

**Ministry of Health
National AIDS Centre**

**SCHEDULE FOR IMPLEMENTATION OF THE
NATIONAL PROGRAMME FOR COMBATING
AIDS AND PREVENTING HIV INFECTIONS
for the years 2007-2011**

Warsaw 2006



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Contents

Introduction

I. Grounds for the propriety of proposed actions.....	5
1. Introduction.....	6
2. Epidemiological situation – HIV/AIDS in Poland and its neighbouring countries.....	10
3. Coordination of organizational activities during the implementation of the “Schedule for Implementation of the <i>National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011</i> ”	18
4. Methodology of work with the “Schedule for Implementation of the <i>National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011</i> ”.....	21
4.1 Methodological assumptions.....	21
4.2 Characteristics of the “Schedule for Implementation of the <i>National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011</i> ”.....	22
4.3 Monitoring and evaluation.....	23
4.4 Organizations involved in the preparation of the “Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011”.....	24
II. Schedule for Implementation of the “Schedule of Implementation of the <i>National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011</i>” (table).....	26
1. Problem area: HIV prevention (<i>primary prevention</i>).....	27
2. Problem area: improvement of the quality of the psycho-social sphere of life of people living with HIV/AIDS, their families and relatives (<i>secondary prevention</i>).....	37
3. Problem area: improvement of access to diagnostics and ARV treatment (<i>tertiary prevention</i>).....	47
III. Regulation by the Council of Ministers on the <i>National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011</i>.....	54

Introduction

The present the "Schedule for Implementation of the *National Programme for Combating AIDS and Preventing HIV Infections for the years 2007-2011*" was approved at a Council of Ministers meeting on October 31, 2006. It is a document based on the most important international documents and declarations. It has been worked out by representatives of several central institutions, local self-governments and non-governmental organizations involved in combating the HIV/AIDS epidemic. Implementation of tasks from the three main problem areas (HIV prevention, improvement of life quality of people living with HIV/AIDS, their families and relatives, and improvement of access to diagnostics and ARV treatment) should lead to curbing the spread of new infections (among others, through education of the society and changing people's attitudes), improvement of the quality of life and functioning in the society of people living with HIV/AIDS, as well as the availability of social, legal, psychological and medical care.

Anna Marzec-Bogusławska
Director
National AIDS Centre

Grounds for the propriety
of proposed actions

1. Introduction

Activities presented in the "Schedule for Implementation of the *National Programme for Combating AIDS and Preventing HIV Infections for the years 2007-2011*" constitute a detailed description of tasks set out in the *National Programme of Combating AIDS and Preventing HIV Infections* adopted by the Council of Ministers on the basis of a regulation as of September 13, 2005 (Dz.U.05.189.1590) and they are a continuation of objectives pursued by previous editions of *The National Programme for HIV Prevention and Care for People Living with HIV/AIDS* (1996-1998, 1999-2003, 2004-2006).

The first *National Programme for HIV Prevention and Care for People Living with HIV/AIDS*, covering the years 1996-1998, was prepared by the government of the Republic of Poland in response to Seym's* resolution obliging the government to prepare such document. *The Programme*, which described Poland's policy concerning HIV/AIDS, assigned a major role to the Minister of Health making him responsible for the coordination and initiation of all prevention actions. The document also pointed to Government's partners bound to join in the process of *The Programme's* implementation.

The other two editions of *The National Programme for HIV Prevention and Care for People Living with HIV/AIDS* (1999-2003 and 2004-2006) were approved by the Council of Ministers on the grounds of appropriate resolutions. As regards combating the HIV/AIDS epidemic, the Government's strategy included the following objectives:

- improving the existing HIV prevention system;
- educating the society, protecting and promoting human rights, strengthening the role of women;
- providing an integrated system of care for people living with HIV/AIDS.

The conclusions and recommendations formulated by the research institute OBOP in the Evaluation Research of *The National Programme for HIV Prevention and Care for People Living with HIV/AIDS (1999-2003)* were reflected in the *Council of Ministers' regulation as of September 13, 2005 on The National Programme for AIDS Combating and HIV Prevention* (Dz. U.05.189.1590), which set the following major objectives:

* Deputies' Chamber of the Polish Parliament (transl.)

a) in the area of prevention:

- carrying out long-term preventive and educational programmes, especially for the youth;
- implementing programmes for limiting health and social harm;
- introducing trainings for educators in the field of HIV/AIDS after which they receive certificates;
- organizing media campaigns directed at target groups selected with respect to the present or projected epidemiological situation;
- working out, publishing and distributing diverse information and educational materials;
- systematic opening of new VCT centres offering free of charge HIV testing as well as professional pre- and after test counselling;
- international cooperation on exchange of experience and implementation of best practices in order to increase the effectiveness of prevention activities.

b) in the area of help and support for people living with HIV/AIDS and their families:

- promoting and supporting non-governmental organizations and their operations in the field of HIV prevention and providing help for people living with HIV/AIDS;
- supporting volunteer work;
- promoting and supporting the implementation of activities leading to social integration;

c) in the area of access to diagnostic methods complied with current medical knowledge:

- ensuring expert diagnostics to monitor HIV infection and treatment;
- introducing voluntary HIV testing for large numbers of individuals, with special consideration of pregnant women;

d) in the area of antiretroviral treatment (ARV) complied with current medical knowledge:

- ensuring access to diagnostics, ARV treatment and its continuity;
- ensuring professional care for women living with HIV during pregnancy and childbirth;
- ensuring professional care for children living with HIV;
- constant updating of healthcare standards for people living with HIV/AIDS with regard to the introduction to the treatment of new antiretroviral medicines, complied with current medical knowledge;

- ensuring access to ARV prevention after exposure to HIV.

e) conducting research, with special consideration of analysis enabling quick and precise evaluation of the epidemiological situation.

Recommendations included in the following international documents and declarations were taken into consideration when preparing the "Schedule for Implementation of the *National Programme for Combating AIDS and Preventing HIV Infections for the years 2007-2011*":

- **Communication from the Commission to the Council and The European Parliament** on combating HIV/AIDS in the UE and neighbouring countries for the years 2006-2009 (10.2005);
- **European Commission's draft** *Coordinated and integrated approach towards combating HIV/AIDS in the European Union and neighbouring countries*, EC (2004);
- **Vilnius Declaration** EU (2004);
- **Dublin Declaration** WHO, EU (2004);
- **Declaration of Commitment on HIV/AIDS** approved at a United Nations General Assembly Special Session on combating HIV/AIDS on June 27, 2001;
- Millennium Development Goals included in ***The United Nations Millennium Declaration*** adopted at the 55th United Nations General Assembly Session in September 2000;
- **Beijing Platform for Action** (Beijing 1995) and subsequent initiatives and actions aimed at implementing the Beijing Platform of Action adopted at the 23th United Nations General Assembly Session in June 2000;
- **Programme of Action of the International Conference on Population and Development**, Cairo 1994

Experts working on the "Schedule for Implementation of the *National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011*" have also taken into consideration the recommendations and guidelines of UNAIDS and WHO. Special emphasis has been put on the necessity to respect human rights in the context of HIV/AIDS.

