

MINISTER OF HEALTH
NATIONAL AIDS CENTRE

**Schedule for Implementation of the
National Programme for Preventing
HIV Infections and Combating AIDS
for 2012-2016**



WARSAW 2012

MINISTER OF HEALTH

Schedule for Implementation of the National Programme for Preventing HIV Infections and Combating AIDS for 2012-2016

***On the basis of § 4 point 6 of the Regulation of the Council of
Ministers of February 15, 2011 on the National Programme
for Preventing HIV Infections and Combating AIDS
(publication number: Dz. U. No. 44, pos. 227)***

Elaborated by the National AIDS Centre

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I. INTRODUCTION

The state policy on HIV prevention and combating AIDS has been defined in the National Programme for Preventing HIV Infections and Combating AIDS.

Many years of experience, knowledge in the field of HIV/AIDS, prediction of the spread of the epidemic in our region as well as the international politics justify the legislative initiatives and activities undertaken within the National Programme for Preventing HIV Infections and Combating AIDS.

The Programme provides the basis for being an equal partner in the implementation of public health programmes of the European Union.

The National AIDS Centre realizes the tasks on behalf of the Minister of Health in the field of preventing and combating HIV/AIDS. The activities of the National AIDS Centre are aimed at limiting the spread of HIV infections and improving the quality of life in the psychosocial sphere of people living with HIV/AIDS, their families and relatives through:

- a. prevention of HIV infections and provision of adequate access to information, education and services concerning HIV/AIDS prophylaxis,
- b. improving the quality of life in the psychosocial sphere of people living with HIV/AIDS, their families and relatives,
- c. provision of ample access to diagnostics and ARV treatment,
- d. improvement of quality and diagnostic/healthcare accessibility for people living with HIV/AIDS and those vulnerable to HIV infection,
- e. reduction of HIV infections among children.

The National AIDS Centre implements a wide range of tasks related to international cooperation as well.

The very first National Programme for Preventing HIV Infections, Providing Care For People Living with HIV and Suffering from AIDS was carried out between 1996 and 1998. The subsequent editions of the Programme encompassed the periods of 1999-2003 and 2004-2006.

Afterwards, the legal basis was the *Regulation of the Council of Ministers on the 13th of September, 2005 on the National Programme for Combating AIDS and Preventing HIV Infections* (publication number Dz. U. No. 189, pos. 1590). The tasks were implemented according to the *Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011*, accepted by the Council of Ministers during the session of the 31st of October, 2006.

At present, the legal basis is constituted by the *Regulation by the Council of Ministers on February 15, 2011 on the National Programme for Preventing*

HIV Infections and Combating AIDS (publication number Dz. U. No. 44, pos. 227).

In accordance with § 4 of the aforementioned regulation the Coordinator of the Programme implementation (the National AIDS Centre), in collaboration with entities obliged to realize the *Programme for Preventing HIV Infections and Combating AIDS* elaborates the schedule of the Programme implementation, named henceforth "the Schedule". It includes tasks the implementation of which will have an influence on meeting the objectives set in the attachment to the regulation.

The Schedule development process was participated in by the representatives of the public administration office, medical community and non-governmental organizations.

II. TIMELINE

According to § 4 of the Council of Ministers on the 15th of February, 2011 on the National Programme for Preventing HIV Infections and Combating AIDS, the programme coordinator develops a schedule covering, in particular, tasks which will contribute to achieve the objectives set out in the Annex to the Regulation. The schedule shall be for a period of five years.

The Schedule will mention:

- a. the type of task, whose implementation will contribute to the achievement of certain objectives set out in the Schedule,
- b. the target group,
- c. the entities responsible for the implementation,
- d. indicators of tasks implementation,
- e. the year of implementation.

The coordinator shall prepare and submit a schedule to the minister competent for health issues by the 30th of June of the year preceding the start of the tasks' set schedule. Then the minister in charge of health shall submit a schedule for the approval of the Council of Ministers. After the five-year edition of the Schedule has been finished, the entities required to implement the Program provide the minister in charge of health with a report on the tasks covered by the Schedule together with a summary of the period by the 15th of April of the following year. The Coordinator shall prepare a collective report on the performance of the tasks covered by the Schedule together with a summary of this period and shall submit them to the minister in charge of health issues, by the 15th of May of the following year. The minister in charge of health issues shall submit a report for approval to the Council of Ministers.

The present Schedule for implementing *the National Programme for Preventing HIV Infections and Combating AIDS* has been developed for 2012-2016 (according to § 4. 4 of that Regulation).

III. THE LEGAL FRAMEWORK AND THE RELATION WITH OTHER STRATEGIC DOCUMENTS

Hereby *Schedule for Implementation of the National Programme for Preventing HIV Infections and Combating AIDS for 2012-2016* is consistent with the recommendations and commitments contained in international documents and declarations, such as:

- a. Programme of Action of the International Conference on Population and Development (Cairo 1994),
- b. Beijing Action Declaration (Beijing 1995) and subsequent initiatives and actions aimed at implementing the Beijing Declaration and Platform for Action adopted at the 23rd Special Session of the UN General Assembly (June 2000),
- c. Development Goals contained in the Millennium Declaration adopted by the UN during the 55th Session of the UN (September 2000),
- d. Declaration of Commitment on HIV/AIDS adopted by the General Assembly of the UN Special Session dedicated to the fight against HIV/AIDS (27 June 2001),
- e. The Vilnius Declaration UE (2004),
- f. The Dublin Declaration WHO, UE (2004),
- g. The Bremen Declaration *Responsibility and Partnership – Together against HIV/AIDS*, EU (2007),
- h. European Union Declaration (2008),
- i. European Parliament resolution of the 20th of November 2008 on the early diagnosis and early treatment of HIV/AIDS,
- j. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and *Combating HIV/AIDS in the European Union and neighbouring countries for the period 2009-2013*,
- k. European Action Plan on HIV/AIDS in the WHO European Region, 2012-2015,
- l. WHO HIV/AIDS strategy 2011–2015.

It is also consistent with national strategic documents, including:

- a. National Health Program for 2007-2015,
- b. National Drug Prevention Programme for 2011-2016,
- c. National Development Strategy for 2007-2015.

IV. DIAGNOSIS OF THE SOCIO-ECONOMIC SITUATION

The first years of the 21st century did not produce the expected scientific discoveries regarding a vaccine to prevent HIV infection. Despite the many efforts of the international community to ensure the wide availability of antiretroviral therapy (ARV) for the infected and the implementation of preventive measures, such as education, to the widest possible audience we still have to deal with the pandemic. Systematic prophylaxis, based on current knowledge still remains the most effective means of prevention, taking into account the diverse needs of professions and social behaviour. The assumptions of strategies to combat HIV/AIDS were developed by international organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) and based on the inviolable principle of respect for human rights and human dignity (International Guidelines for HIV/AIDS and Human Rights, Guideline No. 6 – Access to prevention, treatment, care and support). They stress the need to share the elaboration and implementation of national strategies with people gathered around non-governmental organizations, particularly people living with HIV. Their active participation in prevention programs is to guarantee their effectiveness. However, the action of these stakeholders in the community as a whole will only be possible when it is ensured with wider support from public authorities.

Epidemiology – the world (source: UNAIDS REPORT ON THE GLOBAL AIDS Epidemic 2010)

According to UNAIDS estimates of HIV, there are approximately 33.3 million people infected in the world. Every 12 seconds someone is infected with HIV, every 17 seconds another person dies of AIDS. Simultaneously, it is estimated that only 40% of HIV positive people have knowledge of their infection. According to the recent global epidemiological research, the situation has begun to stabilize. In recent years, there has been a slight decrease in the number of new HIV infections. However, there are some countries where the years 2001-2009 saw an increase in the number of infections by 25% (including Ukraine).

Since 2001, mortality due to AIDS in the world decreased by 19%, which is associated mainly with the expanding availability of antiretroviral treatment (ARV).

Estimates of HIV/AIDS in the world (for 2009)

The number of people living with HIV – 33.3 million [31.4 – 35.3]

- a. Adults – 30.8 million [29.2 – 32.6]
- b. Women – 15.9 million [14.8 – 17.2]
- c. Children (under 15 y.o.) – 2.5 million [1.6 – 3.4]

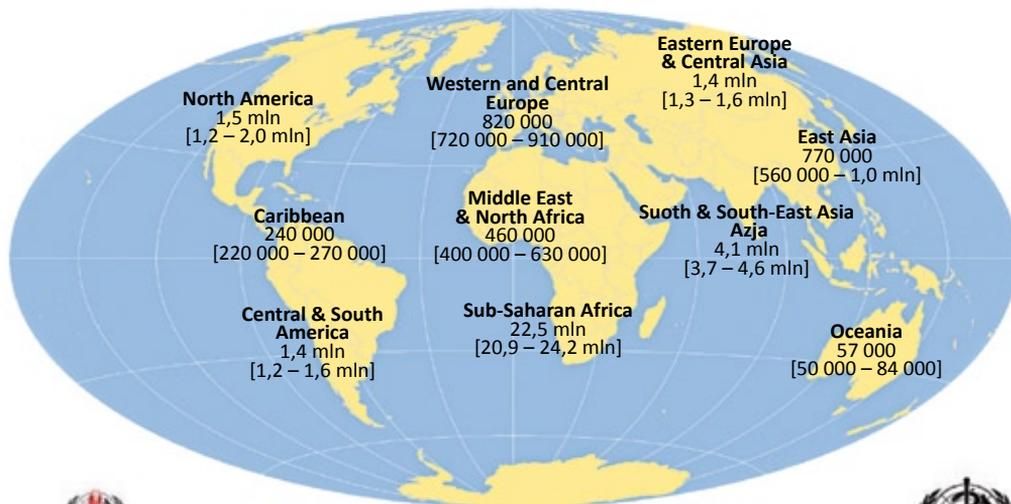
The number of newly detected HIV infections – 2.6 million [2.3 -2.8]

- a. Adults – 2.2 million [2.0 – 2.4]
- b. Children – 370 000 [230 000 – 510 000]

Deaths due to AIDS – 1.8 million [1.6 – 2.1]

- a. Adults – 1.6 million [1.4 – 1.8]
- b. Children – 260 000 [150 000 – 360 000]

Adults and children estimated to be living with HIV/2009



Total: 33,3 (31,4 – 35,3) mln



HIV infections continue to pose a major challenge for public health in Europe. Some of the reasons include:

- a. multifaceted nature of the issues related to the epidemic (generates a lot of negative implications for other sectors of the economy, and is therefore considered an economic, political and social problem),
- b. lack of vaccines,
- c. the feminisation of the epidemic,
- d. the high cost of ARV treatment,
- e. coexistence of HIV infection with HCV, HBV and tuberculosis,
- f. inadequate prophylaxis (in many countries few measures aimed at prevention of HIV infection),
- g. stigma and discrimination against vulnerable populations at risk of infection,
- h. migration (Western Europe in particular).

The HIV epidemic in Europe is rather mixed. In Central Europe and Scandinavia the epidemiological situation is stable and the main way of transmission changed. It is no longer the injection of psychoactive substances but sexual contacts. However, in Eastern Europe, mainly in the Russian Federation, Ukraine (90% of all infections in the region), a rapid increase of HIV infections and AIDS mortality can be observed. This is the only region in the world where HIV prevalence appears to be growing. In 2001-2008 the number of infections rose by 66%. The populations most affected by the epidemic in this region are those of injecting drug users. With such a serious epidemiological situation in Eastern Europe and Central Asia, where the number of infections has almost tripled since 2000, only 19% of people have access to ARV drugs (as compared with the average for countries with medium and low income 42% and Sub-Saharan Africa – 33%).

