

## Sweden 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:**

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

The National Coordination of HIV and STI Prevention unit at the Swedish Institute for Communicable Disease Control (SMI) was responsible for the coordination process of the Global Aids Progress Reporting 2012 in Sweden. The responsibility included collecting indicator data, writing and collating the narrative report and the NCPI part A. In this process relevant stakeholders such as the The National Board of Health and Welfare (NBHW), The Swedish National Agency for Education, Swedish Prison and Probation Service, the steering committee of InfCareHIV - a medical decision support and quality register for the Swedish HIV care were consulted and contributed with data and information. The NCPI part B was coordinated by HIV –Sweden who invited all NGOs receiving governmental funding to prevent HIV/AIDS and other STIs and the consequences of HIV to complete the NCPI part B concerning the civil society.

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

The National Board of Health and Welfare, The Swedish National Agency for Education, Swedish Prison and Probation Service, Swedish Association of Local Authorities and Regions and the steering committee of InfCareHIV was given the possibility to review the NCPI part A, and indicator data reported. HIV-Sweden, was responsible for coordinating NGO respons in NCPI part B.

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Swedish Institute for Communicable Disease Control	Monica Ideström - Head of Unit, Torsten Berglund - Programme Officer, Frida Hansdotter, Epidemiologist	Yes	Yes	Yes	Yes	Yes	Yes
The Swedish National Agency for Education	Agneta Nilsson	No	No	No	Yes	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
Hiv-Sverige	Peter Månehall, Åsa Cronberg	Yes	Yes	Yes	Yes	Yes
RFSU	Felicitas Bergström	Yes	Yes	Yes	Yes	Yes
RFSL	Mikael Jonsson, Christian Antoni Möllerup	Yes	Yes	Yes	Yes	Yes
OASEN	Jane Backström Alatalo	Yes	Yes	Yes	Yes	Yes
Noaks Ark	Daniel Liljendahl	Yes	Yes	Yes	Yes	Yes
Posithiva gruppen	Anders Björnum	Yes	Yes	Yes	Yes	Yes

# 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:**

2006-2016

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

**IF NO or NOT APPLICABLE, briefly explain why.:**

-

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Swedish Institute for Communicable Disease Control

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
No	-
No	-
No	-
Yes	Yes
Yes	Yes

**Other [write in]:**

Board of Migration, Swedish Prison and Probation Services

**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?:**

Some of the sectors are not engaged in the multisectoral strategy, and for other sectors it is included in their overall budget.

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:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

No

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

Relevant key populations have been identified based on an analysis of the Swedish context

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

MSM, vulnerable migrant groups, IDU, young and young adults, people travelling to countries with a generalized HIV epidemic, persons buying and selling sex, pregnant women (to prevent MTCT), people living with HIV/AIDS

**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?:**

No

**d) An indication of funding sources to support programme implementation?:**

Yes

**e) A monitoring and evaluation framework?:**

No

1.7

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

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

The strategy was developed in 2003-2005. All major stakeholders including the main active NGOs were invited to participate in the needs assessment and strategy development prior to the government bill was written.

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

N/A

1.9

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

N/A

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

N/A

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

N/A

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

No

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

No

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

No

**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)?:**

Yes

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

Yes

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

MSM, IDU, youth and young adults

**Briefly explain how this information is used:**

To monitor the knowledge, behaviours and needs in different populations groups and effectiveness of preventive interventions.

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

Yes

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

The monitoring is performed at national level but can be analysed by geographic area

**Briefly explain how this information is used:**

To monitor differences in knowledge, behaviours and needs in different populations groups and effectiveness of preventive interventions, on a geographical level.

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

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

The Swedish health system is overall regulated by the Health Care Act (1982:763). This act ensures provision of good health care on equal terms for the entire population. Health care should be provided with respect for all human beings and for human dignity. HIV care is integrated in the Swedish health care system, and all treatment and care is free of charge for the patient.