Ensuring appropriate implementation of Poland's policy in the field of combating the HIV/AIDS epidemic shall continue to be achieved through:

- implementation of *The Programme* (including preparation of annual schedules) complied with international recommendations;
- cooperation with local authorities in the field of implementation of the country's strategy for combating the HIV/AIDS epidemic, and

appointing voivodship coordinators responsible for *The Programme's* implementation on the local level;

- developing a network of specialist centres for antiretroviral treatment (ARV);
- developing a network of VCT centres offering HIV testing, and pre- and post testing counselling;
- systematic growth of state expenditure for prevention and ARV treatment;
- cooperation between the government sector and non-governmental organizations in the area of combating the HIV/AIDS epidemic, including both substantial and financial support;

2. EPIDEMIOLOGICAL SITUATION - HIV/AIDS IN POLAND AND ITS NEIGHBOURING COUNTRIES

According to the data provided by UNAIDS, in the end of 2005 there were about 40 million people infected with HIV or living with AIDS worldwide. The spread of HIV infections in some regions has assumed the proportions of a pandemic. Every day about 14 000 people in the world get infected with HIV, 10% of which are children. People between 16 and 24 constitute about 50% of all the infected. Every day about 8 000 people in the world die due to HIV/AIDS related reasons.

Thanks to ongoing prevention and the availability of antiretroviral treatment, the situation in Western European countries has stabilized. Despite a decrease in the number of AIDS cases, the number of new HIV infections constantly rises. The HIV infections prevalence factor in the European Union (25) in 2003 amounted to approximately 14.2 per one million inhabitants, and in an analogical period in Poland it amounted to 15.5 per one million inhabitants.

The increase in the number of sexually transmitted diseases is also an alarming phenomenon to be observed in Western European countries. Moreover, some of the countries have recently reported an increase in cases of resistance to antiretroviral medicines. This phenomenon in the USA and in other highly industrialized countries is estimated at 10-15% amongst patients that have not undergone treatment yet.

In recent years the situation in the region of Eastern Europe has been especially alarming. A country with the largest dynamics of infections in this part of Europe is Estonia. Situation in the Ukraine is also disturbing. According to estimates by UNAIDS, there are about half a million individuals infected with HIV and/or living with AIDS in Ukraine. Every month over 5 500 new infections are registered in the Russian Federation, and rated data even mention two million infected individuals.

The highest prevalence¹ and HIV infections indices are observed in the region of Kaliningrad.

The HIV/AIDS epidemic has created an entirely new situation in Poland and worldwide, requiring to undertake certain measures, such as: effective health promotion, infections prevention, development of diagnostic and therapeutic possibilities, implementation of programmes limiting health and social effects of the epidemic, building up and development of the society.

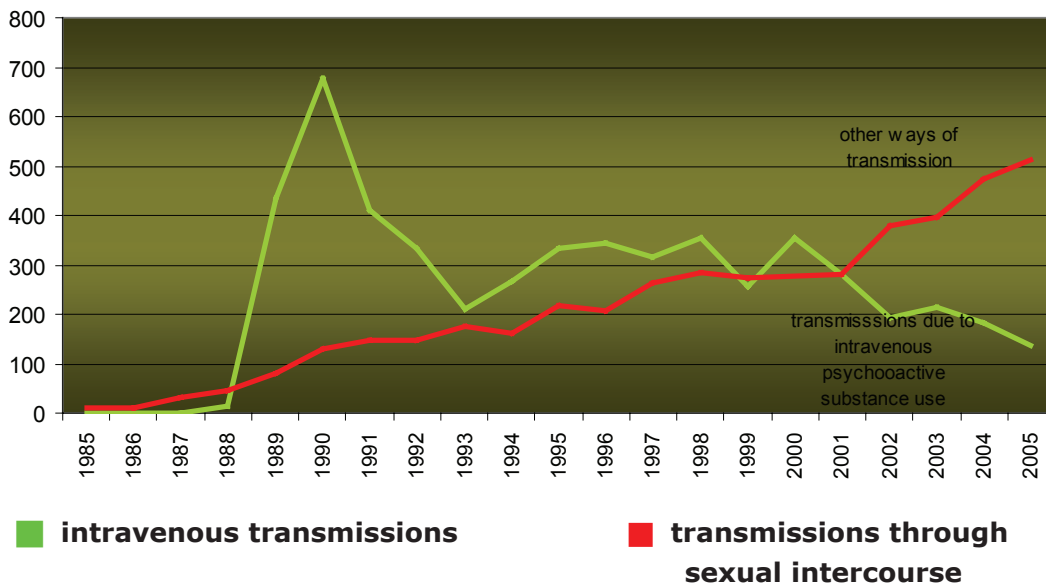
¹ Proportion of disease cases which occur within a population in certain period of time, relatively to the number of individuals within the population in the same period of time (according to: IRIS glosary, [in:] <http://www2.cyf.gov.pl/manhaz/final/iris/gloss8.htm#p>).

The first case of an HIV infection was recorded in Poland in 1985, and the first AIDS case was diagnosed in 1986. In those first years the main way of disease transmission in Poland were: intravenous psychoactive substance use and sexual contacts between men.

From 1985 until end of 2005, 9 798 new HIV infections were recorded in Poland. However, the number of HIV infections estimated by experts is 20 000 to 30 000. Accumulated data shows that 54% of all infections were related to intravenous psychoactive substance use.

While the number of HIV infections due to intravenous psychoactive substance use has diminished since 2000, there has been an increase in the number of transmissions through sexual intercourse. Also, an apparent change of trends in the epidemic has been observed. Many people get infected through risky sexual behaviour, often accompanied by psychoactive substance use. Data collected by HIV diagnostic services shows that there has been a considerable growth in the number of infections among men having sex with men. Reports say that the use of condoms in this population group has fallen.