Epidemiology – Poland (Source: National Institute of Public Health – National Institute of Hygiene)

Data from the beginning of the epidemic (1985) to 31 December 2010

- a. 13,917 infected in total
- b. 2,440 cases of AIDS
- c. 1,053 deaths

Data for 2010

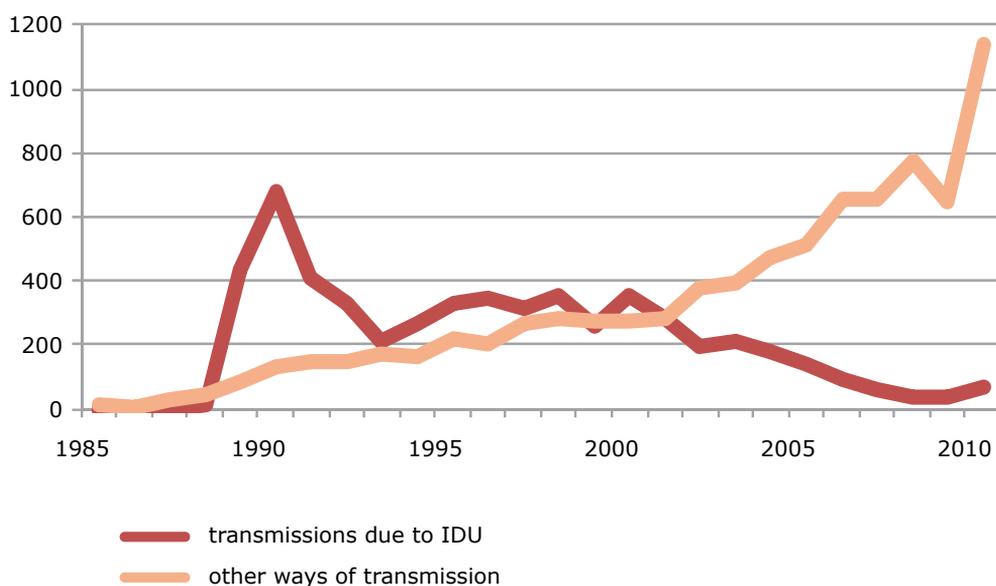
- a. 583 HIV infections detected in 2010 (out of 1 207 cases reported in 2010, 583 cases were diagnosed in 2010, while the remaining

cases were diagnosed in 1987, 1997, 2004, 2005, 2006, 2007, 2008, 2009)

- b. 90 AIDS cases detected in 2010 (127 cases reported, in 2010, 90 cases were diagnosed in 2010, while the rest of them concerned people with AIDS diagnosed in earlier years, i.e. 1993, 1994, 2006, 2007)
- c. 39 deaths of people with AIDS

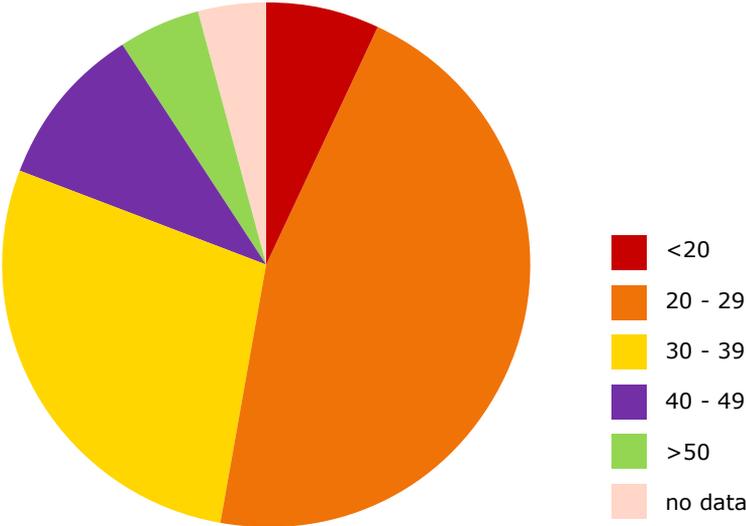
On average, each day two people learn of their HIV infection in our country. These are usually cases which can be avoided by an appropriate prophylaxis. One in four HIV-infected people in Poland is a woman. While in the world, women constitute more than half of people living with HIV and the percentage is growing. More and more heterosexual people are infected, no intravenous drug use in interviews is observed. There is also an increase of HIV cases among men having sex with other men (MSM). These people become infected through risky sexual behaviour, often associated with the use of psychoactive drugs. It is therefore necessary to strengthen the efforts aimed at populations most vulnerable to HIV infection.

Chart 1: Possible ways of HIV infections (1985-2010)



A common feature of the world epidemic is the fact that HIV mainly affects young people. Almost 40% of people living with HIV worldwide are between 15 and 24 years of age. In Poland, only 7% of all infections are detected in people who are under 20 years of age, while 46% of all HIV affected people are between 20 and 29 years of age. The dominant group (84%) among HIV-infected and AIDS patients in Poland are persons of working age (20-49 years).

Chart 2: HIV infections between 1985-2010 according to age.



It is estimated that in Poland perhaps 70% of people infected with HIV do not know about their infection so they are not included in the statistics. During the first years of the epidemic, the major route of spread of HIV infection was intravenous drug use and homosexual contacts between men. Since 2001, there has been an observed reversal of some trends in the epidemic. The infection is more and more present among heterosexual people without a history of intravenous drug use (data from Voluntary Counselling and Testing Centres). These people become infected through risky sexual behaviour, often associated with the use of psychoactive drugs. The information collected from VCTs also shows that there is a current alarming rise in the number of infections among men having sex with other men.

The above epidemiological data indicate a relatively stable situation regarding HIV/AIDS in Poland. However, given the rapidly increasing

number of HIV infections in other countries of Central and Eastern Europe, there is a potential risk of rapid spread of the epidemic in the region, which could have direct bearing on the situation in Poland.

Current situation regarding HIV/AIDS:

1. The scope of the epidemiological situation:

- a. Nowadays, there is an increasing number of HIV infections by sexual contact (homosexual/heterosexual), especially in the population from 20 to 49 years of age.
- b. The increase in the number of infections among men having sex with other men (MSM) is worrying.
- c. A remaining problem among the Poles seems to be the lack of interest of one's own serological status (and little consideration of taking an HIV test).
- d. Despite the relatively stable epidemiological situation of HIV/AIDS in Poland, our country is facing an epidemiological threat from Eastern Europe, primarily the Russian Federation, Ukraine and other countries of the former Soviet Union. As a result of that geopolitical situation, we can foresee an increased number of people arriving to Poland from the East, among them individuals infected with HIV and AIDS.
- e. There is also a steady rise in the number of cases of HIV in some countries of Western Europe.

HIV infections continue to pose a major challenge for public health in Europe.

2. Medical care for HIV infected and AIDS patients:

- a. In Poland there is a need for early diagnosis, including increased availability of HIV testing, among others, by developing a nationwide network of Voluntary Counselling and Testing Centres (free-of-charge and anonymous). This would help to limit further growth of late diagnosis of AIDS.
- b. ARV treatment is crucial for improving the quality of life of people infected with HIV and AIDS. Providing access to ARV treatment has resulted in stabilization in the incidence of AIDS and a noticeable drop in mortality due to AIDS. It increases the survival time of patients infected with HIV and AIDS (currently up to the time of natural death), which, in spite of the disease, allows for a return to social functions and family.

- c. Another advantage of the wide availability of ARV treatment for the HIV infected is to reduce the infectivity of them. An additional positive effect of ARV therapy is the reduction of the incidence of tuberculosis, which in people with HIV and AIDS occurs as opportunistic infection, and to improve the detection of HBV and HCV.
- d. The use of ARV prophylaxis among infants born to mothers living with HIV reduced the percentage of vertical infections from 23% before 1989 to less than 1% today (source by prof. Tomasz Niemiec).
- e. In the coming years, we expect a further increase in the number of patients requiring diagnostic and antiretroviral treatment. This is due to the fact that recently, most HIV infections have been detected, and the infected are currently undergoing a phase of full-blown AIDS. It is important to ensure the availability of treatment and to reflect it in the national policies according to the commitments made by Poland at the UN, including the *Declaration of Commitment on HIV/AIDS* and the *Political Declaration on HIV/AIDS*.

3. The field of prevention:

- a. In Poland there is a need for prevention, including information on HIV/AIDS. In the long term, failure in preventing HIV/AIDS will significantly increase the cost of treatment of patients both in direct and indirect costs (cost of lost productivity of people infected with HIV and AIDS). Poland is one of the EU member states which, counted per capita, spends the least (i.e. 0,05 Euro = ca. 20 groszy) for prevention per capita (according to ECDC in 2006).
- b. Apart from providing the possibility of ARV treatment to all patients meeting the medical criteria, there is urgent need to strengthen and expand prevention efforts. Currently, approximately 96% of all funds for HIV/AIDS from the state budget allocated to ARV treatment, and only 4% of the funds remain for the prevention of HIV infection. It is very worrying if we think of the epidemiological situation of HIV/AIDS around Poland's eastern borders. An example would be Warmia and Mazury in the immediate vicinity of the Kaliningrad region (which has the highest rates of HIV infection in Europe). For the last four or five years there has been

a systematic increase in the number of HIV infections in the province.

- c. In order to better diagnose the problem and to direct preventive measures to specific populations, a systematic approach to behavioural and epidemiological research is necessary.
- d. There is a need to continue multi-faceted prevention activities targeting different social groups, taking into account specific needs of each of them.

Expected outcomes of the proposed activities and tasks are:

1. At the epidemiological level:

- a. maintenance of the stability of the epidemiological situation, despite the rapid growth of the number of infections in neighbouring countries,
- b. maintenance of the decline of the number of vertically infected children born to mothers infected with HIV,
- c. maintenance of the lack of occupational and non-occupational HIV transmissions – the availability of set of procedures after the exposure to HIV (access to antiretroviral drugs).

2. At the level of support and care for people living with HIV and AIDS:

- a. reduction in mortality due to AIDS,
- b. improvement in the quality of life of people infected with HIV.

3. At the level of HIV prevention and prophylaxis:

- a. rise in the number of people getting tested by increasing the availability of anonymous and free-of-charge testing and counselling for HIV which guarantees high quality services in the area,
- b. increasing the number of educators in the field of HIV and AIDS specialized in working with selected communities (e.g. schools, prisons),
- c. ensuring the effectiveness of media campaigns on HIV/AIDS,
- d. follow-up of harm reduction programmes.

V. AREAS, GOALS AND OBJECTIVES

The National Programme for Preventing HIV Infections and Combating AIDS is calling for action in five areas:

- 1) prevention of HIV infections within the entire society,
- 2) prevention of HIV infections among persons with higher levels of risky types of behaviour,
- 3) support and healthcare for the HIV positive and people suffering from AIDS,
- 4) international cooperation,
- 5) monitoring.

Each of the areas has main goals, followed up by the detailed objectives.

AREA I – Prevention of HIV infections within the entire society (primary prevention)

Goal

1. Reduction of the spread of HIV infection.

Objectives

- a) increasing knowledge about HIV/AIDS in the general population and changes in attitudes, with particular emphasis on responsibility for one's own health and life,
- b) developing and strengthening training and education targeted to different social and professional groups.

Goal

2. Providing adequate access to information, education and services in the area of HIV/AIDS prevention.

Objectives

- a) expanding the range of information tailored to the needs of the individual recipient,
- b) improvement of care of women at reproductive age and pregnant,
- c) increase the availability of anonymous and free-of-charge HIV testing,
- d) increase and integration of activities aimed at preventing HIV and other sexually transmitted diseases.

Goal

3. Updating the laws in effect in the field of HIV/AIDS.

Objectives

- a) adjustment of the current legal status concerning HIV/AIDS to the EU and international obligations adopted by Poland,
- b) undertaking legislative initiatives aimed at creating or updating legislation concerning HIV/AIDS.

AREA II – Prevention of HIV infections among people with higher levels of risky behaviours (secondary prevention)

Goal

1. Reducing the spread of HIV infection.

Objectives

- a) increasing knowledge about HIV/AIDS in order to reduce the level of risky behaviours.

Goal

2. Development of the network of voluntary counselling and testing centres performing anonymous and free-of-charge HIV tests (along with counselling).

Objectives

- a) improving the quality and availability of HIV testing for people exposed to HIV,
- b) improving the collection of epidemiological data about the HIV contagion channels and risky behaviours.

Goal

3. Providing adequate access to information, education and services in the area of HIV/AIDS prevention.

Objectives

- a) broadening the information and education tailored to individual customer needs,
- b) supporting activities aimed at health related harm reduction.

