

COUNTRY PROGRESS REPORT

THE CZECH REPUBLIC

**Global AIDS Response Progress Report
2014**

Reporting Period: January 2014 - December 2014

Prague 2015

SECTION ONE: STATUS AT A GLANCE

1.1. The inclusiveness of the stakeholders in the report writing process

This Country Progress Report presents number of indicators most relevant for the Czech Republic. This report was prepared through a consultative process involving key stakeholders in the national response to HIV/AIDS. The reporting process was led by the **Ministry of Health** in collaboration with the staff of **the National Institute of Public Health**, with the support of the other sectors involved: Ministry of Labour and Social Affairs, Ministry of Interior, Ministry for Defence, Ministry of Justice, Ministry of Foreign Affairs, Ministry of Culture and the Government Council for Drug Policy Coordination. Data were collected from further sources such as Public Health Units, Health Facilities, Non-Governmental Organisations and Private Sector. Scientific outputs were also used.

Surveillance of HIV/AIDS in the Czech Republic is undertaken by **the National Reference Laboratory for HIV/AIDS in the Czech Republic** under the National Institute of Public Health (Dr. Vratislav Němeček, Dr. Hana Zákoucká, Dr. Marek Malý), **the Infectious Disease Clinic and the AIDS Center Bulovka** (Dr. Ladislav Machala), **the Czech National Monitoring Centre for Drugs and Drug Addiction** (Dr. Viktor Mravčík). Valuable contribution through report indicators related to key target groups has been made by **The Czech HIV/AIDS NGOs Forum**, **The Czech AIDS Help Society** Dr. Ivo Procházka), **NGO Bliss without Risk** (Dr. Hana Malinová) and other NGOs. In the initial phase, the team has been based in National Institute of Public Health in Prague to gather information and documentary sources from all relevant stakeholders. The main focus of work during the desk phase was to analyse the relevant documents and to contact the main actors in the national HIV response with the purpose to obtain the information about the specific NCPI topics. The key representatives from civil society organizations working in the area of HIV have been also addressed.

Data was reported by **National AIDS Programme Manager** in Czech Republic Dr. Veronika Šikolová.

1.2. The status of the epidemic

The Czech Republic ranks among the European as well as world countries with **low HIV/AIDS prevalence**. HIV infection prevalence in 2014 was **0.019 %** in general population. **The HIV and AIDS epidemic in the Czech Republic can be characterised as a low prevalence epidemic**, i.e. a low prevalence of HIV infection in the general population but a higher prevalence in specific sub-populations. Primary high-risk subpopulations are **men who have sex with men (MSM)**. The epidemic in the Czech Republic is primarily fuelled by transmission among MSM. HIV-preventive activities should be therefore targeted first of all at this population group.

As can be seen at Figure 1, the highest prevalence rates within the country are reported in the capital city of Prague.

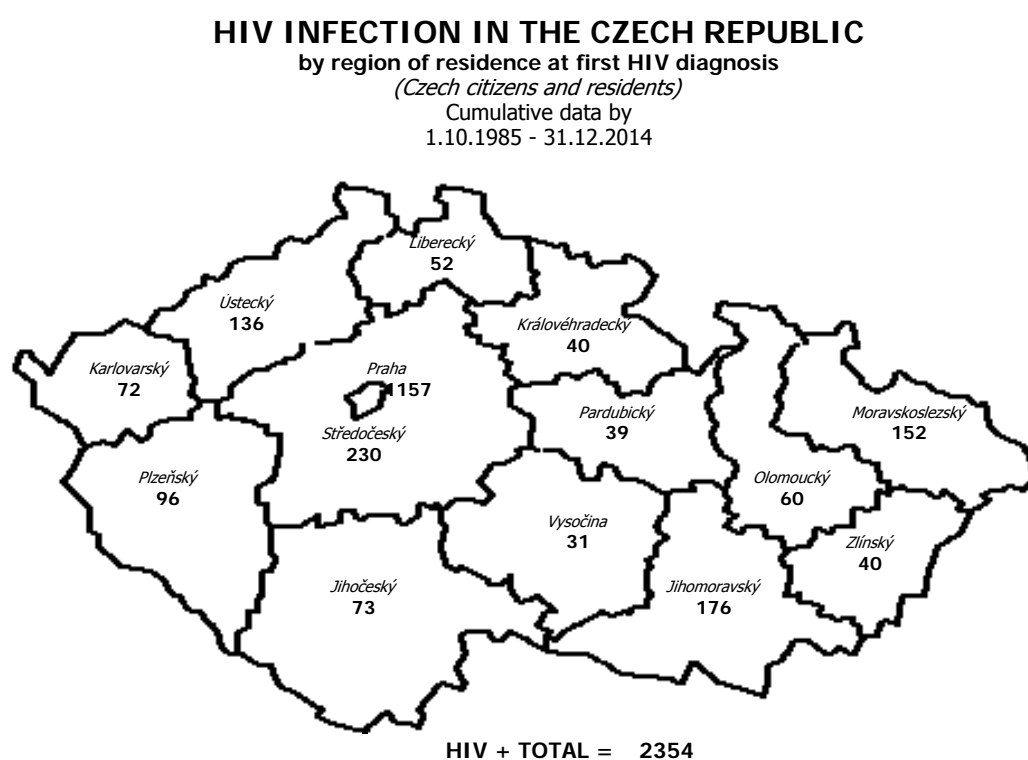


Figure 1: HIV infection in the Czech Republic by region of residence at first HIV diagnosis