Main ways of HIV transmission in Poland in the years 1985 - 2005

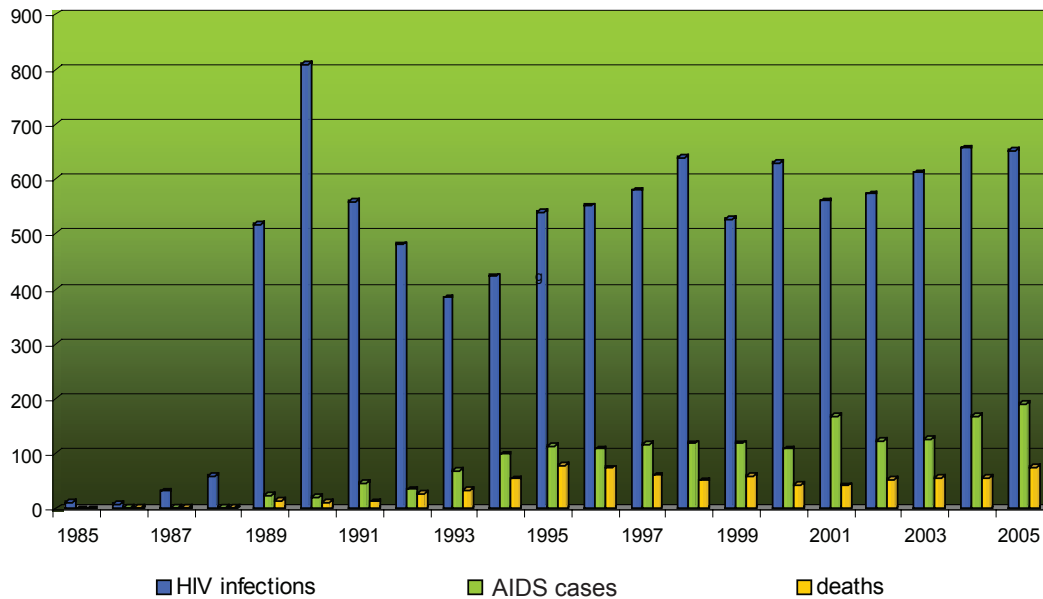


The majority of HIV tests (over 80%) are done in blood donation, however, the majority of positive test results (over 70%) are obtained with persons who report in the diagnostic services due to health issues or after risky behaviour. 20% of all HIV infections are detected in centres offering anonymous and free of charge testing and pre- and post test counselling. According to the data obtained from The Military Service Headquarters of The Ministry of Justice,

about 20% of HIV infections are detected at penitentiaries.

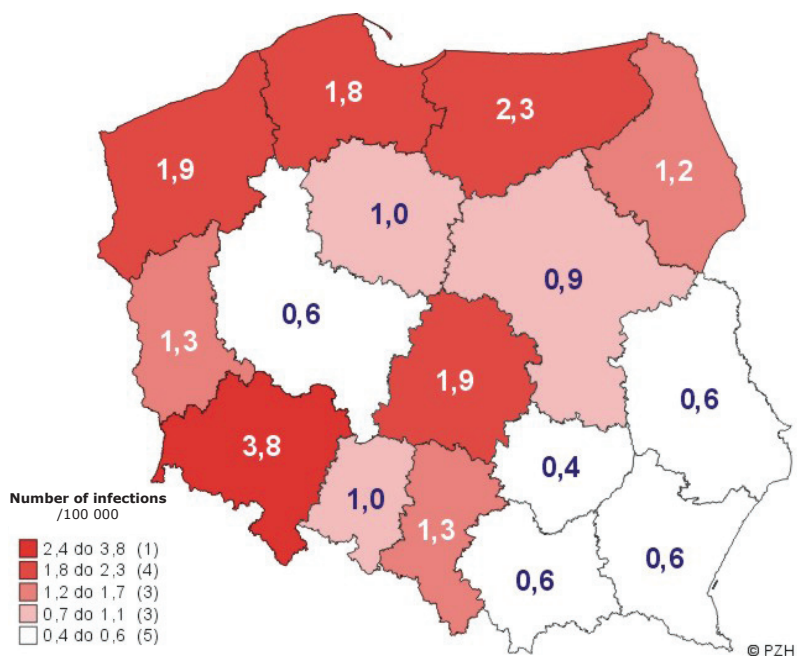
The highest number of HIV infections (809 individuals) so far was noted in 1990. In the subsequent years the figures varied from 384 (in 1993) to 656 (in 2004).

The HIV/AIDS epidemiological situation in Poland in the years 1985 - 2005



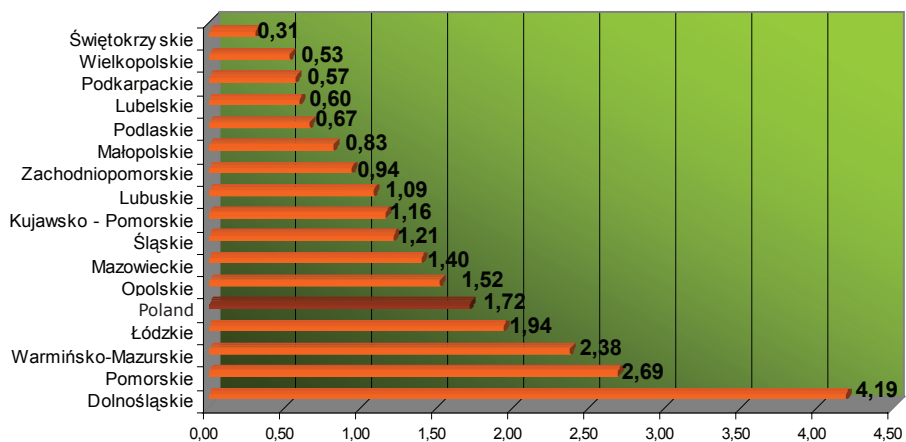
Between 1985–1995 HIV infections and AIDS cases were diagnosed mainly among inhabitants of major urban agglomerations. In the beginning of the 90's the index of newly detected infections (per 100 000 inhabitants) was highest in voivodships of south-western Poland.

Average annual rates of HIV infections reported at the National Institute of Hygiene as newly detected in the years 1999-2004 (by voivodeships)

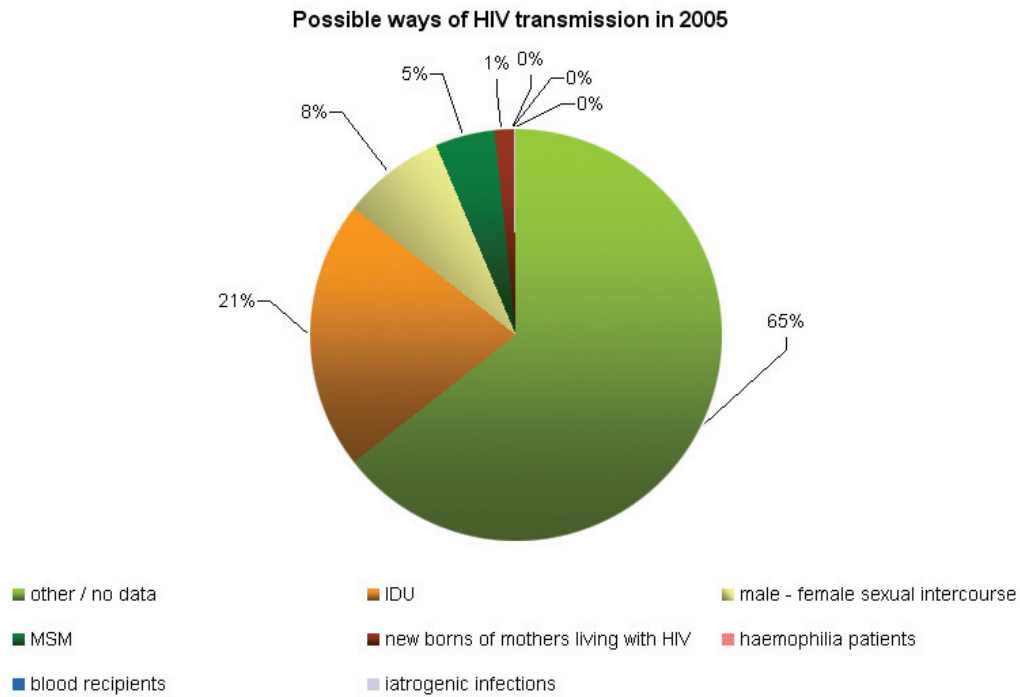


In 2005 the highest rates of HIV infections were noted in the following voivodeships: dolnośląskie, pomorskie, warmińsko-mazurskie, łódzkie and opolskie. This situation is illustrated by the graph below:

Average rates of HIV infections recorded in 2005 by voivodeships (per 100 000 inhabitants)



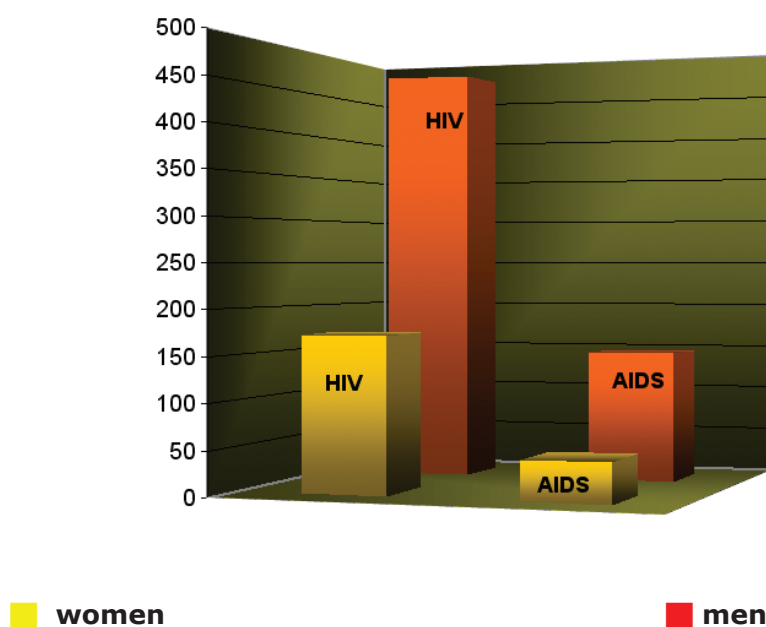
Due to lack of reliable epidemiological data it is difficult to explicitly name the ways of HIV infections transmission in Poland (see chart below).



In 2005 the source of 65% of all infections was not known, a fact which should be explained by a growing number of infections through sexual intercourse between male and female, usually not associated with a feasible HIV infection. Data which show that 54% of infections are caused by intravenous psychoactive substance use, are to a large degree influenced by the situation in previous years.

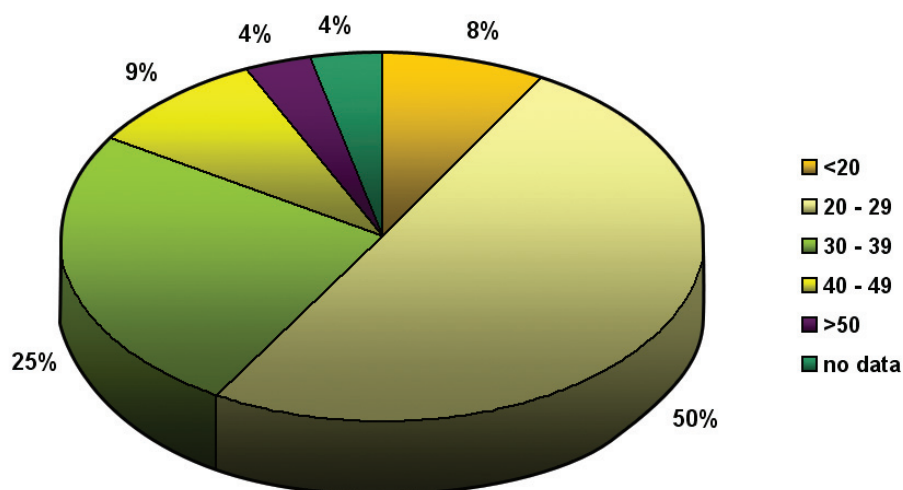
Men prevail when it comes to HIV infections, however, recent years have seen an increase in the number of newly infected women, which is connected to the spread of HIV among heterosexuals.

HIV infections and AIDS cases registered in 2005 by sex



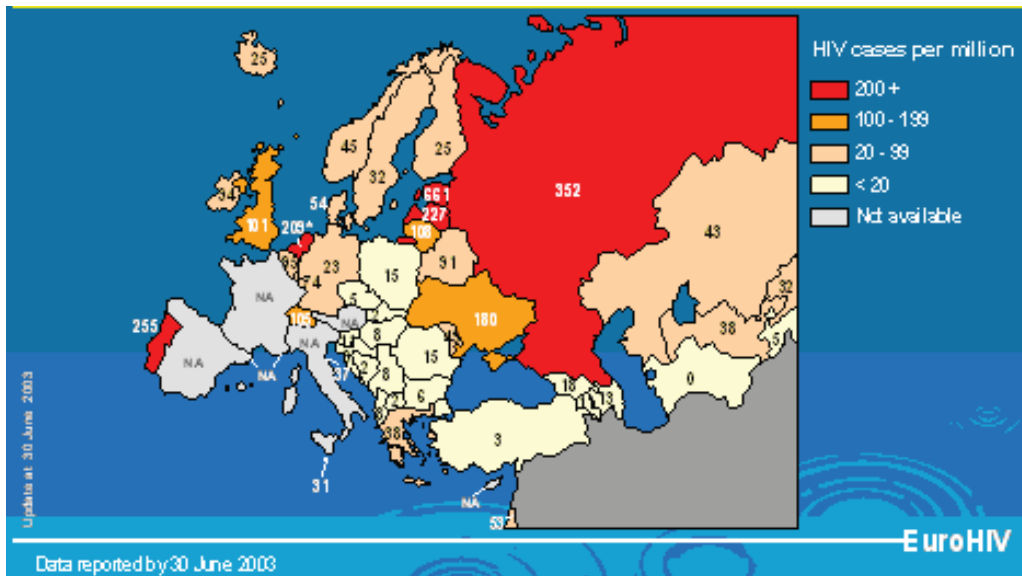
As in most countries, AIDS in Poland is mainly a problem of the youth. 58% of all infected individuals were younger than 29, and nearly 8% of them were before 20 at the moment of infection. The following chart illustrates HIV infections by age groups.

HIV infections registered in Poland in the years 1985-2005 by age



Contrary to the countries of Eastern Europe, epidemiological data presented above indicates a relatively stable HIV/AIDS epidemiological situation in Poland. Considering the fact that HIV infection rates in the countries east to Poland rise dramatically, a great deal of attention should be paid to the potential risk of an epidemic in the region, which could have immediate influence on the situation in Poland.