AREA III – Support and healthcare for HIV positive people and people suffering from AIDS (tertiary prevention)

Goal

1. Improving quality of life in the psychosocial sphere of people infected with HIV and AIDS, their families and relatives.

Objectives

- a) improving quality of life and functioning of people living with HIV/AIDS, their families and relatives,
- b) increasing the level of social acceptance towards people living with HIV/AIDS, their families and relatives.

Goal

2. Improving the quality and availability of diagnostics and healthcare for HIV infected patients, AIDS patients and people at risk of HIV infection.

Objectives

- a) improving the existing system of medical care for people living with HIV/AIDS,
- b) improving the system of care of people exposed to HIV infection.

Goal

3. Vertical infection prevention

Objectives

- a) improving the care of women at reproductive age, pregnant and breastfeeding,
- b) improving the system of care for children living with HIV/AIDS and born to mothers living with HIV.

AREA IV – International cooperation

Goal

Development of international cooperation.

Objectives

- a) expanding international cooperation in the area of HIV/AIDS,
- b) greater Polish participation in planning, developing and coordinating international policy on HIV/AIDS,
- c) greater Polish participation in the work of international institutions and organizations,
- d) expansion of international cooperation to improve the quality of life of people living with HIV/AIDS, their families and relatives.

AREA V – Monitoring

Goal

Improving the monitoring of the epidemiological situation and the activities and tasks related to HIV/AIDS.

Objectives

- a) improving the detectability and epidemiological surveillance of HIV infections, AIDS incidence and mortality of people living with HIV/AIDS and other sexually transmitted diseases, including concordance of the notification system,
- b) improving supervision the activities and tasks related to HIV/AIDS,
- c) informational support of the implementation of the Programme of HIV/AIDS Prevention,
- d) informational support of the implementation of ARV treatment.

VI. FINANCING OF THE PROGRAMME

According to article 4 point 2 of the Act of the 5th of December, 2008 *on preventing and combating infections and infectious diseases among people* (publication number: Dz. U. No. 234, pos.1570, with further changes) the costs of task implementation covered by the programmes are financed from the state budget respective to the task, the dispensers of which are the ministers in charge of implementing these programmes. Article 4 point 3 of the quoted act states notwithstanding that the tasks covered by the programmes are to be carried out by the entities mentioned in those programmes on the basis of contracts concluded by the ministers with those entities referred to in paragraph 2, unless the obligation of their implementation results from separate regulations.

Tasks resulting from the Schedule are funded by the entities referred to in § 5 of that regulation from the funds which are available to those entities. Implementation of tasks is financed from the budget of the state respective to the task, the administrators of which are the ministers in charge of implementing these programs, as well as by other entities indicated in these programmes, to the extent and under the terms established in separate regulations.

It is necessary to emphasise that in recent years the budget expenditure spent on HIV/AIDS in Poland has been limited, which results in constraints in (and in many cases the termination of) specific activities in this area. The National AIDS Centre, on behalf of the Minister of Health, in accordance with applicable regulations, orders tasks to NGOs in the area of preventive activities. Donations are awarded to those entities that, in addition to the formal requirements, guide actions in the following types of activities – according to the group of recipients (addressees of the programmes):

- a. addressed to the general population,
- b. addressed to specific social groups or unions,
- c. addressed to a population with increased levels of risky behaviour,
- d. addressed to people living with HIV/AIDS and their relatives.

Following the guidelines of implementation of the last edition of the *Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections for the years 2007-2011* the donations from the state budget were the following:

- a. in 2007 – 2,116,357.00 PLN,
- b. in 2008 – 1,814,000.00 PLN,
- c. in 2009 – 1,746,000.00 PLN,
- d. in 2010 – 1,441,000.00 PLN.

Chart 3: Subsidies by the Ministry of Health for the activities carried out by NGOs working in the field of HIV/AIDS in recent years.

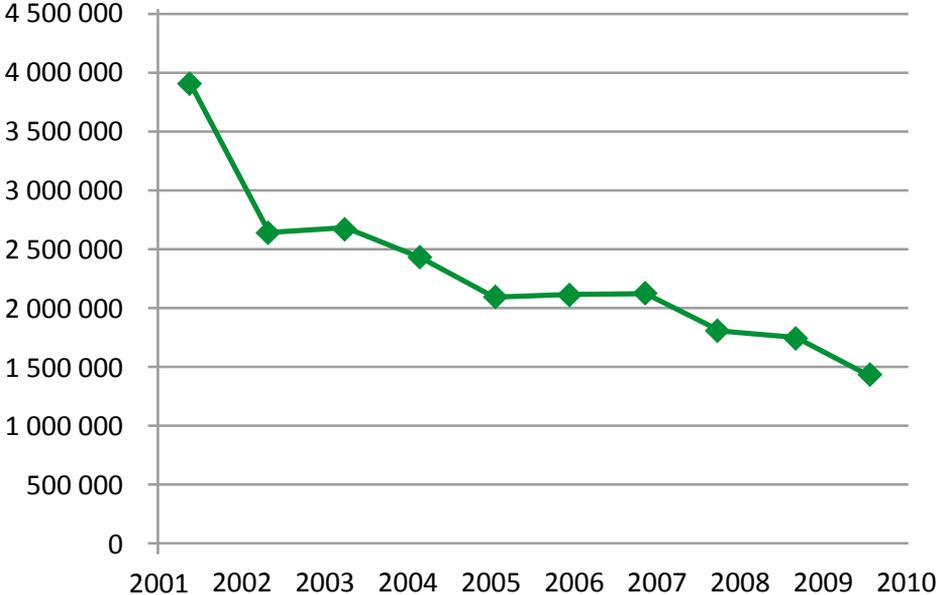
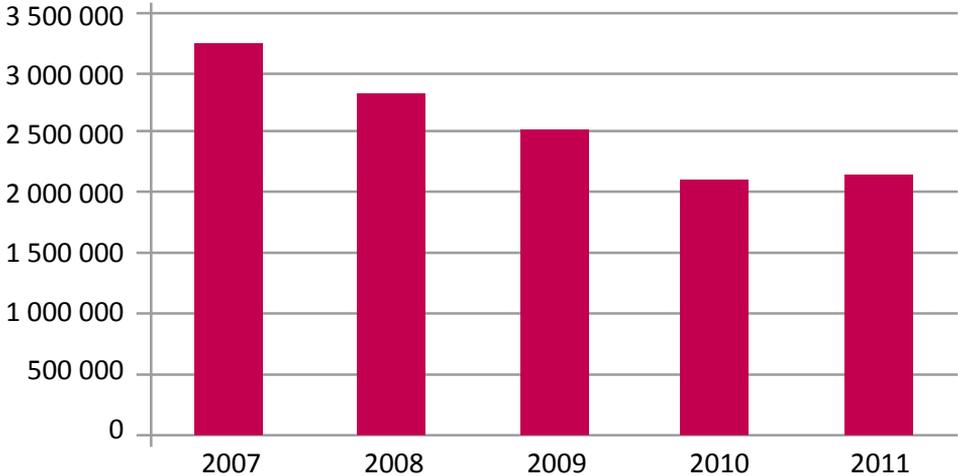
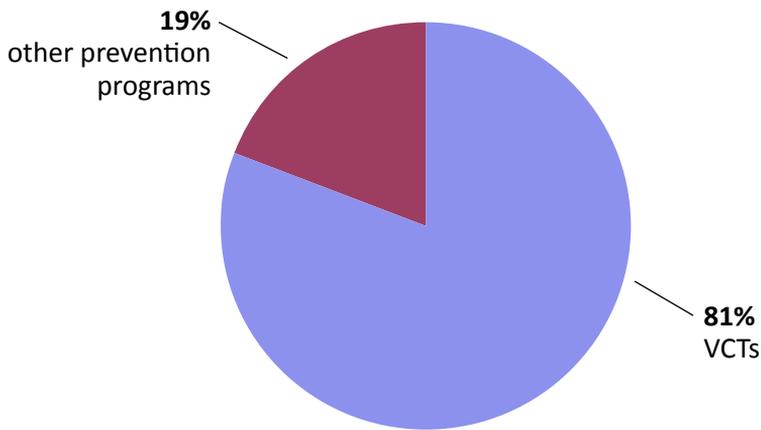


Chart 4: Funding from the budget of the Ministry of Health for the programmes of HIV/AIDS prophylaxis (promotion and programmes) for 2007-2011.



In addition, it should be emphasized that due to the rejection of the *Programme of HIV Testing in 2010* by the Ministry of Health, eighty-one percent of the funding from donation was transferred to the services of the VCT Centres which offers anonymous and free-of-charge HIV testing. However, even though not all the needs were covered. The remaining nineteen percent of the funds were spent on the implementation of prevention programmes.

Chart 5: Distribution of funds in 2010 for the activity of the VCTs and other preventive programmes.



Remaining plans:

- a. to prepare an information platform (a computer system of thematic panels that provide answers to visitors' questions and a twenty-four hour AIDS Hotline service with at least two consultants manning the phone at any time),
- b. regional celebration of the International AIDS Candlelight Memorial,
- c. programmes addressed to young people run with active and innovative methods,
- d. trainings for consultants, party workers, street workers,
- e. supervisory training for VCT staff, Hotline and Clinic Website consultants,
- f. highly specialized training for specialists in HIV prevention for university graduates in fields related to health,

- g. to extend the number of VCTs and to provide funding at a level that enables to give a service to everybody without any limits,
- h. TV spots of preventive campaigns addressed to the general public,
- i. to extend the programme of objective financial grants from the Ministry of Health for NGOs for activities in the area of HIV/AIDS,
- j. studies related to HIV/AIDS problem – for example, a study on knowledge, social attitudes towards HIV/AIDS,
- k. to examine risky behaviours among *men having sex with other men*,
- l. to release a CD supplement to the medical journal entitled: *Preventive and Diagnostic Procedure in Case of HIV infection and AIDS illness*

The HIV/AIDS epidemic in Poland becomes a generalized one (it is not just limited to populations particularly vulnerable to the risk of HIV infection, but it affects all young adults). That indicates the need for wider preventive and educational activities, as well as active involvement of the other entities implementing the programme.

VIa. ARV Treatment programme financed from the budget at the disposal of the Minister of Health

In the budget of the Ministry of Health for 2012 (part 46 – Health, chapter 85149 – Healthcare Strategy Programmes) a sum of 191 000 000 PLN has been designated for a healthcare programme named "*Antiretroviral treatment of persons living with HIV in Poland in 2012-2016*".

It should be noted, however, that the amount of 191 million PLN is enough for the annual ARV therapy for 4547 patients. As of the end of November 2011, already 5,540 patients were covered by ARV therapy.

In subsequent years of the Programme's implementation, in order to estimate the number of patients in need of ARV treatment coverage, the analysis of the last ten years of ARV treatment programme (2001 – 2010) and the number of patients currently under treatment should be taken into consideration. The annual increase in the number of patients in 2001-2010 was between 7% and 29.1%, an average of 16.7%. However the annual growth of the number of patients in the last five years averages out at 13%. This value was adopted for calculating the estimated number of patients. Assuming that the number of patients by the end of 2011 was 5,600 and taking into account the growth of 13% per year, in 2012 6,300 people will have to be covered by the treatment. In subsequent years, it is necessary to estimate respectively approximately 7,100 patients in 2013,

about 8,000 patients in 2014, approximately 9,000 patients in 2015, and in 2016 – about 10,200.

It should be taken into account that the introduction of the therapy significantly lowered mortality due to AIDS, the incidence of opportunistic infections, AIDS-defining cancer, and that the disease-free period was extended, and life expectancy is comparable to the natural average. Thanks to this therapy, patients live longer and their quality of life is better. According to the conducted research and to the observation of patients treated with ARV, it seems that patients' lives will be extended up to the age of natural death.

Since the beginning of the *ARV treatment Programme* an increasing trend has been observed in the number of patients requiring inclusion into ARV treatment due to life indications. This is connected with the aging of patients (infected with HIV several years ago), an increase in the number of late diagnosis – immediate indication for ARV treatment and other, individual indications to start the therapy, including the rate of HIV infection of patients over 50 years of age, often due to concomitant diseases requiring urgent inclusion of HAART therapy.