1.3. The policy and programmatic response

During the reporting period, policy response was adopted by Czech Government in December 2012, namely the **National HIV/AIDS Programme 2013 – 2017**.

Several governmental sectors are involved in the programme: Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Interior, Ministry of Defence, Ministry of Justice, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Culture and Government

Council for Drug Policy Coordination. A non-governmental sector is included as well (representats of NGO Czech Help AIDS Society and Bliss without Risk)

1.4. Global AIDS indicator data

	Description	Year	Value	Comments
1. Reduce sexual transmission of HIV by 50% by 2015				
general population	1.1 Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	2011	74%	data not representative due to small sample size
	1.2 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	2008	3.5 %	the representative survey of sexual behavior in general population
	1.3 Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months	2008	25%	the representative survey of sexual behavior in general population
	1.4 Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse			indicator relevant, data not available
	1.5 Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results			indicator relevant, data not available
	1.6 Percentage of young people aged 15-24 who are living with HIV	2013	2 HIV+ attendees	HIV tests are mandatory for all pregnant women
sex workers	1.7 Percentage of sex workers reached with HIV prevention programmes	2013	83%	data not representative based on activities of NGO Bliss without Risk
	1.8 Percentage of sex workers reporting the use of a condom with their most recent client	2013	86%	data not representative based on activities of NGO Bliss without Risk
	1.9 Percentage of sex workers who received an HIV test in the past 12 months and know their results	2013	98%	data not representative based on activities of NGO Bliss without Risk
	1.10 Percentage of sex workers who are living with HIV	2013	0.15 %	data not representative based on activities of NGO Bliss without Risk
MSM	1.11 Percentage of men who have sex with men reached with HIV prevention programmes	2010	65.2 %	data not representative collected through EMIS survey
	1.12 Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	2010	40.6 %	data not representative collected through EMIS survey

	1.13 Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results	2010	29.5 %	data not representative collected through EMIS survey
	1.14 Percentage of men who have sex with men risk who are living with HIV	2010	4.78 %	data not representative collected through EMIS survey
testing	1.16 HIV Testing and counselling in women and men aged 15 and older - Czech Republic (the) - 2013	2014	232 HIV+	data from the National Reference Laboratory on AIDS
	1.16.1 Percentage of health facilities dispensing HIV rapid test kits that experienced a stock-out in the last 12 months - Czech Republic (the) - 2013			indicator not relevant
STI	1.17.1 Percentage of women accessing antenatal care (ANC) services who were tested for syphilis - Czech Republic (the) - 2013	2012	99%	syphilis tests are mandatory for pregnant woman
	1.17.2 Percentage of antenatal care attendees who were positive for syphilis - Czech Republic (the) - 2013	2012	0.054 %	National Programme data
	1.17.3 Percentage of antenatal care attendees positive for syphilis who received treatment - Czech Republic (the) - 2013	2010	100%	
	1.17.4 Percentage of sex workers with active syphilis - Czech Republic (the) - 2013			indicator relevant, data not available
	1.17.5 Percentage of men who have sex with men with active syphilis - Czech Republic (the) - 2013			indicator relevant, data not available
	1.17.9 Number of men reported with urethral discharge in the past 12 months - Czech Republic (the) - 2013			indicator relevant, data not available
	1.17.10 Number of adults reported with genital ulcer disease in the past 12 months - Czech Republic (the) - 2013			indicator relevant, data not available
2. Reduce transmission of HIV among people who inject drugs by 50% by 2015				
drug users	2.1 Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programmes	2012	138.4	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
	2.2 Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse			indicator relevant, data not available
	2.3 Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	2012	88.7 %	data from the Czech National Monitoring Centre for Drugs and Drug Addiction