**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?:**

7

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

In order to meet the HIV and other STI prevention needs in the MSM population a national action plan targeting MSM is soon to be finalized. Further, FEMP, an European conference about the Future of European Prevention among MSM was organized by SMI in Stockholm, November 2011. SMI has together with the Migration Board and other authorities applied and received an EU grant from the European refugee fund with the aim to develop and improve the structure and co-ordination of health examinations and information offered to asylum seekers arriving in Sweden. A national questionnaire survey on sexuality was conducted at the end of 2009 amongst youths and young adults– UngKAB09 and a report has been published in 2011. Sweden also participated in the European MSM internet survey, EMIS, in 2010. A national report will be published in 2012. Two national information campaigns targeting youths and young adults have been launched during 2010-2011. These campaigns have mainly used social media, such as Facebook, to reach the target group.

**What challenges remain in this area:**

Developing a national action plan targeting IDUs. Improve coverage of needle-syringe programmes in areas where there is a need for it. Improve monitoring of stigma, discrimination and quality of life in people living with HIV as well as improve monitoring of knowledge, behaviours and needs in vulnerable migrant groups.

## 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:**

Yes

**B. Other high officials at sub-national level:**

Yes

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.):**

Yes

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

The Under Secretary of State (Ministry of Health and Social Affairs) participated at the High-Level Meeting on AIDS in UN General Assembly, June 2011. The Minister of Health and Social Affairs made a speech at the European FEMP conference in Stockholm 2011. The Swedish Aids ambassador represents the government in international collaboration in this field.

**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?:**

Christer G Wennerholm, Politician appointed by the Prime Minister

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

14

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

5

**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?:**

-

**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

**IF YES, briefly describe the main achievements:**

Collaboration is ongoing between different sectors and stakeholders and is stimulated by annual governmental funding for HIV/STI prevention efforts in the counties. Also, the national HIV council strengthens the collaboration between different sectors and stakeholders.

**What challenges remain in this area:**

Collaboration between sectors could be improved, e.g. NGOs and the health care sector, and the commercial sector such as night clubs and bars.

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

40%

5.

**Capacity-building:**

Yes

**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?:**

Yes

**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?:**

6

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

Overall the national political support is satisfactory, but at the regional level the support is less satisfactory. Key achievements in this area: a majority of the counties have an updated regional HIV/STI programme.

**What challenges remain in this area:**

Further coordination between sectors and additional funding at regional and local levels.

## 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:**

No

**Sex workers:**

No

**Transgendered people:**

Yes

**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:**

On 1 January 2009 a new comprehensive Discrimination Act (Swedish Code of Statutes 2008:567) came into force. The purpose of this Act is to combat discrimination and in other ways promote equal rights and opportunities regardless of sex, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation or age (link to the Act: <http://www.regeringen.se/content/1/c6/11/59/03/b463d1e1.pdf>).

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

The Equality Ombudsman (DO) was formed on January 2009 when the four previous anti-discrimination ombudsmen were merged into a new body. The previous authorities were the Equal opportunities Ombudsmen (JämO), the Ombudsman against Ethnic Discrimination (DO), the Disability Ombudsman (HO) and the Ombudsman against Discrimination on grounds of sexual Orientation (HomO). Link to more information about the DO: <http://www.do.se/en/About-the-Equality-Ombudsman/>

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

Fully 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:**

Yes

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs :**

No

**Prison inmates:**

No

**Sex workers:**

No

**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:**

Undocumented migrants to Sweden cannot legally access prevention, testing, counselling, treatment and support. However, in practice all patients in need of HIV treatment are offered treatment regardless of migration status. A government inquiry (SOU 2011:48) in May 2011 proposed that all asylum seekers and undocumented migrants in Sweden should be given access to subsidised health care on the same terms as Swedish citizens.

**Briefly comment on how they pose barriers:**

-

## 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:**

No

**Avoid inter-generational sex:**

No

**Be faithful:**

No

**Be sexually abstinent:**

No

**Delay sexual debut:**

No

**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:**

Yes

**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:**

Yes

**Reduce the number of sexual partners:**

No

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

Yes

**Other [write in below]:**

Regarding commercial sex, the government adopted a national action plan aimed at combating commercial sex in Sweden and human trafficking for sexual purposes for the period 2008-2011.