The cost of treating so-called “old patients” (under ARV treatment for a long time) increases and it is much higher than that of new patients who start ARV therapy. They require a greater number of ARV drugs in HAART therapy – expensive drugs of the latest generation (such as inhibitors of fusion inhibitors, integrase, etc.).

After the entry into force of the Regulation of the Minister of Health of the 23rd of September, 2010 *on standards of conduct and medical procedures upon providing medical services in the field of perinatal care performed on women during physiological pregnancy, physiological childbirth, postpartum and infant care*, which also includes HIV testing (performed up to 10 weeks after gestation and between 33 and 37 weeks), the number of patients covered by HIV vertical infection prophylaxis will increase. At the moment, it is not possible to indicate the number of pregnant women and infants requiring HIV vertical infection prophylaxis, and the number of children who already have HIV infection, and require or will require HAART therapy in the coming years. The appearance of new, highly innovative ARV drugs on the market is to be expected, which will not only have greater effectiveness fighting the infection and be friendlier for patients to use, but will also be more expensive than those present on the market.

Within ARV treatment programme, the medication is also given to patients who had undergone accidental exposure to HIV infection (such as rape, blood exposure during an attack). According to the *Programme of Post-exposure*

Procedure patients receive antiretroviral drugs free-of-charge for a period of 28 days. It is impossible to predict the exact number of patients who will be exposed to the virus and who will require ARV treatment.

According to the latest global recommendations the antiretroviral therapy is also a very important element of HIV prevention in the population of the general public – an ARV-treated patient is less infectious. The clinical recommendations in the area of ARV therapy are also continuously updated. We expect that in the future the use of ARV drugs may enter permanently to a pre-exposure prophylaxis scheme; it may make it necessary to assign higher funds for the programme implementation than at present.

It should be noted that we presuppose maintaining a constant cost of treatment per patient of about 3.5 thousand PLN per month. According to information submitted by potential manufacturers or distributors of ARV drugs, a recurring entry of generic drugs following the original antiretroviral drugs on the Polish market is to be expected. The National AIDS Centre does not have accurate data on current generics or those starting the registration process. The introduction of more generic antiretroviral drugs to the Polish market forecasted for the years 2013 – 2014 (according to the expiring original patents on medicines) can affect the slightly lower cost of ARV treatment, but this will apply mainly to the newly enrolled patients to the Programme. It must be acknowledged that, in fact, generic drugs are old medications (used in ARV therapy for a long time, i.e. over 10 years – the period of validity of patents on the original drug) and experienced ARV patients, i.e. treated for a long time, have produced resistance to the “old drugs” and therefore the applicability of the generic drug in such cases will be limited (according to the recent recommendations of the PTN AIDS, in individually defined HAART therapy only effective ARV drugs should be used, those to which a patient has not yet produced resistance). On the other hand, the importance of the emergence of new, innovative ARV drugs on the market will be lesser due to the existence of the generics. However, it is estimated that combining the effects of the two previously described phenomena, an average monthly cost for 3.5 thousand PLN of treatment and monitoring per patient can be maintained.

VIb. Preventive activities financed from the budget at the disposal of the Minister of Health

In the budget of the Ministry of Health for 2012 (part 46 – Health, chapter 85152 – AIDS prevention and combating) a sum of 2,785,000 PLN was planned. It should be noted that budget constraints in recent years have reduced

funding for HIV/AIDS, especially those implemented within the framework of donations. For the proper implementation of prevention activities on a national level it is necessary to support preventive measures for HIV/AIDS, both of regional and local governments.

Informational and educational activities are conducted, as well as training aimed at both general public and at selected social groups, and activities to support people living HIV/AIDS are held within the framework of health promotion and donations. These activities include among others:

1. Organization of a nationwide multimedia social campaign:
 - by using social marketing tools, we provide reliable information and initiate action to change inappropriate attitudes and behaviour of society towards HIV/AIDS. The realization of these goals is made possible by social multimedia campaigns, which are an effective, influential tool.
2. Publishing activity:
 - in collaboration with experts in the area of medicine, social sciences and law publishing activities are carried out. Various types of publications are released, from small leaflets with basic information about HIV/AIDS to manuals for medical doctors and other highly specialized items.
3. Organization of trainings:
 - trainings raising the qualifications of selected groups, trainings for people working or planning to work in VCT Centres, in which it is possible to receive an anonymous and free-of-charge HIV testing and counselling.
4. Creation, modernization, substantive oversight and funding of an educational portal for gynaecologists, physicians, nurses and midwives and medical students interested in the issues of HIV/AIDS.
5. Commissioning socio-scientific studies:
 - cross-sectional studies are a recognized tool for monitoring HIV/AIDS. The aim of such a study is to identify various aspects of public attitudes in relation to the problems of HIV/AIDS and to the level of knowledge about prevention of HIV/AIDS.
6. Other preventive activities, for instance:
 - periodic announcements of competitions for the best projects in the field of HIV/AIDS among young people,
 - periodic displays of the red ribbon symbol on the façade of the Palace of Culture and Science,
 - engaging the media in HIV/AIDS prevention activities,

- cooperation with the International Federation of Medical Students' Associations IFMSA-Poland,
 - organization of International AIDS Day,
 - organization of the International Candlelight Memorial,
 - organizing information campaigns for different target groups,
 - financing the nationwide twenty-four-hour AIDS hotline,
 - financing the HIV/AIDS internet counselling facility,
 - financing of the VCTs, performing anonymous and free-of-charge HIV testing and counselling.
7. Financing aid programmes in the area of quality of life improvement and functioning of people living with HIV/AIDS.
 8. Supporting activities aimed at harm reduction.

It is not feasible to assign specific tasks to be implemented in a particular year because it is contingent upon the amount of funding for. According to current law, an implementing entity (including the National AIDS Centre) develops and submits a detailed annual schedule of task realization on the basis of the Schedule for 2012-2016, in which it announces information on tasks planned for implementation in the following year and on the amount of required funds.

VIc. Financing of tasks within the Schedule for Implementation of the National Programme for Preventing HIV Infections and Combating AIDS for the years 2012-2016 by those who implement the Programme

It should be emphasized that the funds allocated in subsequent years of the Schedule will depend on the actual size of the budget of a given entity as well as on the amount allocated to health, education and prevention in the financial year. Each entity shall prepare and submit, on the basis of the Schedule for 2012-2016, a detailed annual schedule of task implementation, which contains information on planned tasks for implementation in the following year in addition to the planned amount of the funds allocated in the entity's budget for activities within the Schedule. A detailed annual schedule will be submitted to the the minister of health.

The tasks resulting from the Schedule for Implementation of the National Programme for Preventing HIV Infections and Combating AIDS should be financed from the funds at the disposal of the entities involved in the Programme. Its final amount in the period of 2012-2016 will depend on the budgets of each entity in a given year. Each entity individually points out the tasks to implement

in a given year—by planning the annual schedules—as well as determines the amount of funding for HIV/AIDS in its budget. For the full implementation of the Schedule it is advisable to include various factors in the action on HIV/AIDS. Each task included in this Schedule is important in the fight against HIV/AIDS.

VII. THE BASIC ASSUMPTIONS OF THE SYSTEM OF IMPLEMENTATION AND MONITORING

The implementation of the Programme is directed by the Minister of Health. Coordination of the activities and the operation of the monitoring system of the Programme's implementation were entrusted to the National AIDS Centre, an agency supervised by the Minister of Health, established in order to carry out the tasks of prevention and combating HIV and AIDS.

Specialised teams are to be formed in every province. They will be responsible for the implementation of the Programme and they will coordinate and integrate the activities within the province including the ones of subordinate or supervised units that take part in the realization of the tasks resulting from the annual schedules. They will also cooperate in this regard with the Coordinator.

The Schedule of the Programme's implementation (encompassing a five-year span) is developed by the Coordinator in cooperation with the entities obligated to implement the Programme. The Schedule determines: the tasks (assigned to specific areas, main goals and detailed objectives), the indicators (assigned to each task), the entities implementing the task in the area of its substantive and territorial jurisdiction, and the date of implementation. It is submitted by the Coordinator to the Minister of Health by the 30th of June the year preceding the commencement of the activities (2011) included in the Schedule. Then, the Minister of Health submits the document to the Council of Ministers. At the end of the five-year duration of the Schedule of the Programme's implementation, the entities implementing the tasks shall submit reports on the performance to the Coordinator by the 15th of April the following year (2017). The Coordinator shall prepare and submit to the Minister of Health a comprehensive document concerning the five-year Schedule for the Programme's implementation by the 15th of May, 2017 which is then passed on, in accordance with procedure, to the Council of Ministers.

Apart from this, the entities responsible for the Programme's implementation develop, on the basis of the Schedule of the Programme's implementation, detailed annual schedules of the Programme's implementation, called hereinafter the "annual schedules" by the 15th of October of the year preceding the commencement of activities and report them to the Coordinator. The

Coordinator submits them in the aggregate form to the Minister of Health by the 15th of November of the year preceding the commencement of activities. The reports of the subsequent years on the implementation of the tasks included in the detailed annual schedules are submitted by the 15th of April of the following year to the Coordinator, who then develops a comprehensive annual report by the 15th of May and submits it to the minister of health. In order to monitor the implementation of the Programme a system of data collection from the entities implementing the Programme was prepared. It includes in particular:

- a. the entities obligated to implement the Programme and participating in its implementation,
- b. implemented tasks (concerning funding, the date of implementation, and the scope),
- c. the target groups of implemented tasks,
- d. coherence of undertaken activities with other statutory programmes.

Entities taking part in the implementation of the Programme shall introduce annual schedules to the monitoring system, along with annual reports and five-year reports, on the basis of the § 10 point 3 of *the Regulation of the Council of Ministers on the National Programme for Preventing HIV Infections and Combating AIDS*, after being provided with a password by the Coordinator.

SCHEDULE FOR IMPLEMENTATION OF
*THE NATIONAL PROGRAMME
FOR PREVENTING HIV INFECTIONS
AND COMBATING AIDS for 2012-2016*
(chart)

VIII. Schedule for Implementation of the National Programme for Preventing HIV Infections and Combating AIDS for 2012-2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
I	Prevention of HIV infections within the entire society.	1. reduction of the spread of HIV infections	a) increase of knowledge about HIV/AIDS in the general population and change attitudes, with particular emphasis on responsibility for one's own life and health	<p>1) The organization of media campaigns aimed at selected target groups according to the needs and the assessment of the current epidemiological situation</p> <p>2) raising the level of social acceptance towards people living with HIV/AIDS, their families and loved ones through initiatives designed to fight stigma and discrimination against people living with HIV/AIDS, their families and loved ones to promote attitudes free from prejudice and fear</p>	<ul style="list-style-type: none"> - the general population - people sexually active (women and men, hetero-, homo-, and bisexual people) - people before sexual initiation - the mass media employees - opinion leaders 	<ul style="list-style-type: none"> - number of campaigns - number of entities implementing the task 	<ul style="list-style-type: none"> - ministers proper according to the Programme goals - National AIDS Centre - National Bureau for Drug Prevention - Chief Sanitary Inspectorate - local government bodies - local government units - non-governmental organizations - others 	2012 2013 2014 2015 2016
					<ul style="list-style-type: none"> - the general public - healthcare workers - education workers - uniformed services social workers - emergency services - employees of governmental administration and local governments' staff - organizations of employers - NGOs - churches and religious associations - opinion leaders - the media - other 	<ul style="list-style-type: none"> - number of programmes and initiatives, - number of entities that carry out tasks 		2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				<p>3) the continuation and development of training modules (education and prevention) aimed at target groups, with particular emphasis on the youth, women, and in accordance with the needs and assessment of the current epidemiological situation, including conferences, seminars, fora, lectures</p> <p>4) promotion and implementation of innovative prevention programmes through active methods, aimed at selected target groups, according to the needs and their according to assessment of the current epidemiological situation</p>	<p>– people before sexual initiation</p> <p>– people sexually active (women and men, hetero-, homo-, and bisexual people)</p> <p>– youth under 15 y.o.</p> <p>– adolescents above 15 y.o.</p> <p>– people above 50 y.o.</p>	<p>– number of trainings/activities</p> <p>– number of recipients</p> <p>– number of entities implementing the task</p>		<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
				<p>1) consultation and supervision over the system of training and certification of professionals</p> <p>2) strengthening the training and certification of professionals (e.g. consultants, advisors, educators)</p>	<p>– institutions and/or organizations creating and implementing the training and certification system</p> <p>– healthcare staff</p> <p>– psychologists</p> <p>– therapists</p> <p>– school personnel</p> <p>– uniformed services</p> <p>– social workers</p> <p>– emergency services</p> <p>– churches and religious associations</p> <p>– NGOs</p> <p>– others</p>	<p>– number of consultations</p> <p>– number of institutions implementing the task</p> <p>– number of trainings</p> <p>– number of recipients</p>	<p>– ministers proper according to the Programme goals</p> <p>– National AIDS Centre</p> <p>– PTN AIDS</p> <p>– scientific associations</p> <p>– ministers proper according to the Programme goals</p> <p>– National AIDS Centre</p> <p>– National Bureau for Drug Prevention</p> <p>– non-governmental organizations</p>	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p> <p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
			<p>b) developing and strengthening the training and education base targeted at different social and professional groups</p>					