	2.4 Percentage of people who inject drugs who received an HIV test in the past 12 months and know their results	2012	51%	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
	2.5 Percentage of people who inject drugs who are living with HIV	2012	0.1 %	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
	2.6a Estimated number of opiate users (injectors and non-injectors) - Czech Republic (the) - 2013	2012	10 600	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
	2.6b Number of people on opioid substitution therapy (OST) - Czech Republic (the) - 2013	2012	5 000	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
	2.7a Number of needle and syringe programme sites - Czech Republic (the) - 2013	2012	103	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
	2.7b Number of opioid substitution therapy (OST) sites - Czech Republic (the) - 2013	2012	400	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
	3. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths			
MTCT	3.1 Percentage of HIV-positive pregnant women who received antiretroviral medicine to reduce the risk of mother-to-child transmission	2014	82%	low percentage due to small sample
	3.1a Percentage of women living with HIV who are provided with antiretroviral medicines for themselves or their infants during the breastfeeding period			indicator not relevant
	3.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	2014	100%	
	3.3 Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	2013	0%	
	3.4 Percentage of pregnant women who know their HIV status (tested for HIV and received their results-during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status)	2014	99%	HIV tests are mandatory for all pregnant women
	3.5 Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months - Czech Republic (the) - 2013			indicator not relevant
	3.6 Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing - Czech Republic (the) - 2013			indicator not relevant

	3.7 Percentage of infants born to HIV-infected women provided with antiretroviral prophylaxis to reduce the risk of early mother-to-child transmission in the first 6 weeks - Czech Republic (the) - 2013	2014	100%	
	3.9 Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth - Czech Republic (the) - 2013			indicator not relevant
	3.10 Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants born to HIV-infected women at DTP3 visit			indicator not relevant
	3.11 Number of pregnant women attending ANC at least once during the reporting period - Czech Republic (the) - 2013			indicator not relevant
	3.13.1 Percentage of HIV-positive pregnant women who were injecting drug users (PWIDs) (EURO11) - Czech Republic (the) - 2013			indicator not relevant
	3.13.2 Percentage of HIV-positive pregnant PWID women who received OST during pregnancy (EURO12) - Czech Republic (the) - 2013			indicator not relevant
	3.13.3 Percentage of HIV-positive pregnant PWID women who received ARVs to reduce the risk of mother-to-child transmission during pregnancy (EURO13) - Czech Republic (the) - 2013			indicator not relevant
	4. Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015			
ART	4.1 Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	2011	96.9 %	
	4.1 EUR ART coverage (additional breakdowns for EURO countries) - Czech Republic (the) - 2013	2011	92.8 %	
	4.2a Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	2014	91 %	data from National Reference Laboratory on HIV/AIDS
	4.2b Percentage of adults and children with HIV known to be on treatment 24 months after initiation of antiretroviral therapy	2014	80 %	data from National Reference Laboratory on HIV/AIDS

	4.2c Percentage of adults and children with HIV known to be on treatment 60 months after initiation of antiretroviral therapy	2014	82 %	data from the National Reference Laboratory on AIDS
	4.2.1a Percentage of injecting drug users with HIV still alive and known to be on treatment 12 months after initiation of antiretroviral therapy			indicator relevant, data not available
	4.2.1.b Percentage of injecting drug users with HIV still alive and known to be on treatment 24 months after initiation of antiretroviral therapy			indicator relevant, data not available
	4.2.1.c Percentage of injecting drug users with HIV still alive and known to be on treatment 60 months after initiation of antiretroviral therapy			indicator relevant, data not available
	4.3a Number of health facilities that offer antiretroviral therapy (ART)	2014	7	
	4.3.b Number of health facilities that offer paediatric antiretroviral therapy	2013	0	children are treated in facilities for adults
	4.4 Percentage of health facilities dispensing ARVs that experienced a stock-out of at least one required ARV in the last 12 months			indicator not relevant
	4.7.a Percentage of people on ART tested for viral load who have a suppressed viral load in the reporting period - Czech Republic (the) - 2013			indicator relevant, data not available
	4.7.b Percentage of people on ART tested for viral load (VL) with VL level \leq 1000 copies/ml after 12 months of therapy - Czech Republic (the) - 2013			indicator relevant, data not available
	5. Reduce tuberculosis deaths in people living with HIV by 50% by 2015			
TB	5.1 Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	2010	100%	data from the Infection Disease Clinic and AIDS Center Bulovka
	5.2 Percentage of adults and children living with HIV newly enrolled in care who are detected having active TB disease - Czech Republic (the) - 2013			indicator relevant, data not available
	5.3 Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT) - Czech Republic (the) - 2013			indicator not relevant
	5.4 Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit - Czech Republic (the) - 2013			indicator relevant, data not available

	6. Close the global AIDS resource gap by 2015			
	6.1 Domestic and international AIDS spending by categories and financing sources	2009	cca 51 262 mil. Euro	not possible to estimate total national spending due to decentralization of providing and financing health care
	7. Eliminating gender inequalities			
inequalities	7.1 Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	2012	11%	behavioral study realized by Agency NMS Market Research for NGO Pro Fem
	8. Eliminating stigma and discrimination			
stigma	8.1 Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV			indicator relevant, data not available
	10. Strengthening HIV integration			
integration	10.1 Current school attendance among orphans and non-orphans (10-14 years old, primary school age, secondary school age)			indicator not relevant
	10.2 Proportion of the poorest households who received external economic support in the last 3 months			indicator not relevant

SECTION TWO: OVERVIEW OF THE HIV/AIDS EPIDEMIC

2.1. HIV/AIDS in the Czech Republic

In the Czech Republic the prevalence of HIV infection in the general population is low. Adult prevalence rate in Czech Republic is **0.019%** (2014).