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

Yes

**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?:**

No

**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:**

The Swedish Institute for Communicable Disease Control has developed a communication strategy to clarify the responsibility and roles of different organisations and institutions as well as target groups when it comes to communication activities related to information and education in HIV and STI. Further the communication strategy aims at clarify the national direction in this area and how different stakeholders can interact regarding communication activities.

**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	Youths
Yes	No	No	No	Yes	-
Yes	Yes	Yes	Yes	Yes	Youths
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	Youths
Yes	Yes	Yes	No	No	People living with HIV
Yes	Yes	Yes	Yes	Yes	Youths
No	No	Yes	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?:**

7

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

National action plan targeting youth is under implementation. National action plan targeting MSM is soon to be finalized and implemented. National information campaigns in line with the national communication strategy has been undertaken.

**What challenges remain in this area:**

A national action plan against HIV and hepatitis targeting IDUs is under development, which highlights the importance of harm reduction strategies.

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

Yes

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

Needle-syringe programmes are lacking in parts of the country. Not all asylum seekers and other migrants are reached with offer of health examination and SRHR information at the time of arrival in Sweden. Assessment of prevention needs in mobile populations within the EU and sex workers.

**4.1. To what extent has HIV prevention been implemented?**

**Blood safety:**

Strongly Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Disagree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**



Agree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Strongly 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:**

Disagree

**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:**

The elements which deal with already known HIV infected patients have earlier been identified. A main remaining issue is the expected large population of HIV infected who are not known for society and health-care. The support services for earlier HIV diagnosis have not yet been enough prioritized and should be subject for further focus.

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

-

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:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

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

N/A

**HIV testing and counselling for people with TB:**

Strongly Agree

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

N/A

**Nutritional care:**

Strongly Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Agree

**Sexually transmitted infection management:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

N/A

**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:**

All HIV care including drugs are free of charge for people diagnosed with HIV. Based on the national HIV strategy financial resources are allocated to NGOs working with support to people living with HIV and affected relatives.

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

N/A

**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?:**

N/A

**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?:**

9

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

The Swedish national assurance registry at Karolinska University Hospital gives continuous support to smaller clinics through on-line consultations using a nation-wide soft ware, InfCare HIV. When the national registry identifies clinics with lower HIV treatment coverage rate or lower HIV treatment success rate, Karolinska gives feed-back and offers local support.

**What challenges remain in this area:**

To keep the very good standard despite severe economical constraints in the health care sector

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

N/A

**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?:**

-

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

-

**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?:**

In Progress

**Briefly describe any challenges in development or implementation:**

Due to decreasing response rates in representative population based sexual behaviour studies it is a challenge to maintain high quality of indicator data and monitor trends over time. Data collection is dependent on several stakeholders with different mandates and responsibilities. Some data is mandatory to report to authorities, but other must be collected on a voluntary basis.

**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:**

Yes

**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?:**

In Progress

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

Yes

**Briefly describe any obstacles:**

-

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

**In the Ministry of Health?:**

No

**In the National HIV Commission (or equivalent)?:**

Yes

**Elsewhere [write in]?:**

Based at the Swedish Institute for Communicable Disease Control, unit for Coordination of HIV and STI Prevention.

Permanent Staff [Add as many as needed]

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

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
programmeofficer	7	-	-
Epidemiologist	1	1	-
Head of unit	1	-	-
Controller	1	-	-
Coordinator	1	-	-

Temporary Staff [Add as many as needed]

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

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:**

Web based case reporting system for HIV and other notifiable communicable diseases. A system for outcome reporting regarding governmental funded projects. Reporting of regional efforts and plans. Ongoing researched based second generation surveillance system in collaboration with researches.

**What are the major challenges in this area:**

Further develop the monitoring systems to cover all key populations.

**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.:**

SmiNet- a web based case reporting system for HIV and other notifiable communicable diseases, managed by the Swedish Institute for Communicable Disease Control. InfCareHIV- a medical decision support and quality register for the Swedish HIV care monitoring all HIV patients in Sweden, managed by InfCare steering committee.

