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Response Details

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1) Country

Slovenia (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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7) Date of submission:

Please enter in DD/MM/YYYY format

16/05/2010

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

Preparation of this report was coordinated by Assist. Prof. Irena Klavs, MD, MSc, PhD, AIDS, STI & HAI Unit, Communicable Diseases Centre, National Institute of Public Health. All members of the National AIDS Committee at the Ministry of Health were forwarded the Guidelines on construction of

core indicators, 2010 reporting and asked to contribute any available information to the National Institute of Public Health. In addition some other individuals contributed. Before submission, all members of the National AIDS Committee and all other individuals that contributed some information were forwarded the password to access the NCPI draft and were asked to send any comments to the National Institute of Public Health.The report was adopted at the meeting of the National AIDS Committee at the Ministry of Health on 15th April 2010.

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

No disagreements.

10)

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

No concerns.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	National Institute of Public Health	Head, AIDS, STI & HAI Unit,	A.I, A.II, A.III, A.IV, A.V

12)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	SKUC-MAGNUS (MSM NGO)	Miran Solinc, Social Worker, MSc, HIV Prevention Coordinator	B.I, B.II, B.III, B.IV

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13)

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

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

Question 1 (continued)
Period covered:

1995-2015

15)

1.1 How long has the country had a multisectoral strategy?

Number of Years

15

16)

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

Page 8

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

Question 1.2 (continued)
If "Other" sectors are included, please specify:

Justice

18)

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?

There is no national HIV prevention, treatment and care budget. HIV prevention, treatment and care have been mainstreamed into different governmental sectors' activities. For example, HIV testing, treatment and care is reimbursed through mandatory health insurance scheme and provided within outpatient and hospital care reimbursement mechanisms. How HIV prevention, care and support activities funds are spent and where they originate is not monitored on the national level. Horizontal integration of activities is perceived as efficient and more reasonable than a vertically implemented program.

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19)

Part A, Section I: STRATEGIC PLAN

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

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	No
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2009

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22)

Part A, Section I: STRATEGIC PLAN

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

All residents → Awareness and information on the methods of HIV transmission in the population are a precondition for limiting risk behaviour and decreasing the stigmatisation and discrimination of vulnerable groups. Groups with high-risk behaviour → Due to their behaviour they are the group most exposed to HIV infection, including: ■ MSM → In Slovenia, MSM is the group that has the highest burden of HIV infection and is rapidly growing.Homosexual young men, especially in the period before sexual activity or in its first years, represent a population of those MSM who are infected with HIV at a very young age. This group is twice as vulnerable but is liable to the same risks as MSM or young people in general. ■ patients with STIs → STIs are an indicator of risk sexual behaviour; therefore, patients with STIs are a group with a higher risk of HIV infection. ■ IDU → IDUs are a group with risk behaviour for HIV because they share needles for the injection of drugs and have unprotected sexual intercourse. When the number of infections among IDU increases, HIV infection can be transmitted among the general population through unprotected sexual intercourse. ■ All other residents with risk sexual behaviour → All those who frequently change their sexual partners, those involved in commercial sex and their clients, persons who travel to areas with high HIV prevalence and have sexual intercourse there, etc. are under threat. Vulnerable groups → Persons who do not have equal access to information or protection against the infection are more vulnerable (for example persons in prisons, migrants). Young people → Risk behaviour is easier to prevent than to change; this is why education for a healthy sexuality is very reasonable for this group. Behaviour acquired by young people will have an impact on the development of the HIV epidemic within the whole generation. HIV-infected persons and their partners → Counselling, treatment and care must be provided for HIV-infected persons. Safer sexuality and avoidance of other risk behaviour also needs to be provided for the prevention of further spreading of infection.

23)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

24)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	No
c. Detailed costs for each programmatic area?	No
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

25)

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

Active involvement (0)

Page 12

26)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Full involvement and participation of civil society in the development of the multisector HIV strategy

(2010-2015) was ensured through participation of all 4 individuals representing interested civil society organizations or NGOs in the National AIDS Committee at the Ministry of Health, which has a total number of 23 members.