HIV / AIDS, Czech Republic 1985 – 31.12.2014

Total No of HIV infections	2354
M	1973 (83.8 %)
F	381 (16.2 %)
OUT OF IT	
AIDS cases	426
M	346 (81.2 %)
F	80 (18.8 %)
AIDS deaths	225
M	182 (80.9 %)
F	43 (19.1 %)
Deaths from other cause	91
M	80 (87.9 %)
F	11 (12.1 %)

Figure 2: Cumulative numbers of HIV infected people

RELATIONS

HIV total / AIDS	2354/426 (18.1 %)
AIDS / AIDS death	426/225 (52.8 %)
HIV total / HIV death	2354/316 (13.4 %)

Figure 3: Relations between HIV and AIDS

By the end of 2014 a cumulative total of 2 354 HIV positive cases had been reported in the Czech Republic, divided by gender 1 973 of men (83.8 %) and 381 of women (16.2 %). Out of this number, 426 people have been diagnosed with AIDS stage of HIV infection and 225 people have died of HIV infection. For further details see Figure 2 – 4.

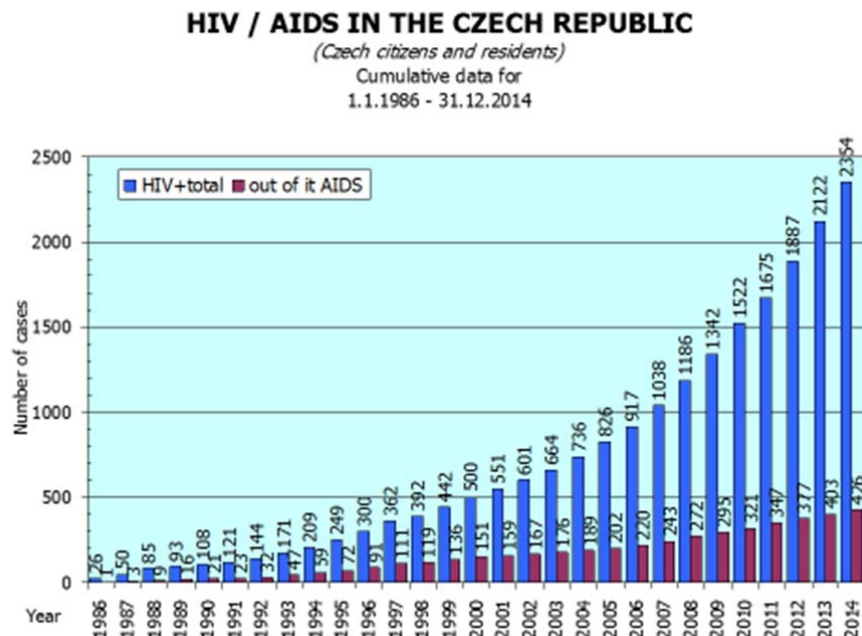


Figure 4: Trends in HIV/AIDS prevalence

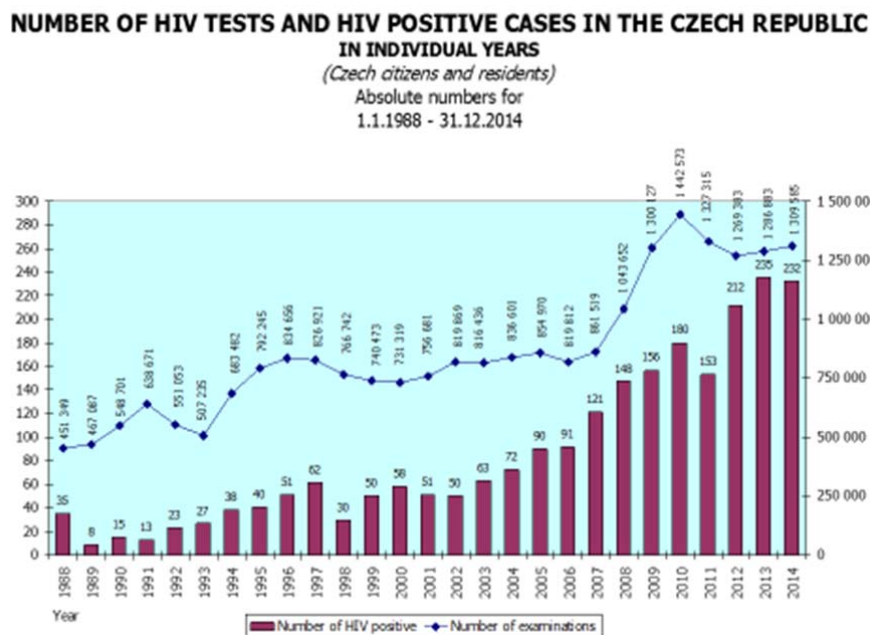


Figure 5: Numbers of HIV tests nad HIV positive cases

In 2014, 1 309 585 HIV tests were performed that revealed HIV positivity in 232 people (209 men and 23 women).

