS Advisor	Yes	Yes	No	No	No
-	-	No	No	No	No	No

A - 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

IF YES, what was the period covered:

2011-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

Key goals and measures of the strategy remain the same as in the prior one, since the epidemiological situation regarding HIV in Croatia is such that we are still facing a low-level epidemic.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health

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

SECTORS

Included in Strategy **Earmarked Budget**

Yes	No
Yes	Yes
Yes	No
No	No
Yes	No
No	No
Yes	No

Other [write in]:

-

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

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

-

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

No

HIV and poverty:

No

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

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

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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 implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

-

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

1.9

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

Yes, all partners

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

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

-

National Development Plan:

-

Poverty Reduction Strategy:

-

Sector-wide approach:

-

Other [write in]:

Millenium Development Goals, National HIV/AIDS Prevethnion Program

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

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

No

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

No

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

No

Other[write in below]:

-

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

No

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. 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

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

No

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

Yes

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.

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.

(c) Is coverage monitored by geographical area:

Yes

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

District level

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.

5.4. Has the country developed a plan to strengthen health systems?:

No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

-

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

Following the Second generation principles and continuous monitoring and evaluation of work done as well as quality improvement

What challenges remain in this area:

Lack of human resources dedicated solely to Monitoring and evaluation is still a challenge.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

No

B. Other high officials at sub-national level:

No

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

No

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

-

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Minister of Health, prof. Rajko Ostojčić, MD PhD

Have a defined membership?:

Yes

IF YES, how many members?:

28

Include civil society representatives?:

Yes

IF YES, how many?:

4

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

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

What challenges remain in this area:

-

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

1%

5.

Capacity-building:

No

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

-

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

No

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

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

The key achievement is the continued funding of the VCT services established during the Global fund project (2003-2006) and continuous financial support for the civil sector Even through on a smaller scale all the activities conducted during the GF project are still continuing. The Ministry of Health has financed the first year of a second study of seroprevalence of HIV and STI among MARP that is planned to be conducted in 2011-2013. The implementation of this research has started.

What challenges remain in this area:

Securing more significant financial means for these programs remains an issue.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

the constitution of Croatia guarantees that nobody will be discriminated against on any basis. There is also a General Non-discrimination Act in force that covers discrimination in general (sex, religion etc).

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 ensured 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.

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

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No
Men who have sex with men:
 No
Migrants/mobile populations:
 No
Orphans and other vulnerable children:
 No
People with disabilities:
 No
People who inject drugs :
 Yes
Prison inmates:
 Yes
Sex workers:
 Yes
Transgendered people:
 No
Women and girls:
 No
Young women/young men:
 No
Other specific vulnerable subpopulations [write in below]:
 -

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

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.

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
 Yes
Avoid commercial sex:
 Yes
Avoid inter-generational sex:
 No
Be faithful:
 Yes
Be sexually abstinent:
 No
Delay sexual debut:
 Yes
Engage in safe(r) sex:
 Yes
Fight against violence against women:
 Yes
Greater acceptance and involvement of people living with HIV:
 Yes
Greater involvement of men in reproductive health programmes:
 No
Know your HIV status:
 Yes
Males to get circumcised under medical supervision:
 No
Prevent mother-to-child transmission of HIV:
 Yes
Promote greater equality between men and women:

No
Reduce the number of sexual partners:
 Yes
Use clean needles and syringes:
 Yes
Use condoms consistently:
 Yes
Other [write in below]:
 -

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

No
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
 Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:
 Yes
Secondary schools?:
 Yes
Teacher training?:
 Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

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

No
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes
Briefly describe the content of this policy or strategy:
 -

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	migrants, young people
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	migrants, young people
Yes	No	No	No	No	-
Yes	Yes	Yes	No	Yes	migrants, young people
No	Yes	No	No	No	-
Yes	Yes	Yes	Yes	Yes	migrants, young people
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

6
Since 2009, 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 however funded by the state through the Ministry of Health, and having in mind that this has been the case for six years now, it is a very good achievement showing political commitment and dedication.

What challenges remain in this area:

Securing more substantial financial means for the prevention programs to be implemented to a larger scale

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

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

4.1. To what extent has HIV prevention been implemented?

Blood safety:
 Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

7

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Treatment care and support for PLWHA is provided centrally in Croatia at the University Hospital for Infectious Diseases Fran Mihaljević that offers proper treatment and of those who need it (free of charge for the patients).

Briefly identify how HIV treatment, care and support services are being scaled-up?:

In the same hospital where they are treated, PLWHA and their families can turn to professional psychosocial support. There is an NGO by/for the PLWHA that also offers support and advice for persons with HIV/AIDS

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

-

Early infant diagnosis:

-

HIV care and support in the workplace (including alternative working arrangements):

-

HIV testing and counselling for people with TB:

-

HIV treatment services in the workplace or treatment referral systems through the workplace:

-

Nutritional care:

-

Paediatric AIDS treatment:

-
Post-delivery ART provision to women:
 -
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
 -
Post-exposure prophylaxis for occupational exposures to HIV:
 Strongly Agree
Psychosocial support for people living with HIV and their families:
 Strongly Agree
Sexually transmitted infection management:
 Strongly Agree
TB infection control in HIV treatment and care facilities:
 -
TB preventive therapy for people living with HIV:
 Strongly Agree
TB screening for people living with HIV:
 Strongly Agree
Treatment of common HIV-related infections:
 Strongly Agree
Other [write in]:
 -

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Regarding PLWHA it is important to say that the treatment is free of charge for all patients who need it, regardless of their social status. Croatia is a social state meaning that any citizen in need is taken care of by the state if they are out of work according to regulations in effect.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

No

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

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

10

Since 2009, 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)

What challenges remain in this area:

-

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

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

10

Since 2009, what have been key achievements in this area:

Croatia has a low level of epidemic with only very few infected children all of which receive the care they need.