The following graph presents rates of newly diagnosed HIV infections reported in 2002 in the European region of the World Health Organization.



HIV cases per one million inhabitants.

Combating the epidemic relates not only to HIV/AIDS, but also other infectious diseases and sexually transmitted infections. Educational publications and training programmes for representatives of different professional groups are of an interdisciplinary nature, which makes it possible for prevention activities to be implemented in different social groups.

Many years of experience in combating the HIV/AIDS epidemics have shown that promotion and protection of human rights, including rights concerning reproductive health, are a crucial component of HIV prevention and curbing the negative influence which HIV/AIDS epidemics has on social issues.

3. COORDINATION OF ORGANIZATIONAL ACTIVITIES DURING THE IMPLEMENTATION OF THE „SCHEDULE OF THE NATIONAL PROGRAMME FOR COMBATING AIDS AND PREVENTING HIV INFECTIONS FOR 2007-2011“

The Council of Ministers' regulation as of September 13, 2005, on the National Programme for Combating AIDS and Preventing HIV Infections (Dz. U.05.189.1590) is the main document defining the policy of the government of the Republic of Poland in the field of HIV/AIDS. Partly, it constitutes a response to the "Three Ones" rule adopted by international institutions, including the European Commission.

The „Three Ones" rule means that each country should have: (1) an institution coordinating interdisciplinary actions concerning combating the HIV/AIDS epidemic, (2) acting according to a coherent and uniform national programme and (3) monitoring.

On the grounds of the regulation *The Programme's* implementation process shall be administered by the Minister of Health and coordinated by National AIDS Center.

Entities implementing *the Programme* indicated in the objective regulation (§8 p. 1) are obliged to appoint an implementation team responsible for working out an annual detailed schedule for implementation, coordinating tasks and cooperation with National AIDS Center. The annual detailed schedules have been worked out on the basis of the "Schedule of *the National Programme for Combating AIDS and Preventing HIV infections for the years 2007-2011*" and have the same tabular layout prepared by a team of experts².

During preparation of annual schedules, entities implementing *The Programme* have taken into consideration the following issues:

- detailed goals;
- types of activities (specific tasks);
- the amount of funds for the implementation of tasks;
- the deadline for task implementation;
- indices defining the effects of undertaken actions.

The first detailed annual schedules were submitted to the Minister of Health before June 30, 2006, whereas subsequent schedules shall be submitted no later than 6 months prior to the day of their implementation i.e. until June 30 of the year preceding the implementation of schedules. The Minister in turn submits all schedules for implementation to the Council of Ministers.

Before May 15, entities implementing tasks described in *The Programme*

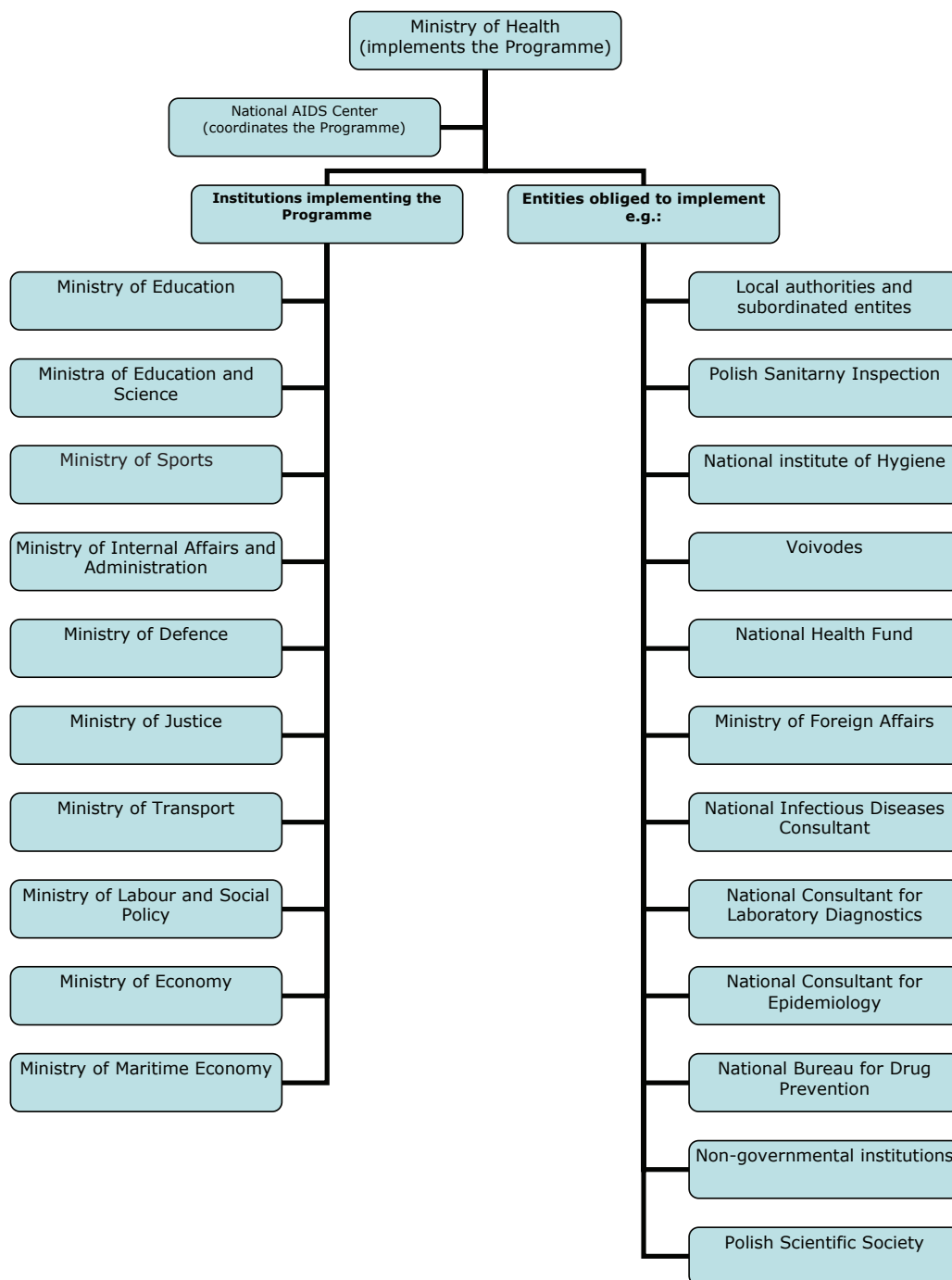
² On February 6-10, 2006 in Falenica (Warsaw) took place workshops on working on the "Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011". The list of participants of the workshops is on the page 24.

also submit to the Minister of Health a report on *The Programme's* implementation in the previous year.