The most frequent route of HIV transmission has been sexual transmission (more than 90 % of new diagnosed HIV cases in 2014). Homo- or bisexual HIV transmission has been reported in 63 % and heterosexual HIV transmission has been reported in 25.4% of cumulative HIV cases. In the recent years the proportion of homo/bisexual transmission exceeds 70 %.

2.2. HIV epidemic trends in the Czech Republic

The first HIV case in Czech Republic was reported in 1985 and until the mid-1990s HIV infection was predominantly spread by homosexual transmission and confined within a relatively small group of MSM. Initially, the epidemic was driven mainly by men who have sex with men. MSM risks had been the predominant mode of exposure for HIV infection in the population. During the last decade an increase of HIV incidence among MSM was much faster compared with HIV incidence among heterosexuals. During last year there was a noticeable rise in the annual number of new HIV cases, due to an increase of people infected through male homosexual or bisexual contact. Cumulative data of HIV+ by transmission category can be seen in Figure 6.

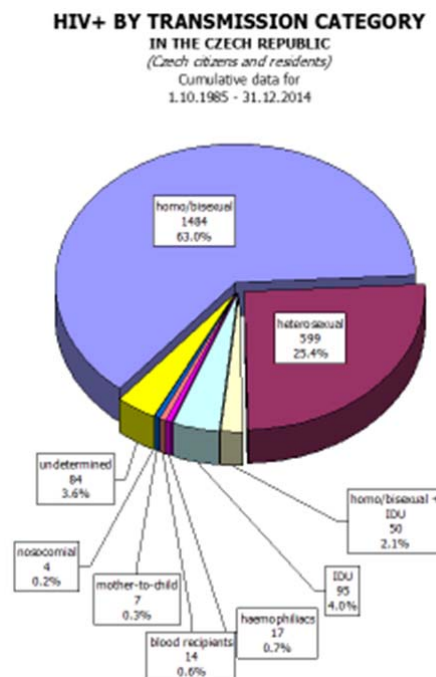


Figure 6: HIV+ by transmission category

Although the Czech Republic continues to be a low-level HIV/AIDS epidemic country, the upward trend in newly diagnosed HIV case and in the HIV/AIDS prevalence is clearly obvious in the last decade. Increasing numbers are well documented in Figure 4, 5 and 7.

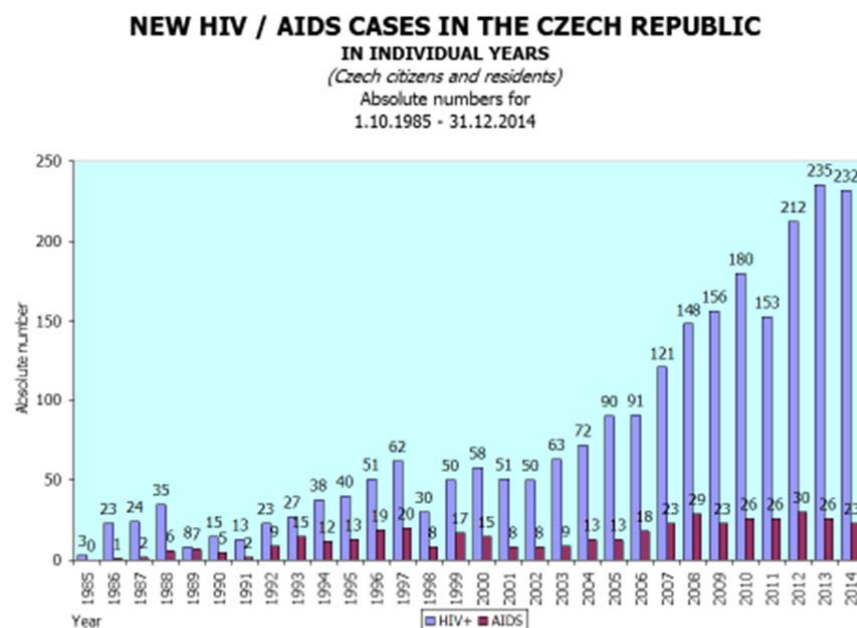


Figure 7: New HIV/AIDS cases

2.3. HIV SPECIFIC SUBGROUPS

Men having sex with men (MSM)

The most exposed population group continues to be men who have sex with men: according to cumulative data by HIV+ transmission categories, MSM represented the largest part with 63 % (1 484 infected people).