**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, but only some of the above

**IF YES, but only some of the above, which aspects does it include?:**

Information on treatment and care of all HIV patients in Sweden. Case based information on all reported HIV cases including epidemiological and other background information such as route of transmission, age, sex, country of birth, country of infection and county of residence etc.

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

Different relevant health registers are managed by various governmental agencies and other institutions.

**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:**

Annual reports and analysis to the ministry of health.

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

**At national level?:**

Yes

**IF YES, what was the number trained:**

2

**At subnational level?:**

-

**At service delivery level including civil society?:**

Yes

**IF YES, how many?:**

25

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

No

**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?:**

6

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

Participated in the European internet survey, EMIS. A questionnaire survey on sexuality was conducted at the end of 2009 amongst youths and young adults– UngKAB09.

**What challenges remain in this area:**

Improve monitoring of certain key populations e.g. IDUs, migrants, sex workers

## **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?:**

4

**Comments and examples:**

No new national strategies or laws have been developed in the area of HIV. However several organizations from civil society have worked together to increase the knowledge and interest in HIV prevention care and support among politicians and key decision makers including in governmental authorities and the judiciary. As a result politicians in parliament have motioned for an overview of the law/legal changes when it comes to the fact that non-disclosure of HIV status and the failure to use a condom during intercourse may result in criminal charges in Sweden. The commitment of governmental representatives/ministers has been limited although some members of parliament have shown commitment to renew policy and and change legislation, making it in line with UNAIDS recommendations on decriminalization of hiv transmission. Political leaders are still reluctant in pushing or prioritizing areas of HIV prevention, treatment, care and support. The civil society has in many different ways and means contributed by continuously highlighting the up to date issues, problems and sometimes even suggesting solutions and strategies on how top leaders can apply these strategies/policies in society.

**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)?:**

2

**Comments and examples:**

Civil society is not involved in the budgeting process and have a limited influence on which target populations that are

prioritized in the budget distribution. Also the total level of funding for hiv prevention that is awarded to civil society through the Swedish Institute for Communicable Disease Control) has remained the same since 1986 although the spread of HIV has increased. Civil society representatives are consulted and are able to contribute successfully in planning processes that are not directly linked to funding. Civil society representatives have been involved to some extent, in the planning and budgeting process for the National Strategic Plan on HIV But there still a big gape regarding even more involvement and actually implementing planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan suggested by the civil society representatives

3.

**a. The national HIV strategy?:**

3

**b. The national HIV budget?:**

2

**c. The national HIV reports?:**

2

**Comments and examples:**

The services provided by civil society are included in the national HIV budget but the level of funding has remained the same during several years despite the increased spread of HIV. There is more information provided by the Civil society which the leaders choose to ignore or present in such an incomprehensive way.

4.

**a. Developing the national M&E plan?:**

2

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

:

3

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

2

**Comments and examples:**

The Swedish HIV council (Nationella hiv-rådet) is not functioning appropriately. It was originally intended to be a coordinating body which would monitor and evaluate the work that is being done in relation to HIV in Sweden, presumably enabling it to provide advice on issues related to HIV. At present it merely serves as a place to exchange information on planned activities, its mandate is unclear and it rarely gives any recommendations in relation to what is needed in the response to hiv. Since the responsibility for HIV was moved from the Swedish board of health and welfare to the Swedish Institute for Communicable Disease Control, the role of the Swedish HIV Council has been further weakened. There is a need to reformulate the mandate and role of the council enabling it to make recommendations and serve as a council also in practice. Again there is more information provided by the Civil society which the leaders choose to ignore or present in such an incomprehensive way and this excludes a large number of society accessing the information.

**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)?:**

3

**Comments and examples:**

Many groups are represented but not all. For instance sex workers are not represented and the effective participation and representation of migrants could also be improved. The civil society has in many different ways and means contributed by continuously highlighting the up to date issues, problems and sometimes even suggesting solutions and strategies on how top leaders can apply these strategies/policies in society. The civil society representative requires more funding to be able to achieve its goals.