27)

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

No (0)

28)

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

No (0)

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29)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)
IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

Not aplicable.

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30)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 16

31)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 17

32)

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

Yes (0)

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33)

Part A, Section I: STRATEGIC PLAN

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

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	No
Care and support	No
Other: Please specify	

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34)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV testing and counselling in uniformed services is voluntary.

35)

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

No (0)

Page 21

36)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 23

37)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

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38)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

39)

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

No (0)

Page 25

40)

Part A, Section I: STRATEGIC PLAN

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

No (0)

41)

7.4 Is HIV programme coverage being monitored?

No (0)

Page 29

42)

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

43)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

9 (9)

44)

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

New Strategy for preventing and controlling HIV infection for the period 2010-2015 has been developed and adopted by the Government of Slovenia in 2009.

45)

What are remaining challenges in this area:

The remaining challenge is the timely preparation of annual action plans for the activities that are not integrated into different governmental sectors and to ensure sufficient funding for their implementation.

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46)

Part A, Section II: POLITICAL SUPPORT

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

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

47)

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

48)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2009

49)

2.2 IF YES, who is the Chair?

Name	Mojca Gruntar-Cinc, MD
Position/title	Director General, Directorate for Public Health, Ministry of Health

50)

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

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

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51)

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

23

52)

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

53)

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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54)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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55)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

For example, in 2008, the Ministry of Health, the National Institute of Public Health, several MSM NGOs and the Faculty of Social Sciences formed a coalition to prepare a communication campaign primarily targeted to young people with the aim to encourage responsible sexual behaviour and use of condoms. In cooperation with all coalition members, the campaign was designed under the lead of 6 students of the Faculty of Social Sciences. The campaign implementation started at the end of 2009. The slogan used was »Spread the word, not the virus!«. In addition, other communication activities for various population groups are also going on. The resulting solutions and planned activities are an example of the practice of cooperation among different institutions and individuals for public health objectives. More information: http://www.stop-aids.si/en/who-we-are/the-campaign/graphical-material

56)

Briefly describe the main challenges:

The greatest remaining challenge is to ensure national coverage of MSM with good quality interventions for preventing sexual transmission of HIV and promotion of HIV testing for early diagnosis. Governmental funding to implement such HIV prevention activities among MSM by MSM NGOs working in this area should be ensured.

57)

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	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes

Other: Please specify

58)

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

No (0)

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59)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

9 (9)

60)

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

New Strategy for preventing and controlling HIV infection for the period 2010-2015 has been developed and adopted by the Government of Slovenia in 2009. In view of current low level HIV epidemic, the political support is percieved to be relatively high.

61)

What are remaining challenges in this area:

There are no percieved remaining major challenges.

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62)

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

63)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
h. Abstain from injecting drugs (0)
i. Use clean needles and syringes (0)
k. Greater acceptance and involvement of people living with HIV (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

64)

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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65)

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?

No (0)

66)

2.1 Is HIV education part of the curriculum in:

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

67)

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

No (0)

68)

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

vulnerable sub-populations?

Yes (0)

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69)

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

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

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

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70)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

71)

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

New Strategy for preventing and controlling HIV infection for the period 2010-2015 has been developed and adopted by the Government of Slovenia in 2009. The strategy is based on the prevention of HIV infections that is the most important pillar.

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72)

Part A, III. PREVENTION

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

Yes (0)

Page 46

73)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

Based on all available information, mostly HIV surveillance data.

74)

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	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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75)

Part A, III. PREVENTION

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

8 (8)

76)

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

See the narrative report, section "National response to the AIDS epidemic". One example: In 2008, the Ministry of Health, the National Institute of Public Health, several MSM NGOs and the Faculty of Social Sciences formed a coalition to prepare a national communication campaign primarily targeted to young people with the aim to encourage responsible sexual behavior and use of condoms. In cooperation with all coalition members, the campaign was designed under the lead of 6 students of the Faculty of Social Sciences. The campaign implementation started at the end of 2009. The slogan used was »Spread the word, not the virus!«.