According to EMIS study in 2010, the HIV prevalence among MSM is 4.8 %. This number cannot be generalized on whole MSM population due to limited representativeness of the sample.

Injecting drug users (IDUs)

The transmission of HIV infection associated with injecting drug use occurs directly through sharing of drug injection equipment or indirectly through sexual and perinatal transmission from HIV-infected IDUs.

HIV prevalence among injecting drug users in Czech Republic is one of the lowest in Europe. Intravenous drug use was likely to be the route of transmission in 4 % of cumulative HIV cases. From a long-term view, percentage of IDUs is remaining below 5 %.

Relatively low prevalence of HIV among injecting drug users is a logical consequence of well-established network of needle and syringe exchange programmes all across the Czech Republic.

Immigrants

In 2014, 25.4 % of newly diagnosed cases were represented by “residents” – foreigners with permanent residence and with long-term residence (59 residents in 2014). For trends in new cases in the Czech Republic, see Figure 8.

**NEW HIV CASES IN THE CZECH REPUBLIC
BY COUNTRY OF ORIGIN**
(Czech citizens and residents)
Relative data for
1.1.1995 - 31.12.2014

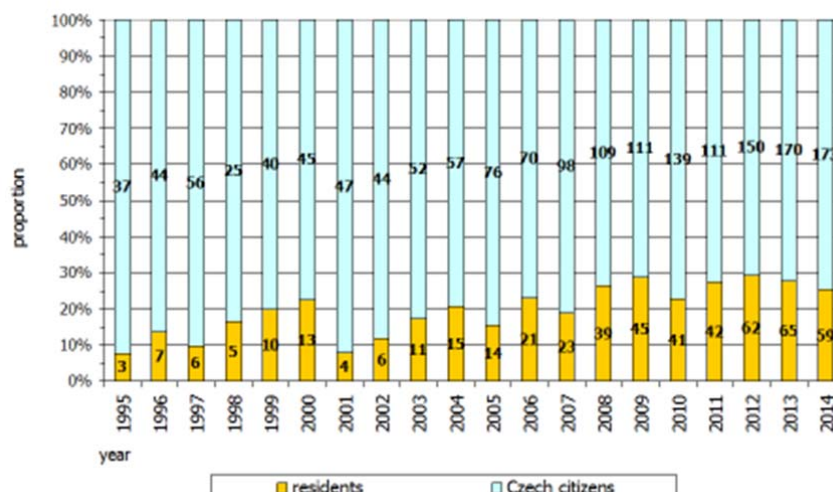


Figure 8: New HIV cases by country of origin

Immigrants often have a lower general knowledge about HIV/AIDS compared with Czech inhabitants. For them HIV/AIDS could be a higher stigma than among other populations. Because of language barriers and cultural differences, these groups have more barriers to reach for HIV/AIDS prevention and medical care. Specific group is undocumented: immigrants – foreigners staying in the Czech Republic illegally. Fear of deportation may limit illegal immigrants' access to HIV/AIDS prevention, testing, counselling and treatment.

Mother-to-child transmission (MTCT)

By the end of 2014, 159 newborns has been born to HIV positive mothers in the Czech Republic. Due to mother-to-child HIV transmission, four of them are HIV positive including one born in 2014. Three other registered HIV positive children were born in abroad and came later to the Czech Republic with their families.

In 2014, totally 118 367 HIV screening tests of pregnant women were performed with 4 new cases of positivity revealed. Time trends in pregnant women testing are shown in Figure 9.

In 2014, eleven HIV positive mothers gave birth, 7 of them knew about their positivity at time of conception. All mothers and infants received ARV prophylaxis and all deliveries were caesarean sections except for 2 cases (1 mother rejected both ARV and CS, 1 mother did not comply with mandatory prenatal care). In 2014, one case of mother-to-child HIV transmission was recorded. For all other infants born in 2014 final confirmation of HIV infection status cannot be made before 18 months of age.

People living with HIV/AIDS (PLWHA)

Owing to a higher incidence of newly diagnosed HIV cases and thanks to antiretroviral therapy, the numbers of persons living with HIV/AIDS are rising sharply in the Czech Republic.

Highly Active Anti-Retroviral Therapy (HAART) was introduced in the Czech Republic in 1996 and is available free of charge for all HIV-positive patients. The treatment is paid by health insurance companies. Immigrants without health insurance face obstacles in accessing treatment. Twenty-three newly diagnosed cases of AIDS were reported in 2014. Trends in numbers of people living with HIV and AIDS can be seen in Figure 10.

