

KRAJOWE CENTRUM ds. AIDS



DRAFT
REPORT ON IMPLEMENTATION OF UNGASS DECLARATION
OF COMMITMENT ON HIV/AIDS IN POLAND

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**REPORT ON THE IMPLEMENTATION
OF UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS
POLAND 2006-2007**

Introduction

Presenting the following report on fight against HIV/AIDS in Poland it is necessary to underline that the undertaken activities are in line with priorities set in UNGASS Declaration of Commitment on HIV/AIDS. These priorities include ensuring:

- strong leadership at the national level,
- prevention,
- care – support and treatment,
- human rights,
- reducing vulnerability,
- alleviating social and economic impact,
- R&D and
- mobilization of the resources.

Leadership at the national level

The development and implementation of Polish national strategy and policy on HIV/AIDS encompasses multisectoral strategies and financing plans as well as the integration of HIV/AIDS combat into the mainstream of development planning.

The institutional system established in our country guarantees a continuity of financing of both preventive actions, and the ARV therapy. In accordance with the Three Ones' rule, which promotion Poland very much welcomes, since 1996 a multisectoral program of combating HIV/AIDS have been ran and it is coordinated by the National AIDS Center , a governmental structure under the Minister of Health.

Strong leadership as a condition of effective response to the epidemic.

The fight against HIV/AIDS in Poland is considered as one of the governmental priorities. Appropriate activities follow national strategy and policy and are carried out in accordance

with the National Plan - called *the National Programme for Combating AIDS and Preventing HIV Infections*.

Current National Plan covers the years 2007 – 2011 and is a continuation of the previous three programmes and was adopted by the Council of Ministers on the basis of a regulation as of September 13, 2005. The first *National Programme for HIV Prevention and Care for People Living with HIV/AIDS (PLWHA)* for 1996 – 1998 was prepared as a response to a parliamentary resolution. Adopted by the Government the second edition of the Programme covered the years 1999 – 2003, and the third the years 2004 – 2006. The Programmes were documents of the national grade, defining Poland's strategy and policy on HIV/AIDS. Strong state leadership was guaranteed by Ministry of Health having the leading role both in strategy and policy creation and coordination and supervision. The documents also defined sectoral partners in the Programme realization.

The main effects of the implementation of the previous two national programmes are:

Prevention:

- Improvement of the availability of anonymous and free of charge HIV testing, high quality service; increase in the number of people having tests;
- Increase in the number of certified educators in the area of HIV/AIDS, specialising in work with selected environments (schools, prisons);
- Higher effectiveness of HIV/AIDS prevention media campaigns;
- Continuation of harm reduction programmes aimed at particularly difficult populations.

Care for PLWHA:

- Decrease in the mortality rates due to AIDS.
- Improvement of the quality of life of people living with HIV.

Epidemiology

- Stable HIV epidemiological situation, despite the dynamic increase of HIV infections in Eastern neighbouring countries.
- Decrease in the number of HIV vertical transmissions among children born to HIV infected mothers.
- Introduction of after exposure procedures (ARV treatment) contributed to a decline of these infections.

Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections for the years 2007-2011

The Programme contains a plan of multisectoral action identifying bodies subordinated to and cooperating with the Ministry of Health, including the ministries implementing tasks of the previous three editions of the National Programme. The Programme envisages direct participation and involvement of PLWHA and NGOs acting in the field of HIV/AIDS and provides for permanent activation of self-governmental structures and initiation of integrated actions in order to achieve the required goals.

Institution that implements the Programme:

Ministry of Health

Institution that coordinates the Programme:

National AIDS Centre

Institutions implementing the Programme:

Ministry of Education

Ministry of Education and Science

Ministry of Sports

Ministry of Internal Affairs and Administration

Ministry of Defence

Ministry of Justice

Ministry of Transport

Ministry Labour and Social Policy

Ministry of Economy

Ministry of Maritime Economy

Entities obliged to implement e.g.:

Local authorities and subordinated entities

Polish Sanitary Inspection

National Institute of Hygiene

Voivodes

National Health Fund

Ministry of Foreign Affairs
National Infectious Diseases Consultant
National Consultant for Epidemiology
National Consultant for Laboratory Diagnostics
National Bureau for Drug Prevention
Non-governmental institutions
Polish Scientific Society

Financing plans

Ensuring financial means for the entities involved in the Programme is a prerequisite for its implementation.