**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?:**

2

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

2

**Comments and examples:**

The level of financial support to civil society has remained the same for several years now, which is in practice a reduction in the level of available funding. This is despite an increased spread of HIV in Sweden. Furthermore it is uncertain if the distribution of resources correspond with the HIV-epidemiology. At present different target groups are prioritized for funding during different years although they may all have a high prevalence of hiv. As a result some key groups which are important to reach to reduce the spread of hiv are not prioritized for funding some years. The civil society has in many different ways and means contributed by continuously highlighting the up to date issues, problems and sometimes even suggesting solutions and strategies on how top leaders can apply these strategies/policies in society. The civil society representative requires more funding to be able to achieve its goals. Again the civil society representative requires more funding.

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

**People living with HIV:**

25-50%

**Men who have sex with men:**

51-75%

**People who inject drugs:**

51-75%

**Sex workers:**

<25%

**Transgendered people:**

>75%

**Testing and Counselling:**

<25%

**Reduction of Stigma and Discrimination:**

>75%

**Clinical services (ART/OI)\*:**

<25%

**Home-based care:**

<25%

**Programmes for OVC\*\*:**

<25%

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?:

5

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

-

**What challenges remain in this area:**

The increasingly weak position of the Swedish HIV council is a major challenge. Also the possibilities for civil society to inform some key documents such as the annual report on public health has been limited. Keep pushing the decision makers to listen to the civil society, more funding to enable to reach targeted goals.

## 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:**

At present Sweden do not have an HIV policy but only a strategy on HIV and STIs. A policy which links hiv with the larger area of sexual and reproductive health and rights is needed. Migrants and sex workers should be more involved both in policy formulation and programme implementation.

## B - III. HUMAN RIGHTS

1.1.

**People living with HIV:**

No

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

Yes

**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 Equality Ombudsman was formed on 1 January 2009 when the four previous anti-discrimination ombudsmen were merged into a new body. The previous authorities were the Equal Opportunities Ombudsman (JämO), the Ombudsman against Ethnic Discrimination (DO), the Disability Ombudsman (HO) and Ombudsman against Discrimination on grounds of Sexual Orientation (HomO). No one is to be discriminated on the basis of either sexual orientation, religious background, skin color.

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

On 1 January 2009 a new comprehensive Discrimination Act, which covers more areas than before, came into force. The Discrimination Act prohibits discrimination on grounds of sex, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation or age. The DO (diskriminerings ombudsman) is the authority that ensures that all discriminating laws are implemented.

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

Its difficult to prove that discrimination has happened in the court. The proof is on the victim.

**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:**

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:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

Other specific vulnerable subpopulations [write in]:

-

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

According to Swedish law it is illegal to buy sex but the selling of sex is not illegal. No one is to be discriminated on the basis of either sexual orientation, religious background, skin color.

**Briefly comment on how they pose barriers:**

The communicable diseases act as well as the criminal law affect all. The stigma that the criminalization of HIV reinforces affects people living with HIV but also their partners as well as those that belong to a group that is vulnerable for HIV and therefore associated with the infection. Although there is a policy on needle exchange, enabling the regional governmental bodies (landsting) to provide these services they are not mandatory. As such the provision of needle exchange is inconsistent. The criminalization of those who buy sex appears to make it more difficult to reach sex workers. Furthermore, men who sell sex (to other men or to women) are often not included in discussions on sex work although they do exist and appear to take risks when it comes to The fact that they should be laws to regulate certain areas in our society reflects on how the society looks down on certain population as gender abnormal thus requiring a special law to protect them

**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?:**

Yes

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

The legislation on violence against women is strong and there is a high awareness on violence against women among leading politicians. Each local government (kommun) are obliged to provide shelters to women experiencing gender based violence. The Swedish police as well as prosecutors have ongoing discussions on violence against women and the police offers staff

with special training to handle such cases including violence in same-sex relationships.

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

Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

Human rights are highlighted as a precondition for an effective work with hiv prevention. It is also mentioned as a topic to be covered in school education. However, the emphasis on human rights in the national HIV strategy is in relation to international agreements and documents as well as in relation to global needs

**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:**

Hate crime group in the Stockholm police, not the rest of Sweden Diskrimineringsombudsmannen and HIV Sweden.