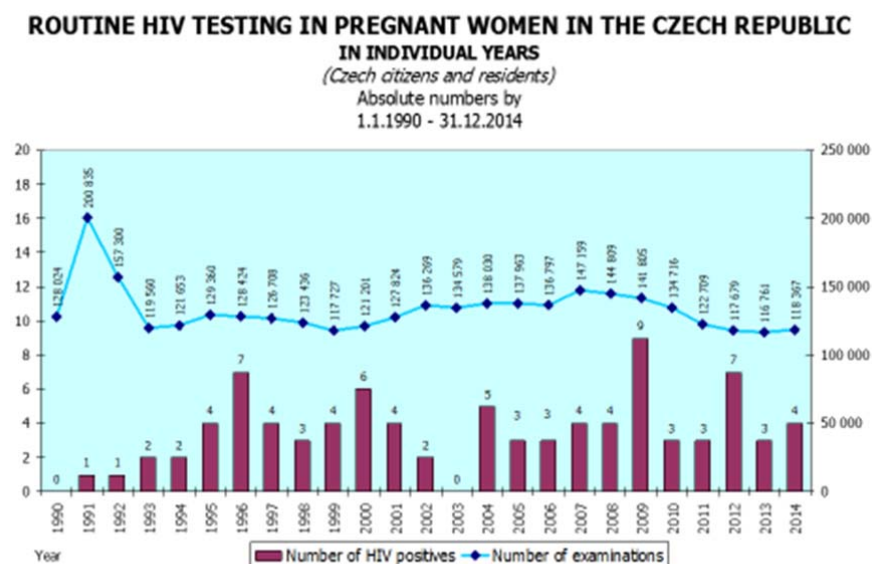


Figure 9: Numbers of examinations and positive results in pregnant women

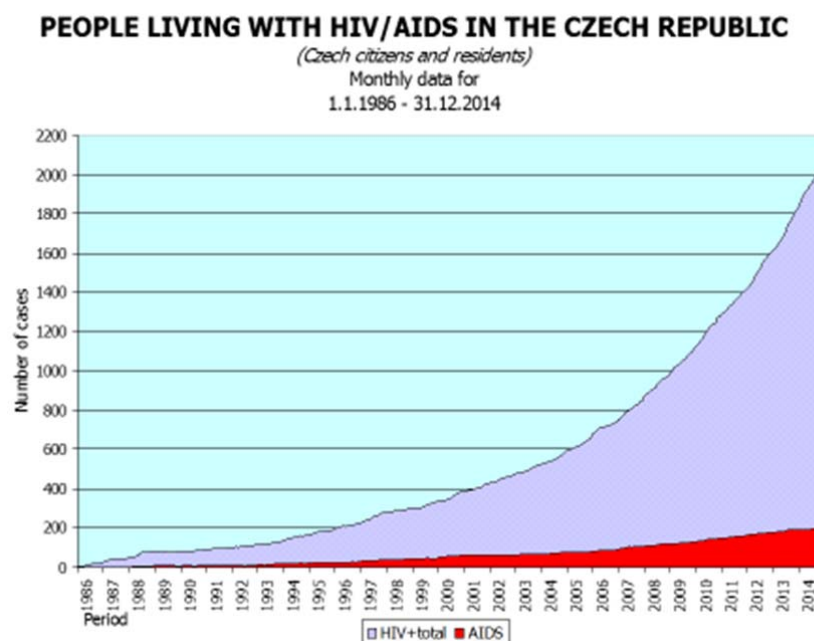


Figure 10: Cumulative numbers of PLWHA

SECTION THREE: NATIONAL RESPONSE TO THE HIV/AIDS EPIDEMIC

The response of the Czech Republic to HIV/AIDS epidemic involves government and majority of ministries, regional governments, the civil society and voluntary sector, the public health sector, clinicians and researchers. The Ministry of Health in cooperation with National AIDS Programme Manager coordinates this multi-sectoral response.

The adoption of the National HIV Programme for 2013 – 2017 provides the national vision, goals, objectives and broad strategies to guide the country's response.

The National HIV/AIDS Programme 2013 – 2017 identifies following goals:

1) stop HIV infection

- prevention of transmission HIV infection through sexual intercourse, blood transmittion and mother-to-child transmission,
- targeted health promotion and prevention with involvement of groups at increased risk, including PLWHA,
- well-timed diagnosis and treatment of HIV infection,
- support of preventive programmes and interventions based on surveillance data

2) minimization of undesirable impact if HIV infection on individuals and society

- support for AIDS cenetrs and voluntary counselling and testing,
- prophylaxis of mother-to-child transmission,
- social support and support of hospices for PLWHA,
- support for NGO,
- monitoring of stigmatization and discrimination PLWHA.

High priority is given to the **reduction of mother-to-child HIV transmission risk**. From 2001, HIV tests for all **pregnant women** are mandatory, with the aim to administer free specific antiretrovirus prophylaxis to all HIV-positive women. All the **donated blood** units are mandatory screened for HIV since 1985.