Ministry of Health

Analysis of the epidemiological and clinical situation proves that the number of AIDS cases and cost of treatment still increases. The increase in the number of patients as well as availability of more effective, but at the same more expensive antiretroviral drugs, conduct to the necessity of ensuring allocation of more financial resources for that purpose.

Since 2001, the National AIDS Centre, on Ministry of Health behalf, has been the main implementing body and coordinator in the process of purchase of ARV drugs and diagnostic tests for centres providing treatment in Poland.

The prophylaxis activities in the frame of the goals of the National Programme are also implemented by the National AIDS Centre out of budgetary division – AIDS Prevention and Fighting.

In this respect the expenditure of the Ministry of Health for purchasing medicines, prevention activities, commissioned tasks, current National AIDS Centre activity and investment is estimated as:

- in 2005 PLN 86.429.000 (approx. 34.571.600 USD)
- in 2006 PLN 103.118.560 (approx. 41.247.424 USD)
- in 2007 PLN 101.440.555,78 (approx. 40.576.222 USD)

Other Ministries

The *Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections* will also be implemented with the financial support from budgets of other ministries. Some implementing bodies of the Programme (the Ministry of Education and Sport, the Ministry of Defence, the Ministry of Social Policy) have declared to finance the tasks in the frame of their own budgets, without presenting separate financial resources for each year. Similarly, other ministries implementing the Programme, (the Ministry of Internal Affairs and Administration, the Ministry of Justice, the Ministry of Infrastructure), will also implement some tasks in the frame of their own resources.

Integration of HIV/AIDS combat (prevention, care, treatment and support) into the mainstream of development planning

National HIV/AIDS strategy integrates HIV/AIDS prevention, care, treatment and support into the mainstream of development planning. The National Programme of HIV/AIDS Prevention and Care for PLWHA represents the state's policy and is in line with *Polish National Health Programme*. The National Programme sets two major objectives: to curb the spread of HIV infections in Poland and to improve the quality of life and availability of medical and psychological care for PLWHA and their families. The realized objectives concern, among others, prevention of new HIV infections, care and support for PLWHA and their families and ensuring broad access to ARV treatment and diagnostic.

Prevention

So far there was not any expected scientific progress in the field of HIV vaccines and HIV infection still affects more people. In Poland, beside obvious successes, such as relatively stable epidemiological situation and a broad availability of free of charge ARV treatment, an effective and systematic education still remains the most effective prevention measure. The said aspects of HIV/AIDS epidemic and the impending HIV crisis behind our eastern border require paying a special attention to that problem. National health is the base of social and economic development and concerning the fight against HIV/AIDS, can only be ensured by implementation of appropriately created and managed prevention programmes, building the awareness of the threats of HIV infection and undertaking appropriate activities aimed at limiting the spread of HIV infections.

Prevention of new HIV infections

Regarding prevention of new HIV infections, programmes directed on declining the level of risky behaviours and improving the availability of information and counselling based on direct contact with individual recipients, are targeted to the whole society, particularly to the population of sexually active persons with risky behaviour; people working with youth (e.g. teachers and educators); people taking psychoactive substances; commercial sex workers and PLWHA, their families and friends.

Activities aim at improving the level of knowledge and changing attitudes towards risky behaviours, enlargement and permanent increase in the quality of training and educational base, broadening information offer to the needs of individual recipients and improving the existing system of Voluntary Counselling and Testing Centres.

In 2007, a programme for pregnant women was implemented: every pregnant woman can take free of charge HIV test during gynaecological consultations.

Concerning the awareness of the threats of HIV infection and activities aimed at limiting the spread of HIV infections, a special attention is paid to the education of children and youth. Activities include introducing HIV/AIDS prevention programmes in schools; implementing HIV/AIDS prevention programmes, as a part of the “sexual education classes”; introducing trainings for teachers responsible for the education of children and youth; introducing HIV/AIDS education for teachers into the programmes of pedagogical studies, skill building workshops and post-graduate studies and constant education in the field HIV/AIDS for sexual education teachers.

Another type of programmes are harm reduction activities. In order to prevent social and health damages linked to IDU, also HIV and/or hepatitis infection, the exchange of needles and syringes has been practiced in Poland since 1991. In 1996, the programme of needles and syringes exchange has been approved by governmental bodies and social organizations and was widely spread. Since 1997, substitution methadone therapy has been available, including penitentiary services. People addicted to intravenous drugs – infected with HIV, have right to be treated with methadone and are given priority.