77)

What are remaining challenges in this area:

The main challenge is to strengthen MSM NGOs to implement prevention activities targeted to MSM, most affected population group in Slovenia.

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78)

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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79)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

80)

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

No (0)

81)

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

No (0)

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82)

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

There is no need for scaling-up HIV treatment. Universal access to high quality clinical treatment and care (including highly active anti-retroviral therapy - HAART) is ensured to everyone in need and in contact with health care services. By the end of 2009 a total of approximately 310 HIV infected individuals were in contact with health care services and of those approximately 240 were on HAART. The costs are reimbursed within mandatory health insurance scheme. Psychosocial support for people living with HIV/AIDS needs to be scalled-up.

83)

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

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

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84)

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)

85)

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

substitution drugs?

No (0)

Page 53

86)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

9 (9)

87)

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

All HIV infected individuals have access to high quality treatment, care and support which has been available since 1990s.

88)

What are remaining challenges in this area:

The remaining challenge is HIV positive prevention, including supporting high risk sexual behavior change among individuals with diagnosed HIV infection.

Page 54

89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)

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90)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

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91)

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

1996

92)

1.1 IF YES, years covered:
Please enter the <u>end</u> year in yyyy format below

2009

93)

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

Yes (0)

94)

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

Yes (0)

95)

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)

Page 60

96)

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	No
a strategy for assessing data quality (i.e., validity, reliability)	No
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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97)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include <u>a data collection strategy</u>, then does this <u>data collection strategy</u> address:

routine programme monitoring	No
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	No

98)

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

Yes (0)

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99)

3.2 IF YES, has full funding been secured?

Yes (0)

100)

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

No (0)

Page 64

101)

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

No (0)

Page 65

102)

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

Priorities for M&E are determined through interpretation of existing HIV surveillance data (including behavioral surveillance) by the Ministry of Health and based on the advice of the members of the National AIDS Committee at the Ministry of Health. HIV surveillance is coordinated by the National Institute of Public Health and is integrated into communicable diseases surveillance.

103)

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

No (0)

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104)

Part A, Section V: MONITORING AND EVALUATION

Question 5 (continued)

IF NO, what are the main obstacles to establishing a functional M&E Unit?

In view of currently low level HIV epidemic in Slovenia and many competing public health priorities, it is not perceived necessary to invest already scarce public health resources into establishing a special HIV response M&E Unit. Existing HIV surveillance (including behavioral surveillance) coordinated by the National Institute of Public Health is perceived to respond to most M&E needs.

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105)

What are the major challenges?

The major challenges are to ensure better behavioural surveillance among MSM and to ensure integration of data collection for some of the most relevant M&E indicators into other national surveys with ensured funding, for example into the European Health interview Survey (EHIS).

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106)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

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107)

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

Yes (0)

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108)

Part A, Section V: MONITORING AND EVALUATION

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

The HIV surveillance national database is managed by the National Institute of Public Health.

109)

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

No, none of the above (0)

Page 73

110)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

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111) **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)?

There are functional health information systems on regional level (managed by the 9 regional institutes of public health).

112)

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

Yes (0)

113)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

114)

Provide a specific example:

Annual report on HIV (mainly surveillance information) is published by the National Institute of Public Health. Evidence that MSM are the most affected population group in Slovenia resulted in prioritizing this population group as the most important HIV prevention target group in the national Strategy for preventing and controlling HIV infection for the period 2010-2015 adopted by the Slovenian Government in 2009.

115)

What are the main challenges, if any?

The major challenge is ensuring integration of data collection for some of the most relevant M&E indicators into other national surveys for which funding is ensured, for example into the European

Health interview Survey (EHIS). Allocation of more resources into M&E of HIV strategy would result in more comprehensive and better information.

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

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

3 (3)

117)

Provide a specific example:

Evidence that MSM are the most affected population in Slovenia, resulted in prioritizing this population group in the national Strategy for preventing and controlling HIV infection for the period 2010-2015.