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				3) developing, publishing, and distribution of various information materials addressed at target groups, publications accepted by authorized units		<ul style="list-style-type: none"> - number of titles - edition 	<ul style="list-style-type: none"> - ministers proper according to the Programme goals - National AIDS Centre - National Bureau for Drug Prevention - Chief Sanitary Inspectorate - PTN AIDS - scientific associations - local government bodies - local government units - non-governmental organizations - others 	2012 2013 2014 2015 2016
		2. ensuring adequate access to information, education and services for HIV/AIDS prevention	a) expanding the range of information tailored to individual recipient needs	1) enlarging the accessibility (promotion, supporting, creating) to an information network which uses all mass media, among the entire society, e.g. through: <ul style="list-style-type: none"> - websites, - hotlines, - info lines - internet counselling, - information brochures, - social networks and communicators, - informational and educational materials 	<ul style="list-style-type: none"> - the entire society - people before sexual initiation - people sexually active (women and men, hetero-, homo-, and bisexual people) - youth under 15 y.o. - adolescents above 15 y.o. - people above 50 y.o. 	<ul style="list-style-type: none"> - number of recipients - edition - statistics of websites viewings - number of consultations 	<ul style="list-style-type: none"> - ministers proper according to the Programme goals - National AIDS Centre - National Bureau for Drug Prevention - Chief Sanitary Inspectorate - PTN AIDS - scientific associations - local government bodies - local government units - non-governmental organizations - others 	2012 2013 2014 2015 2016
				2) developing, publishing and distribution of a variety of information materials aimed at target groups (social and professional), publications accepted by authorized units	<ul style="list-style-type: none"> - the entire society 	<ul style="list-style-type: none"> - number of titles - edition 		2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				3) supporting the activities of stationary and non-stationary Voluntary Counselling and Testing Centres		<ul style="list-style-type: none"> - number of VCTs - number of recipients - number of counselling/interventions 	<ul style="list-style-type: none"> - local government units 	2012 2013 2014 2015 2016
			b) improvement of care for women of reproductive age or pregnant	<p>1) promotion among primary care physicians, gynaecologists and midwives the knowledge of HIV test feasibility concerning women planning pregnancy, during pregnancy, and among sexual partners of these women</p> <p>2) promoting among the doctors monitoring pregnancies the obligation of suggesting to all pregnant women that they take an HIV test</p>	<ul style="list-style-type: none"> - primary care physicians - gynaecologists/ obstetricians - midwives 	<ul style="list-style-type: none"> - number of recipients - edition 	<ul style="list-style-type: none"> - ministers proper according to the Programme goals - National Health Fund - National AIDS Centre - Chamber of Physicians - Chamber of Nurses - Chief Sanitary Inspectorate - National and regional consultants - PTN AIDS - scientific associations, PTG in particular - local government bodies - local government units - NGOs - others 	2012 2013 2014 2015 2016
						<ul style="list-style-type: none"> - number of recipients - edition 		2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				3) trainings for gynaecologists/obstetricians concerning specialized care during pregnancy, childbirth and puerperium of pregnant women, the psychosocial and medical aspects of HIV/AIDS, and counselling, carried out using both traditional and new media		<ul style="list-style-type: none"> - number of trainings - number of doctors trained 		2012 2013 2014 2015 2016
				4) promotion of HIV test feasibility among women of reproductive age and pregnant ones, and among their partners	<ul style="list-style-type: none"> - women of reproductive age - women planning to get pregnant - pregnant women - their partners 	<ul style="list-style-type: none"> - number of recipients 		2012 2013 2014 2015 2016
				5) preparation and distribution of informational and educational materials on issues of HIV/AIDS for women and their partners		<ul style="list-style-type: none"> - number of titles - edition 		2012 2013 2014 2015 2016
		c) increase of the availability of anonymous and free-of-charge HIV testing		1) increase of access to HIV testing in primary care	<ul style="list-style-type: none"> - the entire society - physicians of primary healthcare 	<ul style="list-style-type: none"> - number of health-care institutions - number of laboratories - number of recipients 	<ul style="list-style-type: none"> - ministers proper according to the Programme goals - National Health Fund - National AIDS Centre - national and regional consultants - others 	2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				<p>2) promotion of anonymous testing and counselling within primary health-care</p> <p>3) measures to promote Voluntary Testing and Counselling Centres carrying out anonymous and free-of-charge HIV testing, together with professional counselling</p>	<p>– the entire society</p>	<p>– number of health-care institutions</p> <p>– number of recipients</p> <p>– edition</p> <p>– number of activities/initiatives carried out</p>	<p>– ministers proper according to the Programme goals</p> <p>– National AIDS Centre</p> <p>– Chief Sanitary Inspectorate</p> <p>– national and regional consultants</p> <p>– PIN AIDS</p> <p>– local government bodies</p> <p>– local government units</p> <p>– NGOs</p> <p>– others</p>	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
			<p>d) increase and integration of activities aimed at preventing HIV and other sexually transmitted diseases</p>	<p>1) strengthening of implementation efforts in the prevention of HIV/AIDS, sexually transmitted diseases and sex education within the curriculum at all educational levels</p>	<p>– authors and entities that implement educational and preventive programmes</p>	<p>– number of activities/initiatives carried out</p> <p>– number of entities carrying out the activities</p>	<p>– ministers proper according to the Programme goals</p> <p>– National Health Fund</p> <p>– National AIDS Centre</p> <p>– Chamber of Physicians</p> <p>– Chamber of Nurses</p> <p>– Chief Sanitary Inspectorate</p> <p>– National and regional consultants</p> <p>– Scientific associations</p> <p>– NGOs</p> <p>– others</p>	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				2) educational measures concerning protection against sexually transmitted infections, particularly HIV/AIDS, including measures to promote sexual abstinence, mutual fidelity, condom use	<ul style="list-style-type: none"> – People before sexual initiation – people sexually active (women and men, hetero-, homo-, and bisexual people) – youth under 15 y.o. – adolescents above 15 y.o. – people above 50 y.o. 	<ul style="list-style-type: none"> – number of activities/ initiatives carried out – number of entities carrying out the activities – number of recipients 		2012 2013 2014 2015 2016
		3. updating the law in effect in the field of HIV/AIDS	<p>a) alignment with the current legal status of HIV/AIDS as per international and EU obligations adopted by Poland</p> <p>b) legislative initiatives aimed at creating or updating legislation on HIV/AIDS</p>	<p>1) review and analysis of the law in effect</p> <p>2) legislative initiatives on HIV/AIDS resulting from international obligations and those of European Community</p>	<ul style="list-style-type: none"> – public administration staff – national and regional consultants – independent experts – NGOs. – organizations of patients – the entire society 	<ul style="list-style-type: none"> – number of analyses – number of initiatives/activities – number of legal acts 	<ul style="list-style-type: none"> – ministers proper according to the Programme goals – National Health Fund – National AIDS Centre – national and regional consultants – scientific associations – NGOs – others 	2012 2013 2014 2015 2016 2012 2013 2014 2015 2016
				<p>1) review and analysis of the law in effect</p> <p>2) legislative initiatives on HIV/AIDS</p> <p>3) legislative initiative concerning the establishment of the group of experts in diagnosis and treatment of HIV/AIDS</p>		<ul style="list-style-type: none"> – number of analyses – number of initiatives/activities – number of legal acts 		2012 2013 2014 2015 2016 2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
II		1. reducing the spread of HIV infections	a) increasing knowledge about HIV/AIDS in order to reduce the level of risky behaviour	1) promotion of the philosophy and practices of harm reduction, including educational activities conducted in the environment of high levels of risky behaviour 2) education concerning the protection against sexually transmitted infections and/or by blood (including those caused by the use of psychoactive substances by injection), with particular emphasis on HIV.	<ul style="list-style-type: none"> - people sexually active - people undertaking risky behaviours - persons deprived of their liberty - people with mental disorders - persons in an irregular socio-legal situation (people uninsured, the homeless, migrants) - people having sexual contact without condoms - people having multiple sexual partners - healthcare staff - school personnel - uniformed services - social workers - rescue services - employees of governmental administration and local governments' staff - organizations of employers - NGOs - churches and religious associations - opinion leaders - the media - others 	<ul style="list-style-type: none"> - number of implemented projects - number of project recipients - number of educational and informational materials distributed 	<ul style="list-style-type: none"> - ministers proper according to the Programme goals - National AIDS Centre - National Bureau for Drug Prevention - Chief Sanitary Inspectorate - scientific associations - research and development units - local government bodies - local government units - NGOs - employers' organizations - private sector - others 	2012 2013 2014 2015 2016
	Prevention of HIV infections					<ul style="list-style-type: none"> - number of implemented projects - number of project recipients - number of educational and informational materials distributed 	<ul style="list-style-type: none"> - local government units - local government bodies - local government units - NGOs - employers' organizations - private sector - others 	2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
		2. widening the network of VCTs that perform anonymous and free HIV testing and counselling	a) improving the quality and availability of diagnosis of HIV infection among people exposed to HIV	1) support (financial and non-financial) of VCTs that perform anonymous and free HIV testing combined with counselling, according to current standards of the National AIDS Centre 2) expanding the range of VCT diagnostics for other sexually transmitted and haematogenous infections	<ul style="list-style-type: none"> - people sexually active - people undertaking risky behaviours - People vulnerable to HIV infection - VCT clients, their families and relatives - VCT employees 	<ul style="list-style-type: none"> - number of VCT clients - numbers of consultations - number of tests taken - number of HIV infections detected - number of other detected infections 	<ul style="list-style-type: none"> - ministers proper according to the Programme goals - National AIDS Centre - Chief Sanitary Inspectorate - local government bodies - local government units - NGOs - healthcare institutions - others 	2012 2013 2014 2015 2016
			b) improving epidemiological data collection about the manner of HIV infection and risky behaviour	3) development of special counselling at the VCT, including the services of a : <ul style="list-style-type: none"> - psychologist, - psychiatrist, - sexologist, - gynaecologist, - venereologist, - lawyer, - social worker 	<ul style="list-style-type: none"> - VCT clients, their families and friends 	<ul style="list-style-type: none"> - VCT number offering an expanded catalogue of services/ consultations 		2012 2013 2014 2015 2016
				1) analysis of questionnaires filled in VCT (according to the existing pattern of the National AIDS Centre)	<ul style="list-style-type: none"> - National AIDS Centre - research centres 	<ul style="list-style-type: none"> - number of surveys - survey analysis report 	<ul style="list-style-type: none"> - National AIDS Centre 	2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
		3. ensuring adequate access to information, education and prevention services in the area of HIV/AIDS	a) expanding the informational and educational offer tailored to individual customer needs	2) promotion and distribution in force in VCT (according to the formula of the National AIDS Centre) 1) increase of accessibility (promotion, support, creation) to a information network using all mass media, among persons with a higher level of risky behaviour, through: - websites, - hotlines, info lines, - internet counselling, - information brochures, - social networks and communicators, - informational and educational materials, - others	- National AIDS Centre - persons deprived of liberty - persons with mental disorders - persons in an irregular, socio-legal situation (people uninsured, the homeless, migrants) - people having sexual contact without condoms - people having many sexual partners - couples with a different serological status - persons using psychoactive substances - people offering sexual services - men having sex with other men - rape victims - street children - soldiers going on a mission	- edition - number of VCTs partaking in data collection - number of website viewings - number of counselling sessions - edition - number of recipients - number of edited titles of informational and educational materials - number of distributed informational and educational materials	- ministers proper according to the Programme goals - National AIDS Centre - National Bureau for Drug Prevention - Chief Sanitary Inspectorate - scientific associations - local government bodies - local government units - NGOs - others	2012 2013 2014 2015 2016 2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
			b) supporting activities aimed at health related harm reduction	<p>1) development of harm reduction and social programmes, with a particular emphasis on:</p> <ul style="list-style-type: none"> - needle and syringes exchange programme, - social readaptation programmes, - psychological support programmes, - substitute treatment - programmes whose goals is condom distribution, - peer action, - outreach programmes (street working, party working etc.) <p>2) promotion of rapid tests in the area of HIV infection diagnostics</p>		<ul style="list-style-type: none"> - number of programmes - number of programme recipients - number of given needles and syringes - number of given condoms (masculine and feminine), latex tissues and lubricants - number of issued paraphernalia - number of informational and educational materials edited and distributed - number of people who met the readaptation programme goals 		<p>2012 2013 2014 2015 2016</p>
						<ul style="list-style-type: none"> - number of rapid tests - number of positive results - number of negative results 		<p>2012 2013 2014 2015 2016</p>