Until June 15 each year, the National AIDS Centre as a coordinator of *The Programme's* implementation presents the Minister of Health with a report on *The Programme's* implementation in the previous year together with their standpoint on undertaken activities. The Minister submits an annual comprehensive report to the Council of Ministers until July 31.



Table 1. Entities implementing the Programme³ and entities obliged to implement⁴ The National Programme for Combating AIDS and preventing HIV infections.



³ Based on §8.1 Regulation on the National Programme for Combating AIDS and Preventing HIV Infections (Dz.U.05.189.1590).

⁴ Based on §8.2, p. 1-2 Regulation on the National Programme for Combating AIDS and Preventing HIV Infections (Dz.U.05.189.1590).

4. METHODOLOGY OF WORK WITH THE "SCHEDULE FOR IMPLEMENTATION OF THE NATIONAL PROGRAMME FOR COMBATING AIDS AND PREVENTING HIV INFECTIONS FOR 2007 - 2011"

4.1. Methodological assumptions.

The present Schedule establishes the following:

- a) Considering the long-term effects of adopted tasks, *The Programme* shall be implemented within a period of five years and it covers the years 2007-2011 (§ 4 p. 2 of the Regulation on *The National Programme*).
- b) Detailed goals, tasks and individual indices are defined with regard to their feasibility.
- c) The target group, to which tasks from individual thematic areas are addressed, shall be divided into two. In this connection, the directly targeted group is a direct addressee of all tasks, and the **indirectly targeted, supportive group** influences the direct recipient through undertaken actions.
- d) The "Schedule for Implementation of the *National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011*" shall be implemented by **all entities** indicated in § 8 of the regulation on the National Programme i.e. adequate ministers and institutions obliged to work out a strategy in the field of social policy, including local authorities.
- e) On the basis of the "Schedule for Implementation of the *National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011*", all entities implementing the Programme listed in the regulation (§ 8 Dz.U.05.189.1590) work out their own detailed annual schedules complied with the adopted tabularic layout.
- f) Direct involvement and commitment of people living with HIV and organizations acting for the benefit of the HIV positive suffering from AIDS, is crucial in the process of *The Programme's* preparation and implementation.
- g) An important element of the Schedule for Implementation of the *National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011* is the cooperation with local authorities in the preparation and implementation of tasks, which would allow reaching out to more potential addressees of *the Programme*.

4.2. Characteristics of the "Schedule for Implementation of the National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011"

The strategic goals of *the Schedule* include: firstly, curbing the spread of HIV infections, and secondly, improving the quality of life and the availability of medical care for people living with HIV/AIDS and their families. The strategic goals in the Schedule are reflected in thematic areas covering primary-, secondary- and tertiary prevention tasks.

Primary prevention refers to all actions aimed at limiting the probability of an HIV infection. It concentrates on education which leads to change of people's attitudes and behaviour regarding health, support in coping with living demands and counteraction against negative influence of the society. It also puts emphasis on minimizing risk factors. Primary prevention is addressed to free of HIV individuals.

Secondary prevention concentrates on identifying the problem and counteracting progress of the disease. The educational goal consists in increasing an individual's awareness about their health and the disease.

Tertiary prevention aims at preventing effects of the disease, diminishing the number of hospitalizations, complications and preventing progress of the disease. The educational goal consists in the preparation of patients for the treatment. Within the individual problem areas general goals have been defined, each consisting of particular detailed goals and tasks. Entities implementing *the Schedule* shall have to refer to these particular goals and tasks when preparing detailed annual schedules.

STRATEGIC GOALS

REDUCTION OF HIV INFECTIONS	IMPROVEMENT OF THE QUALITY OF LIFE AND AVAILABILITY OF MEDICAL CARE FOR PEOPLE LIVING WITH HIV/ AIDS AND THEIR FAMILIES
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PROBLEMATIC AREAS

HIV INFECTION PREVENTION (PRIMARY PREVENTION)	IMPROVEMENT OF THE QUALITY OF LIFE IN A PSYCHO-SOCIAL SPHERE OF PEOPLE LIVING WITH HIV/AIDS, THEIR FAMILIES AND RELATIVES (SECONDARY PREVENTION)	ENSURING WIDE ACCESS TO DIAGNOSTICS AND ARV TREATMENT (TERTIARY PREVENTION)
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GENERAL GOALS

REDUCTION OF HIV INFECTIONS	IMPROVEMENT OF THE QUALITY OF THE PSYCHO-SOCIAL SPHERE OF LIFE OF PEOPLE LIVING WITH HIV/AIDS, THEIR FAMILIES AND RELATIVES	ENSURING WIDE ACCESS TO DIAGNOSTICS AND MEDICAL CARE FOR PEOPLE LIVING WITH HIV/AIDS AND PEOPLE VULNERABLE TO HIV INFECTION
ENSURING ACCESS TO INFORMATION, EDUCATION AND SERVICES IN TERMS OF HIV/AIDS PREVENTION		REDUCTION OF HIV INFECTIONS AMONG CHILDREN

4.3. Monitoring and evaluation

The National Programme for Combating AIDS and Preventing HIV Infections assumes global and interdisciplinary monitoring and evaluation of the Programme's implementation. This refers not only to the assessment of the Programme's implementation but also of all activities aimed at combating HIV/AIDS in Poland.

According to international recommendations and the best practices of the most experienced countries, monitoring and evaluating of the tasks in connection to combating HIV/AIDS is based on the following three elements:

- * *Epidemiological monitoring* – allows for trends and epidemic dynamics to be observed; enables obtaining knowledge about HIV infection and other sexually transmitted diseases;
- * *Monitoring of social phenomena* - behavioral, essential for effective prevention, enables observing social behaviour on a wider scale;
- * *Monitoring of the implementation of projects and tasks* – enables more effective allocation of funds, points to new activity areas. Data collection and its analysis in terms of monitoring and evaluation is not only a practical solution, which gives possibility of more efficient solutions in the future, but also the State's duty, giving guidelines and commitments that Poland has accepted as a member of the United Nations and its agencies (most importantly World Health Organization and World Bank) and a European Union member. According to the regulation on the *National Programme* (§ 11) a monitoring system of

implementation of the Programme should be created on the national and voivodship level.

The monitoring system should include the following information:

- Actors who implement the *Programme*, participate in its implementation or prepare detailed annual schedules;
- The most important activities with information about the sources of financing;
- Public education activities;
- Activities addressed to people living with HIV and AIDS and their relatives;
- Activities aiming at reducing the negative effects of the HIV/AIDS epidemic;
- Supportive activities for people living with HIV/AIDS.

Each activity in the „Schedule for Implementation of the *National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011*” is linked to an actor responsible for its implementation. This actor is also obliged to provide appropriate data to the database. National AIDS Centre will be responsible for the analysis and processing of the collected data.