One of the key priorities of the Programme is a particular focus to groups at increased risk - **men who have sex with men, injecting drug users, sex workers, prisoners, residents and migrants whose origins are in high prevalence areas, youth at risk and people who are living with HIV infection**. Communication and colaboration with all vulnerable groups is fundamental for further action.

The Programme activities in area of prevention and health promotion are implemented in the framework of cooperation between governmental and national health organisations with a variety of organisations involved in combating HIV/AIDS, including key NGOs. Both types of organisations are eligible for the governmental funding.

Nation-wide AIDS activities are organised by the **National Institute of Public Health** in Prague (www.szu.cz and www.aids-hiv.cz). Specialised programmes are provided by NGOs that are targeted at specific communities. For example: the **Czech AIDS Help Society (ČSAP)** delivers HIV prevention programmes that target the most at risk populations – MSM. It also provides community based HIV testing services, and care and support services for anyone affected by HIV. ČSAP leads on national advocacy, policy advice and coordination of the Czech HIV and AIDS NGO Forum.

An effective prevention is based on a widely accessible voluntary HIV testing and pre- and post-test counseling. **The Community-based voluntary counselling and testing (CVBCT)** services are recognized as a good model to improve access to most-at-risk populations by promoting its early HIV diagnosis.

The Czech Republic also pays close attention to the care availability and quality of the treatment of **people living with HIV/AIDS** in 7 clinical AIDS centres. The majority of resources to cover treatment-related expenses comes from the budgets of health insurance companies.

SECTION FOUR: BEST PRACTICES

There are no new examples of best practices to be reported.

SECTION FIVE: MAJOR CHALLENGES AND REMEDIAL ACTIONS

Since last time, **a revision of current monitoring and evaluation system has been done and the Coordination team for the National HIV/AIDS Programme initiated regular meeting.** As a result of united efforts, **increase of budget for preventive activities of Ministry of Health was achieved from 3 million Czech crowns to 6 million.** Different subject were involved in Joint action on Prevention of HIV and co-infection. New health educational materials were published and a seminar for HIV counsellors was organized after a period of educational vacuum. For the first time, Czech Republic participated on the European HIV testing week at national level.

Challenges that we were facing to can be summarized as follows:

- to continue in **increased financig** corresponding to needs of primary and secondary prevention of HIV infection,
- **rising awareness** of HIV/AIDS in general public and among politics,
- performing **behavioral and population based studies**,
- improving the offer and uptake of **voluntary and confidential HIV testing and counselling**,
- improving prevention and **health promotion for migrants** especially from countries with generalized epidemic (migrants from countries with a high HIV prevalence are particularly affected by HIV/AIDS),
- **reducing late diagnosis of HIV** and improving HIV health outcomes especially among migrants and other marginalized vulnerable groups,
- involving vulnerable groups and people at higher risk, especially people newly arrived in Czech Republic in **dialogue and collaboration with other actors and institutions in the area of HIV/AIDS prevention**,

- expanding **services for men who have sex with men**: expanded voluntary counselling and testing and **treatment-as-prevention approach**
- to improve a system of data collecting – mainly for therapy and prevention activities

We would like to achieve these targets through following planned activities:

- to conduct a survey of knowledge of pupils of primary schools and to increase involvement of Ministry of Education, Youth and Sports in primary prevention of HIV and STD,
- to expand services for voluntary testing and to continue in education of providers of preventive activities including HIV testing,
- to restructuralize a current system of data collection,
- to continue in an effort for better access to TasP and introducing PrEP.

SECTION SIX: SUPPORT FROM THE COUNTRY'S DEVELOPMENT PARTNERS

This section is not applicable.

SECTION SEVEN: MONITORING AND EVALUATION ENVIRONMENT

Monitoring and evaluation is carried out by the Office of the National AIDS Programme Manager and National Reference Laboratory on AIDS in the National Institute of Public Health. AIDS-related preventive activities are monitored by the Ministry of Health in cooperation with the National Institute of Public Health, the Working Group for HIV/AIDS and STI Surveillance, Public Health Units, The Czech National Monitoring Centre for Drugs and Drug Addiction, Czech HIV/AIDS NGO Forum and other stakeholders and institutions.

A monitoring and evaluation framework has been established by the National HIV/AIDS Programme for 2013 – 2017. Evaluation of the National HIV/AIDS Programme is published in the **National AIDS Programme Yearbook** with a 2year period. Last yearbook for 2011 – 2012 period is available at: <http://www.aids-hiv.cz/rocenky/2011/rocenka-2011-12.pdf>.

During the reporting period, the HIV/AIDS Programme for 2013 – 2017 evaluation was carried out. It revealed unequalitiws in fufilling activities of the National HIV/AIDS Programme: biological surveillance is well established in contrary to quantification of preventive activities and behavioral surveillance. Integrative approach involving other STI prevention is lacking. Some of the established indicators for evaluation of the programmes are uneasy to provide beacuse their identification requires further financial support which is not explictely allocated.