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
III	Support and healthcare for HIV positive persons and persons suffering from AIDS	1. quality of life improvement in the psychosocial sphere of HIV positive persons and persons suffering from AIDS, their families and relatives	a) improving quality of life and functioning of persons living with HIV/AIDS, their families and relatives	1) activities aimed at raising the level of knowledge concerning HIV/AIDS targeted to HIV positive persons, people suffering from AIDS, their families and relatives 2) continuing and expanding the range of programmes for people with HIV in shaping the attitudes of self-acceptance, understanding and acceptance among the closest people 3) implementation of profession activation support programmes 4) activities aimed at raising the level of knowledge concerning HIV/AIDS at work with HIV positive persons, persons suffering from AIDS, their families and relatives	- HIV positive persons - their families and relatives - healthcare staff - school personnel - uniformed services social workers - rescue forces - employees of governmental administration and local governments' staff - organizations of employers - NGOs - churches and religious associations - opinion leaders - the media - others	- number of trainings - number of actions/information - number of training participants - number of continued programmes - number of new programmes - number of initiatives - number of implementing entities - number of recipients - number of programmes/ initiatives - number of implementing entities - number of recipients - number of trainings - number of actions/information - number of training participants	- ministers proper according to the Programme goals - National AIDS Centre - National Bureau for Drug Prevention - local government bodies - local government units - NGOs - employers' organizations - others	2012 2013 2014 2015 2016 2012 2013 2014 2015 2016 2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				<p>5) supporting the emergence of the new and development of existing non-governmental organizations, associating people infected with HIV and suffering from AIDS, their families and relatives acting in favour of the target group and working for this group</p> <p>6) developing, publishing, distribution of information and educational materials on HIV/AIDS, using all available media, targeted at people with HIV, their families and relatives</p>	<p>HIV positive persons – their families and relatives</p>	<p>– number of coordinators – number of organizations</p> <p>– number of titles – edition</p>		<p>2012 2013 2014 2015 2016</p> <p>2012 2013 2014 2015 2016</p>
			<p>b) increasing the level of social acceptance of people living with HIV/AIDS, their families and relatives</p>	<p>1) prevention of stigma and the discrimination of people with HIV and AIDS, their families and relatives through programmes that promote positive attitudes free from prejudice and fear</p>	<p>HIV positive persons – their families and relatives – healthcare staff – school personnel – uniformed services social workers – rescue forces – employees of governmental administration and local governments' staff organizations of employers, NGOs – churches and religious associations – opinion leaders – the media – others</p>	<p>– number of programmes – number of initiatives – number of implementing entities</p>	<p>– ministers proper according to the Programme goals – National AIDS Centre – National Bureau for Drug Prevention – Commissioner for Children's Rights – Rights Protection – Commissioners for Patient's Rights – Commissioner for Equal Status – local government bodies – local government units – NGOs – employers' organizations – others</p>	<p>2012 2013 2014 2015 2016</p>

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				2) collaboration, advocacy and assistance in respecting the rights of people infected with HIV and AIDS, their families and relatives by the government, local government and the media 3) supporting other activities and programmes for persons infected with HIV and suffering from AIDS, their families and relatives		<ul style="list-style-type: none"> - number of actions/information interventions - number of given donations - number of organizations that were given support 		2012 2013 2014 2015 2016
		2. improving the quality and availability of diagnostics and health-care for HIV-infected patients with AIDS and those vulnerable to HIV	a) improving the existing healthcare system for people living with HIV/AIDS	1) providing HIV positive persons with access to ARV treatment and its continuity according to the international standards 2) periodic update of ARV treatment standards 3) measures to provide access to diagnosis and treatment of opportunistic infections according to international standards	<ul style="list-style-type: none"> - HIV positive persons - their families and relatives - healthcare staff - researchers 	<ul style="list-style-type: none"> - number of institutions providing ARV treatment - the number of people covered by ARV treatment - number of up-dates carried out - number of implemented procedures 	<ul style="list-style-type: none"> - ministers proper according to the Programme goals - National Health Fund - National AIDS Centre - national and regional consultants - PTN AIDS - scientific associations - The Medical Centre of Postgraduate Education - local government bodies - local government units - organizations of employers - private sector 	2012 2013 2014 2015 2016 2012 2013 2014 2015 2016 2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				4) creating a system of certification of specialized diagnostic laboratories		– number of certified laboratories		2012 2013 2014 2015 2016
				5) providing standardized specialized diagnostics performed by certified laboratories monitoring HIV infections, conducting antiretroviral therapy and diagnostics of coexisting diseases		– number of examinations carried out		2012 2013 2014 2015 2016
				6) improving access to palliative care and long-term care		– number of institutions providing care – number of patients covered by care		2012 2013 2014 2015 2016
				7) providing availability of services tailored to the needs of people living with HIV, including early prevention, diagnostics and treatment within the mental health protection system		– number of institutions providing care – number of patients covered by care		2012 2013 2014 2015 2016
				8) promotion/appointment of coordinators (case manager) of activities concerning the improvement of the quality of life of people infected with HIV		– number of coordinators		2012 2013 2014 2015 2016
				9) conducting scientific and clinical research on HIV/AIDS		– amount of scientific research carried out		2012 2013 2014 2015 2016

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
			b) improving the care system for people that have been exposed to HIV infection	<p>1) development, implementation and information on standardized procedures related to exposure to HIV infection</p> <p>2) continuation of training in post exposure procedure for healthcare professionals and other professional groups</p>	<p>healthcare staff</p> <p>uniformed services</p> <p>social workers</p> <p>rescue services</p> <p>organizations of employers</p> <p>NGOs</p> <p>others</p>	<p>procedure development</p> <p>number of institutions</p> <p>number of exposures</p> <p>number of trainings</p> <p>number of persons trained</p>		<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
		3. vertical infection prevention	<p>a) improving the care of women of reproductive age, pregnant, or breastfeeding</p> <p>b) improving the system of care for children living with HIV and born to mothers living with HIV</p>	<p>1) update of standards for the treatment of pregnant women living with HIV/AIDS</p> <p>2) implementation of standards in the procedures concerning pregnant women living with HIV/AIDS</p>	<p>women at reproductive age</p> <p>women planning to get pregnant</p> <p>pregnant women</p> <p>healthcare staff</p>	<p>number of updates carried out</p> <p>number of pregnant women living with HIV/AIDS</p> <p>number of institutions</p>	<p>ministers proper according to the Programme goals</p> <p>National Health Fund</p> <p>National AIDS Centre</p> <p>national and regional consultants</p> <p>scientific associations</p> <p>local government bodies</p> <p>local government units</p>	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
				<p>1) improvement of specialized care for children infected with HIV and born to mothers living with HIV, in particular through HIV diagnostics and the implementation of an individual programme of immunization</p>	<p>children delivered by mothers living with HIV</p> <p>children infected with HIV</p>	<p>number of children delivered by mothers with HIV</p> <p>number of children infected vertically</p> <p>number of children in care</p> <p>number of institutions providing specialized care for HIV infected children and children delivered by mothers infected with HIV</p>	<p>ministers proper according to the Programme goals</p> <p>National Health Fund</p> <p>national and regional consultants</p> <p>scientific associations</p> <p>local government bodies</p> <p>local government units</p> <p>healthcare institutions</p>	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
			2) promoting/creating a system of specialized care for people entering adulthood		<p>HIV infected persons entering adulthood</p>	<p>number of institutions providing specialized care for people entering adulthood</p>		<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
IV	International cooperation	1. international cooperation development	a) expanding international cooperation concerning HIV/AIDS	1) undertaking international initiatives aimed at exchanging experiences on best practices in the area of HIV/AIDS on the basis of existing knowledge	<ul style="list-style-type: none"> - healthcare staff - school personnel - uniformed services - social workers - rescue forces - employees of governmental administration and local governments' staff - organizations of employers - NGOs - churches and religious associations - opinion leaders - the media - others 	<ul style="list-style-type: none"> - number of initiatives with the participation of Poland - number of issued recommendations 	<ul style="list-style-type: none"> - ministers proper according to the Programme goals - National AIDS Centre - Chief Sanitary Inspectorate - local government bodies - local government units - NGOs - independent experts - foreign partners - private sector - others 	2012 2013 2014 2015 2016

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				<p>2) participation in creating and implementing international projects including, among others, preventive measures, education, research in the area of HIV/AIDS (including scientific research) and exchange of experts</p>	<ul style="list-style-type: none"> - the entire society - youth - women of reproductive age - persons using psychoactive substances - sex workers and their clients - men having sex with other men - persons deprived of liberty - street children - migrants - people living with HIV/AIDS - borderline local communities - healthcare staff - school personnel - uniformed services - social workers - rescue forces - employees of governmental administration and local governments' staff - organizations of employers - NGOs - churches and religious associations - opinion leaders - the media - others 	<ul style="list-style-type: none"> - number of projects with the participation of Poland - number of international operations involving Poland - number of recipients and operational activities - number of publications related to the implementation of projects 		<p>2012 2013 2014 2015 2016</p>

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				3) bilateral and cross border cooperation aimed at reducing the spread of HIV infection		<ul style="list-style-type: none"> - number of bilateral projects/initiatives - number of foreign partners 		2012 2013 2014 2015 2016
				4) initiating and participating in the implementation of joint activities in the region of Central and Eastern Europe, by using, among others, the mechanisms of the Eastern Partnership		<ul style="list-style-type: none"> - number of initiatives - number of activities undertaken within the region of Central and Eastern Europe 		2012 2013 2014 2015 2016
				5) participation in development assistance		<ul style="list-style-type: none"> - number of programmes implemented by Poland 		2012 2013 2014 2015 2016
				6) Polish participation in international scientific, social, and media events		<ul style="list-style-type: none"> - number of scientific, social and media events - number of Polish representatives - number of published conference proceedings 		2012 2013 2014 2015 2016

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
			<p>b) active Polish participation in planning, developing and coordinating international policy on HIV/AIDS</p>	<p>1) participation in the formation of regional and international policies on HIV/AIDS</p>	<ul style="list-style-type: none"> - employees of governmental administration and local governments' staff - NGOs - organizations of patients - people living with AIDS 	<ul style="list-style-type: none"> - number of initiatives concerning regional and international policy - number of organizations involved in planning, developing and coordinating international policy on HIV/AIDS 	<ul style="list-style-type: none"> - ministers proper according to the Programme goals - National AIDS Centre - Chief Sanitary Inspectorate - local government bodies - local government units - scientific associations - NGOs - independent experts - foreign partners - others 	<p>2012 2013 2014 2015 2016</p>
				<p>2) participation of representatives of NGOs and experts, with particular emphasis on organizations of people living with HIV, in planning, developing and coordinating international policy on HIV/AIDS</p>		<ul style="list-style-type: none"> - number of initiatives involving NGOs 		<p>2012 2013 2014 2015 2016</p>