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

-

1.1 IF YES, years covered:

2011-2015

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

Yes, all partners

Briefly describe what the issues are:

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes

Behavioural surveys:
Yes

Evaluation / research studies:
Yes

HIV Drug resistance surveillance:
-

HIV surveillance:
Yes

Routine programme monitoring:
Yes

A data analysis strategy:
Yes

A data dissemination and use strategy:
Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes

Guidelines on tools for data collection:
Yes

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

Yes
3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

4. Is there a functional national M&E Unit?:

Yes
Briefly describe any obstacles:

Lack of human resources.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
No

In the National HIV Commission (or equivalent)?:
No

Elsewhere [write in]?:
Croatian National Institute of Public Health, Infectious Disease Epidemiology Service

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
HIV/AIDS Department Head	Full time	-	2009
M&E officer	Full time	-	2006

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

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.

What are the major challenges in this area:

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

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

Yes
6. Is there a central national database with HIV- related data?:

Yes
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

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

county level

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

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

Number of clients seeking services of the VCT center is used to plan finances for the upcoming period Also, data were used to organize a workshop on testing and counselling with contents that were asked for in the previous period. 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.

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

At national level?:

Yes

IF YES, what was the number trained:

some 30 persons were trained from all three levels (national, subnational and civil society level)

At subnational level?:

Yes

IF YES, what was the number trained:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

-

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

A meeting of all VCT coordinators in Croatia.

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

3

Since 2009, what have been key achievements in this area:

No significant progress has been made.

What challenges remain in this area:

-

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

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.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) 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

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.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

3

c. The national HIV reports?:

4

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.

4.

a. Developing the national M&E plan?:

4

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

4

c. Participate in using data for decision-making?:

3

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 revisions of this strategy.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

5

Comments and examples:

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

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

4

Comments and examples:

Civil society is given substantial technical 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

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

-

Men who have sex with men:

-

People who inject drugs:

-

Sex workers:

-

Transgendered people:

-

Testing and Counselling:

-

Reduction of Stigma and Discrimination:

-

Clinical services (ART/OI)*:

-

Home-based care:

-

Programmes for OVC**:

-

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

8

Since 2009, what have been key achievements in this area:

No significant changes in this reporting period have happened.

What challenges remain in this area:

-

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

PLWHA have a representative in the NAC and influence the design of the national strategy; the last example of this is the new strategy brought for the period 2011-2015 also PLWHA have their NGO that provides advice and psychosocial services for PLWHA which receives part of the financial support for their activities from the MoH

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

the constitution of Croatia guarantees that nobody will be discriminated against on any basis. There is also a General Non-discrimination Act in force that covers discrimination in general (sex, religion etc).

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Complaint's commissioner acts in such cases, implementation is of course also ensured 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.

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

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

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.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

-

Briefly describe the content of the policy, law or regulation and the populations included:

-

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

-

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

Yes

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.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

All those requiring ART are eligible for it and receive the therapy and HIV related care and support free of charge. All MARPs as defined by the National AIDS prevention program receive HIV prevention services to some extent through activities of the program and can seek care through regular medical care which is to a large extent free of charge - covered by medical insurance which everyone in Croatia has (those are: IDU, CSW, young people, MSM, prisoners, migrants)

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

-

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

-
8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

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

-
10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. 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:

-
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

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

-
11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

-
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
-

-
12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

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

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

-
14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

-
Since 2009, what have been key achievements in this area:

-
What challenges remain in this area:
-

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

-
Since 2009, what have been key achievements in this area:

-
What challenges remain in this area:
-

B - IV. PREVENTION

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

No

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

-
1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

There have been no significant achievements.

What challenges remain in this area:

Financial situation remains challenging.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Treatment care and support for PLWHA is provided centrally in Croatia at the University Hospital for Infectious Diseases Fran Mihaljević that offers proper treatment and of those who need it (free of charge for the patients).

Briefly identify how HIV treatment, care and support services are being scaled-up?:

In the same hospital where they are treated, PLWHA and their families can turn to professional psychosocial support. There is an NGO by/for the PLWHA that also offers support and advice for persons with HIV/AIDS

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

-

Early infant diagnosis:

-

HIV care and support in the workplace (including alternative working arrangements):

-

HIV testing and counselling for people with TB:

-

HIV treatment services in the workplace or treatment referral systems through the workplace:

-

Nutritional care:

-

Paediatric AIDS treatment:

-
Post-delivery ART provision to women:
-
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Strongly Agree
Psychosocial support for people living with HIV and their families:
Strongly Agree
Sexually transmitted infection management:
Strongly Agree
TB infection control in HIV treatment and care facilities:
-
TB preventive therapy for people living with HIV:
Strongly Agree
TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:
Strongly Agree
Other [write in]:
-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

10

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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

No

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

10

Since 2009, what have been key achievements in this area:

Croatia has a low level of epidemic with only very few infected children all of which receive the care they need.

What challenges remain in this area:

-

Source URL: <http://aidsreportingtool.unaids.org/88/croatia-report-ncpi>