Care, support and treatment

National strategies are developed in close cooperation with international community and are in line with the UNGASS Declaration of Commitment on HIV/AIDS, WHO's protocol on HIV/AIDS, United Nations Millennium Declaration of September 2000, Baltic Sea Declaration on HIV/AIDS Prevention and the EU coordinated and integrated approach to combat HIV/AIDS within the European Union and in its neighbourhood.

Undertaken activities include ensuring provision of diagnostic facilities, HIV related drugs, including ARV drugs, as well as highest attainable standard of treatment for HIV/AIDS and efforts aiming at the improvement of psychosocial care for PLWHA and their families.

Availability of diagnostic and ARV treatment

Activities are targeted on PLWHA, women in procreation age and pregnant women, healthy children and those born to HIV positive mothers, health service staff, persons after HIV exposure (occupational, non-occupational, accidental) and persons detained in penitentiary units. In this respect efforts aim at improving the existing health services, improving post exposure procedures, ensuring counselling and psychological care throughout post exposure procedures, as well as, ensuring access to specialist medical care, diagnostic services and ARV drugs. Up to now, there was no registered case of HIV infection after non-occupational exposure.

In order to limit vertical transmissions an obligation has been introduced to propose a voluntary HIV testing for pregnant women by obstetricians and gynaecologists and ensuring specialist care for women during pregnancy, delivery and puerperium. An improvement of health care services for children born to HIV infected mothers is on the way.

At the end of the year 2007, 3.358 patients were receiving free of charge ARV treatment, including 123 children. Out of this number, there were 817 new patients.

In 2006, a centralized computer database was introduced.

Data gathered there:

- all new patients are included in the data base (anonymously - with their initials, gender and last ID digit), including an individual ARV therapy combination, with division into referral clinics

- purchasing and storage of all antiretroviral drugs
- possible reporting: number of patients, number of patients receiving a specific ARV drug, amount of drug stored, etc.

Psychosocial care

Activities are targeted on PLWHA, their families and friends, with particular consideration of: people with unregulated social and legal status (uninsured persons, homeless people and migrants), persons with double diagnosis (PLWHA and addicted to psychoactive substances – drugs, alcohol), women living with HIV, families with HIV affected children.

In this respect efforts are made to improve economic conditions of socially excluded people and to improve the quality of life of persons from target populations in its psychological and social sphere.

Epidemiological summary

According to the National Institute of Hygiene data, in 2007 in Poland there were 716 new HIV infections. 59 infections are related to intravenous drug use, the rest of cases was contracted through other ways of transmission, mainly through sexual contacts. In 2007, 183 AIDS cases were diagnosed, 71 people died due to AIDS-related causes. 44% of the total were people under 29 years.

Since the beginning of the HIV/AIDS epidemic in Poland (1985) to the end of 2007, 11.259 HIV infections were diagnosed (among them 5 439, e.i. 48% were related to IDU), there were 2.028 AIDS cases and 906 AIDS-related deaths.

It is estimated that every third person doesn't know his/her serological status, so in Poland people living with HIV can be even 25-35 thousand, out of which approx. 30% are women. Each year in our country 550 – 750 new HIV infections are diagnosed.

Human rights

The principle of human and civil rights inviolability results from the natural and inalienable dignity of an individual. The protection of this interest falls into the duties of public authorities. Article 32, point 2 of the Fundamental Law states: “No one can be discriminated (...) for any reason”. Legislation policy, is oriented towards solutions preventing any discrimination of persons with HIV/AIDS. The present Polish law does not provide for

possibility of HIV/AIDS diagnostic tests without consent or against patient's will with the exception of blood donation and organ grafting as well as criminal proceedings and court warrant. The issue of HIV/AIDS data protection is strictly connected with keeping these cases confidential by doctors and other hospital staff. *Doctor Profession Act, Nurse and Midwife Profession Act, as well as, Code of Doctor's Ethics and Code of Nurse and Midwife's Ethics* impose strict obligations to treat all medical and official information as confidential.

HIV/AIDS related legislation consists of *Infectious Disease Act*. The Act obliges to report all infectious diseases to the National Hygiene Institute and every diagnosed AIDS case must be reported to the Epidemiology Department of the National Hygiene Institute and obliges to cure infectious diseases (including AIDS) as well as, provides for free treatment.