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				<p>3) implementation of international recommendations and guidelines for the prevention of HIV and improvement of the quality of life of people living with HIV and of medical services</p> <p>4) undertaking initiatives on HIV/AIDS within the European Union and other international structures</p> <p>5) participation in the formation of European Union law on HIV/AIDS</p>	<ul style="list-style-type: none"> - the entire society - youth - women of reproductive age - persons using psychoactive substances - sex workers and their clients - men having sex with other men - persons deprived of liberty - street children - migrants - people living with HIV/AIDS - borderline local communities - healthcare staff - school personnel - uniformed services - social workers - rescue forces - employees of governmental administration and local governments' staff - organizations of employers - NGOs - churches and religious associations - opinion leaders - the media - others 	<ul style="list-style-type: none"> - number of recommendations implemented - number of undertaken initiatives - number of legal acts - number of legislative initiatives 		<p>2012 2013 2014 2015 2016</p> <p>2012 2013 2014 2015 2016</p> <p>2012 2013 2014 2015 2016</p>

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
			c) active Polish participation in the work of international institutions and organizations	<p>1) representation of Poland in the structures, institutions and international organizations on HIV/AIDS, involving representatives of NGOs and people living with HIV</p> <p>2) reporting to the EU and international institutions</p>	<p>– employees of governmental administration and local governments' staff</p> <p>– organizations of patients</p> <p>– NGOs</p> <p>– independent experts</p>	<p>– number of meetings</p> <p>– number of Polish participants, especially the representatives of the civil society</p> <p>– number of international reports and publications prepared with Polish participation</p>	<p>– ministers proper according to the Programme goals</p> <p>– National AIDS Centre</p> <p>– Chief Sanitary Inspectorate</p> <p>– local government bodies</p> <p>– local government units</p> <p>– NGOs</p> <p>– independent experts</p> <p>– others</p>	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
			d) expansion of international cooperation to improve the quality of life of people living with HIV/AIDS, their families and relatives	<p>1) participation in the creation and implementation of international projects aimed at improving the quality of life and access to medical care for people living with HIV and their relatives</p> <p>2) undertaking international initiatives aimed at sharing experiences to improve the quality of life of people infected with HIV</p> <p>3) undertaking action at the international level to promote human rights in the context of HIV/AIDS, including the international guidelines in this area</p>	<p>– the entire society</p> <p>– youth</p> <p>– women of reproductive age</p> <p>– persons using psychoactive substances</p> <p>– sex workers and their clients</p> <p>– men having sex with other men</p> <p>– persons deprived of liberty</p> <p>– street children</p> <p>– migrants</p> <p>– people living with HIV/AIDS</p> <p>– borderline local communities</p> <p>– healthcare staff</p> <p>– school personnel</p> <p>– uniformed services</p> <p>– social workers</p> <p>– rescue forces</p> <p>– employees of governmental administration and local governments' staff</p> <p>– organizations of employers</p> <p>– NGOs</p> <p>– churches and religious associations</p> <p>– opinion leaders</p> <p>– the media</p> <p>– others</p>	<p>– number of projects/initiatives with the participation of Poland</p> <p>– number of persons covered by the project</p> <p>– number of projects/initiatives with the participation of Poland</p> <p>– number of activities promoting human rights</p> <p>– number of documents/reports on human rights</p>	<p>– ministers proper according to the Programme goals</p> <p>– National AIDS Centre</p> <p>– Commissioner for Civil Rights</p> <p>– Chief Sanitary Inspectorate</p> <p>– local government bodies</p> <p>– local government units</p> <p>– local government scientific associations</p> <p>– NGOs</p> <p>– organizations of employers</p> <p>– independent experts</p> <p>– foreign partners</p> <p>– private sector</p> <p>– others</p>	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				<p>4) cooperation with international partners aimed at access to high quality services for people living with HIV in accordance with existing knowledge and the EU and international recommendations</p> <p>5) Polish participation in international scientific, social and media events targeted at people living with HIV and patient organizations</p>	<p>– healthcare staff</p> <p>– scientific associations</p> <p>– persons living with HIV</p>	<p>– number of documents in accordance with international recommendation</p> <p>– number of meetings</p> <p>– number of projects</p>		<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
					<p>– healthcare staff</p> <p>– school personnel</p> <p>– uniformed services</p> <p>– social workers</p> <p>– rescue services</p> <p>– staff of twenty-four hour facilities for children and youth</p> <p>– the media</p> <p>– employees of governmental administration and local governments' staff</p> <p>– scientific associations</p> <p>– organizations of employers</p> <p>– NGOs</p> <p>– persons living with HIV</p> <p>– independent experts</p>	<p>– number of scientific, social and media events</p> <p>– number of Polish representatives</p> <p>– number of published conference proceedings</p>		<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
V	Monitoring	1. improving the monitoring of the epidemiological situation and activities and tasks related to HIV/AIDS	a) improving the detectability of epidemiological surveillance of HIV infections, AIDS incidence and mortality of people living with HIV/AIDS and other sexually transmitted diseases, including accordance on the notification system	1) developing a system for improving the collecting and reporting of epidemiological data and its dissemination by: a. analysis of existing systems b. developing recommendations for the institutions which carry out research defining the standard of service c. development and distribution of informational materials on the collection of epidemiological data d. training of healthcare staff engaged in examinations concerning HIV/AIDS	<ul style="list-style-type: none"> - Chief Sanitary Inspectorate staff - VCT staff - laboratory staff - medical doctors - medical personnel 	<ul style="list-style-type: none"> - number of meetings - preparation of the document - number of recipients of information materials - number of trainings - number of establishments participating in meetings 	<ul style="list-style-type: none"> - National AIDS Centre - National Institute of Public Health - National Institute of Hygiene - Chief Sanitary Inspectorate - Institute of Venerology - National Consultant on Laboratory Diagnosis - National Bureau for Drug Prevention - national consultants - scientific associations 	2012 2013 2014 2015 2016

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				<p>2) implementation of recommendations/standards for improving the collecting and reporting of epidemiological data and dissemination of results by:</p> <p>a. promoting institutions operating in accordance with the standards</p> <p>b. examination of data quality obtained from the institutions which carry out testing on HIV/AIDS according to statutes in place</p> <p>c. acquisition, collection and sharing of epidemiological data on HIV/AIDS</p> <p>d. supporting studies to assess the specific problems of HIV/AIDS in Poland</p>	<ul style="list-style-type: none"> - the entire society - institutions' clients - testing facilities - VCT staff - scientific associations - universities - scientists - analysts and researchers of social phenomena - journalists - opinion leaders - students - others 	<ul style="list-style-type: none"> - number of establishments engaged in testing in accordance with standards - percentage of missing data in epidemiological data provided - percentage of registered infections in relation to the estimates - number of persons undergoing HIV testing - number of people with HIV infection detected - number of people diagnosed with AIDS - number of infected people who have died - number of people with other sexually transmitted diseases detected - number of studies 		<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
				<p>3) adjustment of national data collection systems to international reporting requirements</p>	<ul style="list-style-type: none"> - international organizations - Ministry of Health - Chief Sanitary Inspectorate - National Institute of Public Health - National Institute of Hygiene - local government bodies - local government units - others 	<ul style="list-style-type: none"> - number of new indicators 		<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
			<p>b) improving surveillance concerning the activities and tasks in the area of HIV/AIDS</p>	<p>1) developing and disseminating recommendations on the structure and activity of regional teams for purposes of the Programme</p>	<ul style="list-style-type: none"> - development of the document 	<ul style="list-style-type: none"> - National AIDS Centre 	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>	

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				<p>2) improving cooperation among entities implementing the Programme and coordination of work on the regional level through:</p> <p>a. the establishment of regional teams related to the implementation of the Programme</p> <p>b. preparation of detailed annual schedules and reports on implementation of tasks by regional teams</p> <p>c. analysis of the activities carried out in the province in relation to the epidemiological situation, the development of proposals and recommendations for implementation of the Programme</p>	<ul style="list-style-type: none"> - regional teams - entities that implement the Programme - National AIDS Centre 	<ul style="list-style-type: none"> - number of formally established teams - number of entities cooperating in the implementation of the Programme - number of developed schedules and statements - number of studies and recommendations 	<ul style="list-style-type: none"> - local government bodies - local government units - regional teams 	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
				<p>3) development and consolidation of regional monitoring by:</p> <p>a. training of regional leaders and providing consultation of their work</p> <p>b. development and dissemination of local monitoring methodology</p> <p>c. development and implementation of tools to measure indicators at the regional level</p>	<ul style="list-style-type: none"> - local government bodies - local government units - regional teams 	<ul style="list-style-type: none"> - number of trainings/meetings - number of provinces represented - developed document - reporting form developed for municipalities and province governments 	<ul style="list-style-type: none"> - National AIDS Centre 	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
				<p>4) IT database adjustment (aimed at acquiring data from the entities implementing the Programme) for the purposes of regional analysis</p>	<ul style="list-style-type: none"> - entities implementing the Programme - regional teams 	<ul style="list-style-type: none"> - database modification 		<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
			c) information support of implementation of the Programme of HIV/AIDS Prevention	<p>1) monitoring the implementation of the Programme, maintaining an IT database and giving the entities that implement the Programme access to the information</p> <p>2) collecting and analysing information about the activities of municipalities in reducing HIV infection and assistance provided to people living with HIV/AIDS</p> <p>3) obtaining, collecting and sharing information about the phenomenon of HIV/AIDS from secondary sources (reports of academic institutions, research companies and others)</p> <p>4) press monitoring</p>	<p>– entities implementing the Programme</p> <p>– regional teams</p> <p>– entities that implement the Programme at the municipality level</p> <p>– regional teams</p> <p>– scientific/research institutions</p> <p>– universities</p> <p>– journalists</p> <p>– opinion leaders</p> <p>– others</p> <p>– publishing houses</p> <p>– entities implementing the Programme</p> <p>– regional teams</p>	<p>– number and type of implemented programmes</p> <p>– number of questionnaires obtained from the municipalities</p> <p>– number of catalogued reports concerning Programme implementation</p> <p>– number of entities interested in information about HIV/AIDS</p> <p>– number of available materials</p> <p>– number of articles in the press</p>	<p>– ministers proper according to the Programme goals</p> <p>– National AIDS Centre</p> <p>– Chief Sanitary Inspectorate</p> <p>– local government bodies</p> <p>– local government units</p> <p>– NGOs</p> <p>– scientific associations</p> <p>– scientific / research units</p> <p>– regional teams</p> <p>– others</p>	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>

No.	FIELDS	MAIN GOALS	DETAILED OBJECTIVES	TASK	TARGET GROUP	INDICATORS	ENTITY	YEAR OF IMPLEMENTATION *
				<p>5) evaluation of Programme achievement with the assistance of selected targeted groups among others:</p> <p>a. research on knowledge and social attitudes regarding HIV/AIDS</p> <p>b. testing the quality of life of people living with HIV/AIDS</p> <p>c. other studies (target groups, age cohorts, etc.) tailored to the needs of Programme implementation</p> <p>6) conducting other research of our own on the issues of HIV/AIDS</p>	<p>– the entire society people living with HIV/AIDS</p> <p>– entities implementing the Programme</p> <p>– regional teams</p> <p>– scientific/research institutions</p> <p>– universities</p>	<p>– number of tests</p> <p>– analysis of indicators of knowledge and social attitudes</p> <p>– analysis of life quality of people living with HIV/AIDS</p> <p>– analysis of indicators</p>		<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>
			<p>d) information support concerning the implementation of ARV treatment</p>	<p>1) monitoring and evaluation of the system of medical care for people living with HIV/AIDS by providing an IT database in the area of antiretroviral treatment delivery</p>	<p>– National AIDS Centre</p> <p>– healthcare institutions</p> <p>– people living with HIV/AIDS</p>	<p>– annual reports</p> <p>– number of institutions providing treatment</p> <p>– number of ARV treated persons</p> <p>– number of deaths</p> <p>– cost of treatment</p> <p>– number of institutions providing care/treatment for children</p> <p>– number of children in care/treatment</p> <p>– number of examined patients</p>	– National AIDS Centre	<p>2012</p> <p>2013</p> <p>2014</p> <p>2015</p> <p>2016</p>

* According to the regulation of the Council of Ministers of 15 February 2011 on the National Programme for Preventing HIV Infections and Combating AIDS (Journal of Laws No. 44, pos. 227), implementers develop and submit, on the basis of the Schedule, a detailed annual schedule of tasks implementation, which includes information on tasks planned for implementation in the following year, as well as the information on the amount of financial resources. Implementation of the tasks included in the Schedule will depend on the amount of funds at the disposal of each of the implementing entity.