118)

What are the main challenges, if any?

Limited resources available for public health and many other public health competing priorities result in insufficient governmental funding of HIV prevention activities in general and also those implemented by MSM NGOs.

Page 76

119)

Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

120)

Provide a specific example:

Evidence that MSM are the most affected population in Slovenia, resulted in prioritizing this population group in the national Strategy for preventing and controlling HIV infection for the period 2010-2015.

121)

What are the main challenges, if any?

There are no perceived major challenges.

Page 77

122) **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

123)

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

124)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 82

125) **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?

8 (8)

126)

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

There were no major achievements in 2008 and 2009.

127)

What are remaining challenges in this area:

The major challenge is ensuring integration of data collection for some of the most relevant M&E indicators into other national surveys with ensured funding, for example the European Health interview Survey (EHIS).

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128)

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 specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

129)

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:

HIV is not specifically mentioned, it is a general provision.

130)

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

No (0)

Page 86

131)

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?

No (0)

Page 88

132) **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

133)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Citing from the Strategy for preventing and controlling HIV infection for the period 2010-2015: Efficient prevention and limitation of stigmatisation and discrimination of infected persons are important for comprehensive successful prevention, medical treatment and control of HIV infection. Therefore, activities for the prevention of spreading of HIV infection also include messages for decreasing prejudice, promotion of tolerance and acceptance of diversity. An important task of the medical system and other organisations that deal with the prevention of HIV infections is to provide all the information a person needs for the prevention of HIV transmission and for the medical treatment, without being stigmatised. This issue is also important when treating a patient in the healthcare system. Information of the general public about the preventive measures, accessibility of medical treatment and its success are also very important factors in the fight against stigmatisation. Persons who are well informed about positive results of medical treatment and controllability of the disease change their attitude towards the infection and infected persons. On the other hand, lack of information often causes prejudice and unnecessary fear. Educating medical workers and the general public about the stigmatisation and discrimination issue of HIV-infected persons and AIDS patients needs to be regular. Homophobia, along with stigmatisation and discrimination, can in a group like MSM, which is a group with the highest burden of HIV infection in Slovenia, cause weakening of the efficiency of preventive programmes. Members of this group often don't want to identify with such programmes, so they postpone testing and consequently also the medical treatment. In some cases, they even reject medical treatment. Social stigmatisation of homosexual persons influences the level of psychological problems within this group and, consequently, contributes to a higher drug abuse rate, which means that homosexual persons more easily enter in risky sexual intercourses and behave differently in comparison with a sober state. Many members of MSM face the feeling of inferiority, even worthlessness. Sexual intercourse without a condom can, in this context, also be a form of self-punishment. Hiding their own sexual orientation due to the fear of homophobia, stigmatisation and discrimination can very often result in a reduction of complex sexual life to anonymous, quick, single, occasional and risky sexual contacts. This also demands additional training of medical workers, strengthening of cooperation between the networks of infected persons and greater attention to topics like stigmatisation and discrimination of vulnerable groups and groups with a higher risk for infection inside the healthcare system. Therefore, education of medical workers and the general public regarding the stigmatisation and discrimination of MSM needs to be an integral part of preventive activities.

134)

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

135)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

General provisions (not HIV specific) available through Ombudsperson as well as Ombudsperson for patients rights.

136)

6. Has the Government, through political and fi nancial 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

137)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

Four members of the National AIDS Committee at the Ministry of health are representatives of civil society or MSM NGOs interested in HIV prevention, treatment and care. In addition, an individual living with HIV/AIDS is also a member. In 2008, the Ministry of Health, the National Institute of Public Health, several MSM NGOs and the Faculty of Social Sciences formed a coalition to prepare a communication campaign primarily targeted to young people with the aim to encourage responsible sexual behaviour and use of condoms. In cooperation with all coalition members, the campaign was designed under the lead of 6 students of the Faculty of Social Sciences. The campaign implementation started at the end of 2009. The slogan used was »Spread the word, not the virus!«.