4.4. Organizations involved in the preparation of the „Schedule for Implementation of the *National Programme for Combating AIDS and Preventing HIV Infections for 2007-2011*” (in alphabetical order)

1. Association of Volunteers „Mały Książę” (“Little Prince”).
2. Association of Volunteers Against AIDS „Bądź z nami” (“Be with Us”).
3. Central Board of Prison Service.
4. Chair and Clinic for Infectious Diseases in Wrocław.
5. Chief Sanitary Inspectorate.
6. Clinic for Infectious Diseases and Hepatology in Szczecin.
7. Cracow Society for Prevention of Drug Addiction (KTPU).
8. Methodological Centre for Psychological and Pedagogical Assistance.
9. Ministry of Interior and Administration.
10. Ministry of Justice.
11. Ministry of National Defence’s Military Health Service Board.
12. Ministry of National Education.
13. Ministry of Sports.
14. Ministry of Transportation.

15. National AIDS Centre.
16. National Bureau for Drug Prevention.
17. National Institute of Hygiene.
18. Office of the Plenipotentiary of the Board of Małopolska Region for the Prevention of Addictions.
19. Polish Net of People Living with HIV/AIDS „Sieć Plus” (“Net Plus”).
20. Reformatory in Białystok.
21. Regional Centre of Social Support in Lublin.
22. Social Committee for AIDS (SKA).
23. The State Agency for the Prevention of Alcohol Related Problems.
24. United Nations High Commissioner for Refugees.
25. Voivodship Board in Katowice.
26. Voivodship Board in Kielce.
27. Voivodship Board in Olsztyn.
28. Voivodship Board in Szczecin.
29. Voivodship Board in Warsaw.
30. Voivodship Board in Zielona Góra.

SCHEDULE FOR IMPLEMENTATION OF
THE *NATIONAL PROGRAMME*
FOR COMBATING AIDS
AND PREVENTING HIV INFECTIONS
for 2007-2011
(table)

1. PROBLEM AREA: HIV PREVENTION (primary prevention)

Target groups

A. direct:

- general population;
- studying youth;
- women in the reproductive age, pregnant women and women who plan having children;
- psychoactive substances users, especially injecting drug users;
- sex workers and their clients;
- men who have sex with men;
- inmates
- street children⁵;
- migrants (refugees and/or economical migrant).

B. indirect:

- health services workers;
- education workers;
- uniformed services⁶;
- social workers;
- emergency services⁷;
- mass media workers;
- central and local administration employees;
- employers' organizations;
- members of non-governmental organizations;
- churches and religious unions;
- public authorities.

⁵ street children – sociological term describing a process of social exclusion of under age, not always related to homelessness or bereavement. Nevertheless, these children often grow up on the street, playing, stealing, working or begging there, having at the same time homes and families.

⁶ uniformed services – uniformed paramilitary formations with a hierarchic structure (ranks), which have been created in order to perform certain functions, i.e. police, National Fire Brigade, Government Protection Bureau, Polish Army, Border Guards Service, Penitentiary Service. Employees are appointed (functionaries) or sign a servant contract (civil servants).

⁷ emergency services – they give first aid after accidents and they decide if there is a necessity of additional medical care. The rapidity of reaction of emergency services is crucial when it comes to saving people's lives. These are: paramedics, doctors and nurses.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation 2007-2011 ⁸	Indicators
REDUCTION OF HIV INFECTIONS	I. Improving the level of knowledge about HIV/AIDS in the general population and changing attitudes, especially in the context of responsibility for one's health and life.	<ol style="list-style-type: none"> Continuation and development of education and prevention training programmes dedicated to chosen target groups, with a special attention towards youth, including promotion and implementation of innovative prevention programmes and interactive programmes 	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p> <p>National AIDS Centre</p> <p>Voivodes</p> <p>National Sanitary Inspection</p> <p>Local authorities and institutions they supervise</p> <p>Non-governmental organizations</p>		<ol style="list-style-type: none"> Number of people included in the programmes. Number of institutions which implement this activity. Evaluation of effectiveness of the activities implemented. Number of local institutions that participate in the implementation of certain activity.
		<ol style="list-style-type: none"> Preparation of multimedia campaigns, addressed to properly chosen target groups, according to the needs and assessments related to the present epidemiological situation 	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p> <p>National AIDS Centre</p> <p>Voivodes</p>		<ol style="list-style-type: none"> Effectiveness of each campaign. Number of campaigns. Number of local institutions that participate in the realization of a certain activity.

⁸ The concrete time of the implementation of activities is given in the schedules prepared by each institution responsible for the implementation of the National Programme.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation 2007-2011 ⁸	Indicators
			<p>National Sanitary Inspection</p> <p>Local authorities and institutions they supervise</p> <p>Non-governmental organizations</p>		<ol style="list-style-type: none"> 1. Number of institutions which impement this activity. 2. Percentage of children, young and older students, who are included in the educational activities 3. Evaluation of effectiveness of implemented prevention activities.
		<ol style="list-style-type: none"> 3. Including in the programmes of schools at all educational levels and in universities' programmes (especially to formation programmes addressed to teachers, doctors and nurses) such subjects as: <ol style="list-style-type: none"> a) HIV/AIDS and sexually transmitted infections prophylaxis; b) tackling violence (bullying) and sexual commerce, with participation of children and youth. 	<p>Ministry of Health</p> <p>Ministry of National Education</p> <p>Ministry of Science and Higher Education</p>		
	<ol style="list-style-type: none"> 4. Support for reports of evaluation of specific HIV/AIDS problems in Poland. 		<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p> <p>National AIDS Centre</p> <p>National Sanitary Inspection</p> <p>Local authorities and institutions they supervise</p> <p>Non-governmental organizations</p>		<ol style="list-style-type: none"> 1. Number of social studies. 2. Reports from research studies.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation 2007-2011 ⁸	Indicators
	II. Reduction of the level of risky behaviour.	<p>1. Further development of health and social harm reduction programmes.</p> <p>2. Promotion of harm reduction philosophy and activities within the society, with an emphasis on educational activities run directly in the risky behaviour populations.</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p> <p>National AIDS Centre</p> <p>National Bureau for Drug Prevention</p> <p>Voivodes</p>		<ol style="list-style-type: none"> 1. Number of people included in the programmes. 2. Number of institutions which implement this activity. 3. Number of local institutions that participate in the implementation of a certain activity. 4. Number of intravenous drug users 5. Number of people diagnosed with sexually transmitted diseases.
	3. Education in the field of sexually transmitted infections prevention, especially HIV/AIDS.		<p>National Health Fund</p> <p>National Sanitary Inspection</p> <p>Local authorities and institutions they supervise</p> <p>Non-governmental organizations</p>		<ol style="list-style-type: none"> 1. Number of institutions which implement this activity. 2. Number and type of educational activities implemented. <ol style="list-style-type: none"> 1. Number of educational programmes.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation 2007-2011 ⁸	Indicators
		<p>4. Support for reporting of specific HIV/AIDS epidemiological problems' evaluation in Poland.</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p> <p>National AIDS Centre</p> <p>National Sanitary Inspection</p> <p>Local authorities and institutions they supervise</p> <p>Non-governmental organizations</p>		<p>1. Number of studies.</p> <p>2. Reports from the studies.</p>
	<p>III. Improvement of health care system for women at procreation age and pregnant women.</p>	<p>1. Promotion of the obligation to propose voluntary HIV testing for pregnant women among doctors who provide care during pregnancy.</p> <p>2. Trainings for gynaecologists and obstetricians on high speciality care for pregnant women during the pregnancy, delivery and postpartum, and on pre and post-test counselling.</p> <p>3. Systematic trainings for gynaecologists and obstetricians on psychosocial and medical aspects of HIV/AIDS epidemic.</p>	<p>National Health Fund</p> <p>Ministry of Health</p> <p>National AIDS Centre</p> <p>Polish Science Society</p>		<p>1. Number of women who took an HIV test, on account of their pregnancy.</p> <p>2. Percentage of pregnant women whose test result was HIV+.</p> <p>1. Number of trainings.</p> <p>2. Number of trained gynaecologists and obstetricians.</p> <p>1. Number of trainings.</p> <p>2. Number of trained gynaecologists and obstetricians.</p>