REGULATION BY THE COUNCIL OF MINISTERS

February the 15th, 2011.

**On the National Programme
for Preventing HIV Infections and Combating AIDS**
(1st of March 2011 – official publication)

By the virtue of art. 4 point 1 of the Act of December 5, 2008 on preventing and combating infections and infectious diseases among people (publication number Dz. U. No. 234, pos. 1570, of 2009, No. 76, pos. 641 and of 2010 No. 107, pos. 679 and No. 257, pos. 1723) it is hereby ordered as follows:

§ 1. 1. The National Programme for Preventing HIV Infections and Combating AIDS, hereinafter referred to as the "Programme" is established.

2. The Programme is implemented in five areas:

- 1) prevention of HIV infections within the entire society;
- 2) prevention of HIV infections among persons with higher levels of risky behaviours;
- 3) support and healthcare for HIV positive persons and persons suffering from AIDS;
- 4) international cooperation;
- 5) monitoring.

3. Prevention of HIV, referred to in paragraph 2 point 1, consisting in particular of:

- 1) promotion of healthy lifestyles in preventing HIV infection;
- 2) prophylaxis in the area of HIV/AIDS;
- 3) promoting responsible conduct and care for one's own health as well as of partner's;
- 4) promoting reliable and up-to-date information on issues related to HIV/AIDS;
- 5) minimizing risk factors.

4. Prevention of HIV, referred to in paragraph 2 point 2, consisting in particular of:

- 1) promotion of healthy lifestyles in preventing HIV infection;
- 2) prophylaxis in the area of HIV/AIDS;
- 3) changing attitudes, supporting responsible conduct and taking care of

- one's own health as well as of partner's;
- 4) minimizing risk factors.
5. Support and health care, referred to in paragraph 2 point 3, consisting in particular of:
- 1) taking action against stigmatisation and discrimination of people infected with HIV;
 - 2) maintaining and developing the motivation and skills necessary for an independent and active life;
 - 3) organizing support in the social sphere, including the support from the NGOs and other entities;
 - 4) providing universal access to HIV/AIDS diagnostics;
 - 5) providing universal access to antiretroviral treatment operated and funded on the basis of the health programme established by the minister of health under the terms determined in the regulations on healthcare services financed from the public funds;
 - 6) prevention of disease progression;
 - 7) preventing the effects of the disease;
 - 8) increasing patient's awareness of health and disease.
6. International cooperation, referred to in paragraph 2 point 4, consisting in particular of:
- 1) shaping international policy in the area of HIV/AIDS by active participation of a representative of the Republic of Poland in the activities of the international organizations dealing with issues related to HIV/AIDS;
 - 2) representing the Republic of Poland in the international organizations whose activities include issues related to HIV/AIDS;
 - 3) the exchange of experience in the area of best practices based on existing knowledge.
7. Monitoring referred to in paragraph 2, point 5, serves to assess the implementation of the Programme and involves in particular:
- 1) the systematic collection and analysis of information on HIV/AIDS;
 - 2) collecting and analysing information on planned and ongoing activities and tasks in the area of HIV/AIDS;
 - 3) maintaining an IT database in the area of implementation of the antiretroviral treatment, referred to in paragraph 5 point 5;
 - 4) maintaining an IT database, referred to in § 10.

§ 2. The goals and objectives in the areas of implementation of the Programme are determined by the Annex to the Regulation.

§ 3. 1. The implementation of the Programme is directed by a minister of health.

2. The coordinator of the implementation of the Programme is the National AIDS Centre, an agency subordinate to and supervised by a minister of health, responsible for the implementation of tasks related to preventing and combating AIDS, hereinafter referred to as "Coordinator".

§ 4. 1. The Coordinator, in cooperation with the entities responsible for implementing the Programme, develops a schedule for implementing the Programme, hereinafter referred to as "Schedule".

2. The Schedule includes, in particular, tasks whose implementation will affect the achievement of the objectives set out in the Annex to the Regulation.

3. The Schedule determines: the type of tasks, the entities responsible for their implementation, the year of implementation of tasks and indicators of their implementation.

4. The Schedule shall be determined for a period of 5 years.

5. The Coordinator shall prepare the Schedule and submit it to a minister of health by the 30th of June of the year preceding the commencement of the implementation of the tasks included in the Schedule.

6. A minister of health shall submit the Schedule for the approval of the Council of Ministers.

§ 5. 1. The entities responsible for implementing the Programme are ministers proper according to the Programme goals.

2. The entities obligated to implement the Programme are also the local government authorities and their subordinate units.

3. All the entities which participate in the implementation of the Programme under separate provisions are required to develop and implement strategies in the area of social policy including programmes of welfare, family policy, health promotion and protection programmes, prevention and alcohol-related problem solving programmes, drug abuse and public education.

4. Entities which carry out activities enabling the undertaking of tasks resulting from the Schedule or conducting actions supporting the implementation of the Programme may also be involved in the implementation of the tasks of the Programme.

§ 6. 1. The entities obliged to implement the Programme, on the basis of the Schedule, develop detailed annual schedules of the implementation of the

Programme tasks, called hereinafter “the annual schedules” for the following year, which they submit to the Coordinator by October 15th.

2. The coordinator prepares annual schedules in an aggregate form and submits them to the minister of health by November 15th.

§ 7. 1. The entities responsible for implementing the Programme provide a minister of health with an annual report of the performance of tasks included in the annual schedules by April 15th.

2. The Coordinator prepares annual schedules in an aggregate form and submits them to a minister of health by May 15th.

§ 8. 1. The entities responsible for implementing the Programme provide a minister of health with a report of the performance of tasks included in the Schedule along with a summary of that period by April 15th.

2. The Coordinator prepares a report of the performance of tasks included in the Schedule along with a summary of that period in an aggregate form and submits it to a minister of health by May 15th.

3. The report, referred to in paragraph 2, is presented to the Council of Ministers for approval by a minister of health.

§ 9. 1. The entities, referred to in § 5. points 2-4, assemble, for the duration of the Schedule, teams for the implementation of the Programme, hereinafter referred to as “teams” in order to integrate the implementation of tasks set out in Schedule.

2. The teams coordinate, within a province, the measures resulting from annual schedules and cooperate with the Coordinator in this regard.

3. The teams are appointed no later than 3 months prior to the development of the first annual schedules.

§ 10. 1. The monitoring system of the Programme implementation is used to collect data from the entities implementing the Programme concerning the areas defined in § 1 point 2.

2. The monitoring system, referred to in point 1, includes the information on:

1) the entities responsible for implementing the Program and participating in its implementation;

2) the performed tasks (the level of financing, the date of implementation, and their scope);

3) actions directed at a specific target groups;

4) consistency with other statutory programmes.

3. All the entities involved in the implementation of the Programme are required to enter the information referred to in paragraph 2 into the monitoring system.

4. The entities involved in the implementation of the Programme enter into the monitoring system:

1) The annual schedules referred to in § 6 point 1;

2) The report referred to in § 7 point 1.

5. Access to the monitoring system is valid after obtaining an individual password from the Coordinator.

6. The monitoring system is run by the Coordinator.

§ 11. On the basis of existing regulations resulting from "The Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections for the years 2007-2011" particular tasks are implemented as well as reports drawn up.

§ 12. The Regulation shall enter into force 14 days after the date of its publication.¹⁾

¹⁾ The regulation hereof was preceded by the regulation by the Council of Ministers of September 13, 2005 on the National Programme for Combating AIDS and Preventing HIV Infections (publication number Dz. U. No. 189, pos. 1590), which shall be repealed upon the entry into force of this Regulation, by the virtue of art. 68 of the Act of December 5, 2008 on preventing and combating infections and infectious diseases among people (publication number Dz. U. No. 234, pos. 1570, of 2009, No. 76, pos. 641 and of 2010 No. 107, pos. 679 and No. 257, pos. 1723).

ANNEX

MAIN GOALS AND DETAILED OBJECTIVES WITHIN THE AREAS OF IMPLEMENTATION OF THE NATIONAL PROGRAMME FOR PREVENTING HIV INFECTIONS AND COMBATING AIDS

No.	FIELDS	GOALS	OBJECTIVES
I	Prevention of HIV infections within the entire society (primary prevention)	1. reduction of the spread of HIV infection	<ul style="list-style-type: none"> a) increasing knowledge about HIV/AIDS in the general population and changes in attitudes, with particular emphasis on responsibility for one's own health and life b) developing and strengthening the training and education targeted at different social and professional groups
		2. ensuring adequate access to information, education and services in the area of HIV/AIDS prevention	<ul style="list-style-type: none"> a) expanding the range of information tailored to individual recipient needs b) improvement of care of women of reproductive age and pregnant women c) increase of the availability of anonymous and free HIV testing d) increase and integration of activities aimed at preventing HIV and other sexually transmitted diseases
		3. updating the law in effect in the field of HIV/AIDS	<ul style="list-style-type: none"> a) alignment with the current legal status of HIV/AIDS as per international and EU obligations adopted by Poland b) legislative initiatives aimed at creating or updating legislation on HIV/AIDS
II	Prevention of HIV infections among persons with higher levels of risky behaviour (secondary prevention)	1. reducing the spread of HIV infection	<ul style="list-style-type: none"> a) increasing the knowledge about HIV/AIDS in order to reduce the level of risky behaviour
		2. development of the VCT network performing anonymous and free HIV tests along with counselling	<ul style="list-style-type: none"> a) improving the quality and availability of diagnosis of HIV infection for people exposed to HIV b) improving epidemiological data collection about the manner of HIV infection and risky behaviour
		3. providing adequate access to information, education and services in the area of HIV/AIDS prevention	<ul style="list-style-type: none"> a) widening the offer of information and education tailored to individual customer needs b) supporting activities aimed at health related harm reduction

III	Support and healthcare for HIV positive persons and persons suffering from AIDS (tertiary prevention)	1. quality of life improvement in the psychosocial sphere of HIV positive persons and persons suffering from AIDS	<ul style="list-style-type: none"> a) improving quality of life and functioning of people living with HIV/AIDS, their families and relatives b) increasing the level of social acceptance towards people living with HIV/AIDS, their families and relatives
		2. improving the quality and availability of diagnostics and healthcare for HIV-infected patients, patients with AIDS and those vulnerable to HIV	<ul style="list-style-type: none"> a) improving the existing medical healthcare system for people living with HIV/AIDS b) improving the system of care of people exposed to HIV infection
		3. vertical infection prevention	<ul style="list-style-type: none"> a) improving the care for women of reproductive age, pregnant, or breastfeeding b) improving the system of care for children living with HIV/AIDS, and born to mothers living with HIV
IV	International cooperation	development of international cooperation	<ul style="list-style-type: none"> a) expanding international cooperation in the area of HIV/AIDS b) active Polish participation in planning, developing and coordinating international policy on HIV/AIDS c) active Polish participation in the work of international institutions and organizations d) expansion of international cooperation to improve the quality of life of people living with HIV/AIDS, their families and relatives
V	Monitoring	improving monitoring of the epidemiological situation and activities and tasks related to HIV/AIDS	<ul style="list-style-type: none"> a) improving the detectability of epidemiological surveillance of HIV infections, AIDS incidence and mortality of people living with HIV/AIDS and other sexually transmitted diseases, including accordance on the notification system b) improving surveillance of activities and tasks related to HIV/AIDS c) informative support of the implementation of the Programme of HIV/AIDS Prevention d) informative support of the implementation of ARV treatment

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