138)

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

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

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139)

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:

Already since mid-eighties, prevention, treatment and care have been mainstreamed into different governmental sectors' activities and have been free of charge. Information, education and communication activities have aimed at reducing risk-taking behavior and encouraging responsible sexual behavior among youth and the general population. In addition, NGOs have been implementing preventive and harm reduction interventions targeted to groups at highest behavioral

risk, for example MSM and IDU. Everyone has access to client-initiated voluntary confidential and also anonymous counseling and testing, effective treatment for sexually transmitted diseases, and universal access to high quality clinical treatment and care for HIV infection, including highly active anti-retroviral therapy. This is reimburesed through mandatory health insurance scheme. Given the resourse constraints for public health, the main challenge remains insufficient govenmental funding of MSM NGOs for the implementation of HIV prevention among MSM.

140)

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

141)

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)

142)

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

Yes (0)

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143)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

Citing from the Strategy for preventing and controlling HIV infection for the period 2010-2015: The most important principle of the Strategy is to respect the human rights. Human rights that should be specially protected include: – the right to life and respect for the universal right to health, – the right to the best possible treatment, – the right to non-discrimination, – the right to equal protection and equality before the law, – the right to the best possible physical and psychological health, – the right to personal freedom and security, – the right to freedom of movement, – the right to seek asylum, – the right to privacy, – the right to freedom of thought and speech, to give and spread information, – the right to integration, – the right to work, – the right to a family, – the right to equal education opportunities, – the right to an adequate standard of living, – the right to social assistance, – the right to enjoy scientific achievements, – the right to participation in public and cultural life, prohibition of torture and cruel, inhumane or humiliating treatment or punishment. The Strategy is based on the following significant starting points: – universality, quality of services, equality and solidarity, – consideration of the global scope of this phenomenon and the general mobility of persons, – promotion of the integration of civil society, infected and sick persons in the

preparation of the Strategy and implementation of activities, – defending preventive culture and stressing the importance of the responsibility of an individual for one's own health and the health of others, – defending open and easy access to information for everyone, – consideration of balance in methods (prevention, treatment, care), – defending measures based on evidence, – consideration of measures for long-term system sustainability and financial resources of the state.

144)

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)

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145)

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:

Citing from the Strategy for preventing and controlling HIV infection for the period 2010-2015: For example, for the target population of MSM: Better coverage of quality programmes for preventing HIV infection for MSM must be provided with intensive promotion of safe and safer sexual intercourse and regular (consistent and proper) use of condoms and lubricants for sexual intercourse (oral, anal, vaginal). MSM are a very heterogeneous and dispersed group with different demographical and economical characteristics, lifestyles and different reasons for risk behaviour; therefore, these factors should be taken into consideration. Knowledge of reasons for using and not using condoms within MSM is an important starting point for the preparation of appropriate interventions in order to change the behaviour towards greater use of condoms.

146)

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

Yes (0)

147)

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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148)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 97

149)

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

Yes (0)

150)

– 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)

151)

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

No (0)

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152)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

General provisions (not HIV specific) available through Ombudsperson as well as Ombudsperson for patients rights.

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153)

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)

154)

– Legal aid systems for HIV casework

No (0)

155)

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

No (0)

156)

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

Yes (0)

157)

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

Yes (0)

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158)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**No**
Personalities regularly speaking out	**No**
Other: please specify	

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159)

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?

9 (9)

160)

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

In 2009, the Government of Slovenia adopted the new Strategy for preventing and controlling HIV infection for the period 2010-2015 explicitly stating two aims to reduce the personal and social impact of HIV infection and AIDS: AIM 7: integration of infected persons in society AND AIM 8:

restricting discrimination and stigmatisation.

161)

What are remaining challenges in this area:

The main challenge remaining is to empover people living with HIV/AIDS to be more actively involved in HIV prevention and advocacy activities.