Protection against discrimination for populations identified as being especially vulnerable to HIV/AIDS is covered by the Fundamental Law general non-discrimination rule. Despite the society's discriminatory reactions in the early years when HIV infections just appeared in Poland this social pressure did not result in legislative changes. Together with the increase of social awareness and HIV/AIDS social education, presently there is a greater tolerance. As the infection path often occurs due to IDU, it is known that drug addicted persons do not undertake long-term employment. Nonetheless, people who are willing to work can find jobs within NGOs and other institutions, where they can help others, as well as do something for themselves. Their chance to re-enter society is strengthened by opportunity to participate in one of the methadone programs. It is worth mentioning that HIV positive person can work as long as he or she feels well. Until such a person doesn't disclose his/hers status nobody is informed without the consent of that person. There is no compulsory testing at the entry to schools, employment or applying for any type of Polish immigration permit.

Poland welcomes the reinforced initiatives on HIV and AIDS at the workplace that are developed by local and global companies. The Polish government offers its support to such initiatives, as they are found effective and are a way to reach new populations with the preventive message. This is also an excellent example of new sectors getting more involved in combating HIV and AIDS.

Reducing vulnerability

Activities are centered on society as a whole, with a special attention to youth, women at the procreation age and parents of children at the age of adolescence. Educational actions are aimed at shaping the attitudes of responsibility for one's health and avoiding the situations

that favour the infection. Special attention is devoted to youth at schools and staff responsible for their education. The training of the personnel responsible for the education of youth is provided. HIV/AIDS and STI issues are included in the standards for training organised for teachers within the framework of pedagogical studies, qualification tests, and post-graduate studies. The training of trainers programs in HIV/AIDS prevention is carried out continuously.

In addition, tailor-made strategies for vulnerable populations include a special focus on the priorities for the European Community Public Health Programme which includes work with vulnerable populations. As young people are a vulnerable population, consideration is given to possibilities for enhanced international cooperation with a view to taking youth more into account in health policies and risk prevention, further to EU White Paper “A New Impetus for European Youth.” Work will be continued with the other Member States to ensure the full implementation of a Directive prohibiting discrimination in employment on the grounds of religion and belief, disability, age and sexual orientation.

Alleviating social and economic impact

People living with HIV/AIDS often have complex health and social needs. HIV infection might be only one of their health problems and for some, their ability to maintain their health is adversely affected by social and economic factors, the lack of social support, and lack of employment.

To improve life expectancy and the quality of life, the health care system must provide accessible and comprehensive care. In this respect, the possibilities are explored to support health care infrastructure development through the EU Structural Funds.

Fortunately, the scale of epidemic in Poland is relatively stable due to the preventive measures provided within the national strategy, together with provision of medical treatment and social support. The national legislation and policy framework protects the right of people living with and affected by HIV/AIDS in the work place. An inventory of the existing situation has been carried out in co-operation with UNDP and guidelines addressed to employees, employers and civil society institutions, have been published.

Research & Development

According to the European Commission Working Paper “Coordinated and integrated approach to combat HIV/AIDS within the European Union and in its neighbourhood”, R&D activities are essential in the fight against HIV/AIDS. The application of research results and the universal access to research outcomes will help to reduce the number of new HIV infections, and will improve the quality of life for PLWHA. In addition, investment in research activities aimed at increasing understanding of the social, economic, biomedical, clinical, health and public policy aspects of HIV/AIDS should be encouraged.

However HIV/AIDS related research and development depends on availability of resources. In Poland, the relevant institutions are encountering significant constraints in financing such activities. Nevertheless, as in previous years, efforts have been made to encourage development of: national research infrastructure and laboratory capacity, to improve surveillance system, data collection, processing and dissemination, to enhance training in basic and clinical research, social sciences and health care, with the National AIDS Center playing a leading role in developing solutions to HIV/AIDS related issues. Fortunately, there is an understanding that the European Commission will promote the participation of the new Member States and countries from EU neighbourhood in R&D networking activities related to HIV/AIDS.

Mobilization of the resources

The HIV/AIDS challenge is serious. Therefore, a clear understanding of the changing epidemiological situation together with strong political leadership are required to ensure that the appropriate responses are taken. On the Polish scene the implementation of, adopted in the National Programme, strategies and policies require an appropriate allocation of financial resources. In the last few years a significant decrease in expenditure for prevention could be observed, while the present epidemiological situation would call for its increase. The effects of a dramatic situation in Eastern Europe are reflected in the increase in the number of HIV infections in north-eastern part of Poland. That is a strong argument for prevention activities directed to the whole society. It is necessary that the representatives of the local self-governments become more involved and understand the comprehensive issues of HIV/AIDS.