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

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

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

MSM, IDUs, People with a foreign origin/background, youth and young adults, people who travel abroad, pregnant women, people who buy and sell sex. However, illegal immigrants are not guaranteed access to treatment, services, care and support. Migrants, msm and other minority groups.

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

Yes

**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?:**

Yes

**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?:**

Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

Migrants, msm and other minority groups.

**8.1**

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:**

Yes

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

-

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

Yes

**IF YES, briefly describe the content of the policy or law:**

According to the constitution (grundlag) no one should be forced to undergo any medical procedures or bodily intrusions.

**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:**

No

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

No

**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)?:**

No

**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?:

No

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

**a. Legal aid systems for HIV casework:**

Yes

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

No

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

Yes

IF YES, what types of programmes?

**Programmes for health care workers:**

No

**Programmes for the media:**

No

**Programmes in the work place:**

No

**Other [write in]:**

The Swedish Institute for Communicable Disease Control have initiated a face book campaign on stigma towards the public. In theory all programmes should include work with stigma and discrimination, but this is not done consistently

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?:

3

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

-

**What challenges remain in this area:**

The fact that it is considered a crime to expose someone to the risk of getting hiv or to transmit hiv is a major challenge in Sweden. The rights Migrants, msm and other minority groups. Access to treatment for undocumented migrants. To stop deportations of hiv-positive migrants to countries where they won't have access to hiv- treatment.

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?:

2

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

-

**What challenges remain in this area:**

The criminalization of HIV, the prevention, care and support on hiv for illegal migrants and the lack of available needle exchange programmes are remaining challenges. Still need more work with the rights of Migrants, msm and other minority groups. The right to health – access to treatment for all people.

## B - IV. PREVENTION

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

Yes

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

The needs have often been identified but this is not translated into programmes. For instance the need for syringe exchange programmes have been identified but this is still controversial and up to the local/regional authorities to decide on. Still need more work with the rights of Migrants, msm and other minority groups.

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Disagree

**HIV prevention for out-of-school young people:**

Disagree

**HIV prevention in the workplace:**

Strongly Disagree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Disagree

**Prevention of mother-to-child transmission of HIV:**

Strongly 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:**

Disagree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Disagree

**Other [write in]:**

Undocumented migrants lack prevention components

**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?:**

3

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

New means to spread information has been tested such as the use of social media. This has been successful in reaching young people. However adults need to be reached with information and HIV prevention to a greater degree.

**What challenges remain in this area:**

The fact that it is not known if the distribution of funding follows the epidemiology is a challenge. The constant low level of funding is an increasing problem. There is a need to revise the national strategy to keep it up to date with later declarations at the UN. There is a need to reach migrants from high prevalence countries in a more effective manner. Still need more work with the rights of Migrants, msm and other minority groups.

## **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 and care have been prioritized while support services need to be improved and expanded.

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

We do not perceive that they are being scaled-up. Outside of the major cities access to support is very limited.

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:**

Agree

**Early infant diagnosis:**

Strongly Agree

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

Strongly Disagree

**HIV testing and counselling for people with TB:**

Strongly Agree

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

N/A

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Agree

**Psychosocial support for people living with HIV and their families:**

Disagree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**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?:**

4

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

If a person is found to have hiv they are offered treatment and care by staff with the appropriate training. However, the support to people living with hiv is inconsistent across the country. The national board of institutional care have started to train some staff on how to discuss issues of sexuality including on hiv with its clients/patients/care takers. As the institutions have clients that are IDUs, which sell sex, which are exposed to gender based violence etc this is likely to be of benefit to people vulnerable to hiv.

**What challenges remain in this area:**

Migrants from high prevalence areas need to be reached with prevention, treatment care and support that meet their needs to a greater degree than what is done today. Undocumented children, who never have been in the asylum process, have no right to prevention or free healthcare.

**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?:**

-

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

-

**What challenges remain in this area:**

-

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