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162)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

8 (8)

163)

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

The MSM NGOs coallition "STOP AIDS Slovenia" has been formed and execised some political presure to give more attention to this issue during the World AIDS Day 2009.

164)

What are remaining challenges in this area:

The challenge is to further strengthen "STOP AIDS Slovenia" and to better educate people living with HIV/AIDS about their rights.

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165)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

4 (4)

166)

Comments and examples:

Civil society has been actively involved in National AIDS Committee at the Ministry of Health and in preparation of the new national Strategy for preventing and controlling HIV infection during the period 2010-2015.

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167)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

3 (3)

168)

Comments and examples:

Civil society representatives have been involved in planning the national strategic plan, but had no influence in the budgeting.

Page 105

169)

a. the national AIDS strategy?

1 (1)

170)

b. the national AIDS budget?

0

171)

c. national AIDS reports?

3 (3)

172)

Comments and examples:

MSM NGOs have been providing HIV prevention services to MSM population since mid 1980s. However, governmental funding for these services has been insufficient. Thus sufficient technical support has not been provided and professionalisation in this area has not been supported.

Page 106

173)

a. developing the national M&E plan?

1 (1)

174)

c. M&E efforts at local level?

4 (4)

175)

Comments and examples:

All activities targeted to MSM on a local level and implemented by different MSM NGOs' have a M&E component.

Page 107

176) **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)

177)

Comments and examples:

The National AIDS Committee has several representatives of civil society and also a representative of the Catholic church.

Page 108

178)

a. adequate financial support to implement its HIV activities?

1 (1)

179)

b. adequate technical support to implement its HIV activities?

3 (3)

180)

Comments and examples:

Financial support is insufficient, only project based, often requireing voluntarism. Technical support in Slovenia is limited, however is provided by strong LGBT and HIV/AIDS NGOs on the EU level as well as from some other EU countries.

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181) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	51-75%

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

Page 110

182)

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)

183)

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

Civil society has influenced a better dialogue and more intensive collaboration between different stakeholders involved in HIV prevention, treatment and care activities. Civil society representative in the National AIDS Committee at the Ministry of Health had major influence during the preparation of the new Strategy for preventing and controlling HIV infection during the period 2010-2015. Civil society representative participated in the development and implementation of the most recent national HIV prevention campaign.

184)

What are remaining challenges in this area:

The remaining challenge is to ensure sufficient and sustainable governmental funding of NGOs working in the area of HIV prevention and care.

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185)

Part B, Section III: PREVENTION

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

Yes (0)

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186)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

These needs were detemined on the HIV surveillance data, results from ad hock research studies, imput from representatives of the most affected groups such as MSM and from monitoring and evaluation of local activities implemented by NGOs and targeted to the most affected group such as MSM.

187)

1.1 To what extent has HIV prevention been implemented?

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

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188)

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?

8 (8)

189)

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

Since 2007 NGOs working in the area of HIV prevention and care have formed a coallition "STOP AIDS Slovenia" resulting in better sinergy in HIV prevention efforts. Civil society representative participated in the development and implementation of the most recent national HIV prevention campaign. In 2008, online HIV counselling was implemented by three main MSM NGOs. The EAHC co-funded project EVERYWHERE started in 2008 aiming to increase social responsibility of MSM.

190)

What are remaining challenges in this area:

The main remaining challenge is to ensure sufficient and sustainable funding for MSM NGOs implementing prevention and care activities that are targeted to MSM. Another challenge is to introduce sexual and reproductive health education in elementary school curiculum. Finaly, a challenge is also to ensure protection of human rights and reduce the stigma for PLWHA.

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191)

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

192)

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

High quality treatment including HAART is available to everyone in need. Psychosocial support for PLWHA needs to be scalled-up to improve the quality of life for PLWHA.

193)

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	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems	N/A

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

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194)

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?

7 (7)

195)

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

Psychosocial support for PLWHA has improved in 2009.

196)

What are remaining challenges in this area:

The challange for the future is to decentralize HIV treatment, as currently there is only one national center providing treatment for all PLWHA.

Page 117

197)

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)