Without their involvement and organizational and financial support, many important objectives of national strategies and policies will not be realized.

The HIV/AIDS prevention strategy worked out in cooperation with relevant international organizations, such as the UNAIDS and the WHO, is based on inviolable rules of respecting human rights and human dignity. The necessity of civil society participation, including PLWHA in the process of creation and implementation of national strategies is also emphasised. In Poland, more than fifty organizations and structures take part in HIV infections' preventing efforts, educative activities or giving support. Their activities often go throughout the Polish borders. The cooperation between the governmental and non-governmental sector was established in our country at the very beginning of the HIV/AIDS epidemics, that means more than twenty years ago.

The comprehensive knowledge of the HIV/AIDS issues requires constant monitoring of social and moral related phenomena, far from medical and diagnostic aspects. They enter a sphere of morality, ethics, tolerance, law and economy.

On the EU level consideration is given to review the existing HIV/AIDS surveillance and a need to develop it towards more comprehensive surveillance, including data on behavior and social issues. The Member States will work to improve the protection of individuals regarding the confidentiality on processing of personal data and on the free movement of such data. Together with the work done under the 'health information' strand of the Public Health Programme, and in the framework of the EURO-HIV network, the establishment of the European Centre for Disease Prevention and Control will further contribute to improving the epidemiological surveillance of HIV/AIDS.

Follow-up

Monitoring and evaluation

Diagram of monitoring and evaluation

R OF PROJEC	MONITORING AND PROCESS EVALUATION		EVALUATION	
	INPUT	DIRECT EFFECT	EFFECT	LONGTERM IMPACT

	ALL	MAJORITY	SOME	FEW
RESOURCES		CONDOMS	CHANGES OF	HIV/AIDS TRENDS
FUNDS		AVAILABILITY	BEHAVIOURS	DEATHS (AIDS)
PERSONNEL		TRAINED PERSONNEL	CHANGES OF	SOCIAL NORMS
EQUIPMENT		KNOWLEDGE ABOUT	ATTITUDES	IMPACT ON THE
QUALIFICATIONS		WAYS OF INFECTION	SOCIAL ACCEPTANCE	ECONOMY
	KIND OF EVALUATION			

Indicators of effectiveness

The indicators of effectiveness of conducted actions included in the *Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections for the years 2007-2011* are important elements of every evaluation. The global character of HIV/AIDS epidemic and universality of indicators enables international comparison concerning both the view of the epidemic and evaluation of the effects of preventive activities. The first group of indicators describes authorities' involvement in the combating HIV/AIDS and covers, among others, information about adopted policies, financing, scope of support for PLWHA and efforts aiming at limiting the negative HIV/AIDS impact. The second category of indicators presents data concerning the implemented programmes, their scope and direct results and effects (knowledge and behaviours). The third group includes indicators of a long term impact of undertaken actions, mainly the impact on curbing the spread of HIV/AIDS epidemic.¹

In 2007, a monitoring computer database to monitor and evaluate National Programme was introduced, where all partners involved in the implementation of the *Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections for the years 2007-2011* report quarterly and annually of their activities.

¹ "Guidelines on Constructions of Core Indicators" United Nations General Assembly Special Session on HIV/AIDS. Geneva 2002

Conclusions

Undertaken activities are in line with priorities set in UNGASS Declaration of Commitment on HIV/AIDS. National strategy and policy on HIV/AIDS encompasses strong state leadership, multisectoral strategies and financing plans as well as the integration of HIV/AIDS combat into the mainstream of development planning. Appropriate activities are carried out in accordance with the National Plan - called the *Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections for the years 2007-2011*. An effective and systematic education still remains the most effective prevention measure. With regard to the prevention of new HIV infections, programmes, among other, are focused on reducing the level of risky behaviour and improving the availability of information. There is a broad availability of diagnostic services and ARV treatment. PLWHA have access to psychosocial care. Non-discrimination is ensured by the Constitutional general non-discrimination rule. There are efforts directed at reducing vulnerability and alleviating HIV/AIDS negative social and economic impact. EU will promote the participation in R&D networking activities related to HIV/AIDS. Mobilization of the resources requires strengthening of local and international cooperation. There is a necessity to develop the existing system of monitoring and evaluation using internationally agreed indicators of effectiveness.

In general, Poland is fulfilling UNGASS commitments. The measures outlined in the report aim at making a significant and sustainable contribution towards curbing the HIV/AIDS epidemic.