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation 2007-2011 ⁸	Indicators
		<p>4. Preparation and distribution of informational and educational materials concerning HIV/AIDS, addressed to pregnant women.</p>			<p>1. Edition of materials and number of each issue.</p>
	<p>IV. Development of trainings and educational offer.</p>	<p>1. Standardization and empowerment of the system of trainings and certificates specialists (i.e. educators, counsellors).</p> <p>2. Elaboration, editing and distribution of informational and educational materials for target groups.</p>	<p>Ministry of Health Ministry of National Education Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme) National AIDS Centre Voivodes National Health Fund National Sanitary Inspection Local authorities and institutions they supervise</p>		<p>1. Number of new certificates.</p> <p>1. Edition of materials. 2. Variety of publications. 3. Number of local institutions that participate in the implementation of a certain activity.</p>

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation 2007-2011 ⁶	Indicators
	V. Increase of international cooperation in preventing HIV infections.	1. Continuation and development of the international cooperation (especially with EU member countries and institutions the United Nations system and Eastern and Central European countries) on reducing HIV infections in Poland and neighbouring countries including exchange of best practices, participation in development programmes and implementation of guidelines and recommendations by Polish State (including methodology of prevention of HIV infections).	Ministry of Health Ministry of Foreign Affairs		1. Activeness on the international forum (importance and form of contacts). 2. Accordance of standards with international guidelines. 3. Official Development Attendance in the field of HIV/AIDS (national ODA and ODA of member countries). 4. Number of institutions which implement this activity.
ENSURING ACCESS TO INFORMATION, EDUCATION AND SERVICES IN TERMS OF HIV/AIDS PREVENTION	I. Broadening the informational offer to the needs of individual recipients.	1. Integration and development of the existing informational system, using for this aim all means, such as: a) website; b) HIV hotline; c) HIV/AIDS Internet counselling; d) <i>Informational Bulletin</i> .	Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the <i>National Programme</i>) National AIDS Centre Local authorities and institutions they supervise		1. Edition of <i>Informational Bulletin</i> . 2. Statistics of visits to the website. 3. Type of information which analyze accessibility of information and its quality.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation 2007-2011 ⁸	Indicators
		<p>2. Continuation of and increase in the number of stationary information and consultation centers and undertaking activities which aim at standardization of existing services.</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the <i>National Programme</i>) Voivodes Local authorities and institutions they supervise</p>		<ol style="list-style-type: none"> 1. Number of people consulted. 2. Number of information and consultation centers, including newly opened centers. 3. Evaluation of the quality of services in information and consultation centers, based on results of surveys.
<p>II. Better accessibility to services and improvement of the quality of services rendered in VCT centers, which offer anonymous and free of charge HIV tests with counselling.</p>		<p>1. Continuation of the activities of VCT centers, which offer anonymous and free of charge HIV tests with professional pre and post counselling, in compliance with European standards and ensure:</p> <ol style="list-style-type: none"> a) professional staff; b) high-level quality of services; c) easy access to services; d) quick diagnosis; <p>and higher number of VCT centers, according to needs and capacities.</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the <i>National Programme</i>) National Health Fund National Sanitary Inspection Voivodes Local authorities and institutions they supervise Non-governmental organizations</p>		<ol style="list-style-type: none"> 1. Number of VCT centres. 2. Number of VCT centres' clients. 3. Number of consultations. 4. Number of tests done. 5. Percentage of infected people. 6. Results of surveys that evaluate the quality of services in VCT Centres. 7. Number of local institutions that participate in the realization of a certain activity.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation 2007-2011 ⁶	Indicators
	<p>III. Improvement of epidemiological control over detectability of HIV infections, AIDS morbidity and mortality of people living with HIV/AIDS and other sexually transmitted diseases.</p>	<ol style="list-style-type: none"> 1. Continuous collection of epidemiological data, together with verification of people: <ol style="list-style-type: none"> a) who take an HIV test; b) who have been diagnosed with HIV; c) who have been diagnosed with AIDS; d) who died because of HIV/AIDS; e) who have been diagnosed with other sexually transmitted infections. 2. Actualization of recommendations of Ministry of Health, regarding the method of running HIV/AIDS epidemiological control. 3. Introduction of elements of an active epidemiological control. 4. Support for reporting of specific HIV/AIDS epidemiological problems' evaluation in Poland. 	<p>National Sanitary Inspection National Institute of Hygiene Medical University Venerology Institute VCT Centres National AIDS Centre Ministry of Health National Institute of Hygiene National Infectious Diseases Consultant National Sanitary Inspection National Institute of Hygiene Ministry of Health National AIDS Centre National Institute of Hygiene</p>		<ol style="list-style-type: none"> 1. Number of infections. 2. Infections dynamics, with information about age, sex, way of transmission. 3. Sick rate. 4. Death rate. 5. Number of people who were diagnosed with other sexually transmitted diseases. <ol style="list-style-type: none"> 1. Publication of actualized recommendations regarding epidemiological control on HIV/AIDS. <ol style="list-style-type: none"> 1. Number of visits of Voivodship Sanitary and Epidemiological Stations workers in the HIV/AIDS information point. 2. Percentage of completed notifications on New HIV infections. <ol style="list-style-type: none"> 1. Number of reports of the evaluation of specific HIV/AIDS epidemiological problems in Poland.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation 2007-2011, ⁸	Indicators
		<p>5. Recollection of information about existing social studies, reports and analysis of the HIV/AIDS epidemiological situation in Poland, especially on the local level.</p>	<p>National Sanitary Inspection National AIDS Centre Local authorities and institutions they supervise</p>		<p>1. Number of studies. 2. Reports from the studies.</p>
		<p>6. Improvement of access to information on epidemiological situation and dynamics of the HIV/AIDS epidemics in Poland.</p>	<p>National Sanitary Inspection</p>		<p>1. Results of the analysis of surveys which evaluate the access to information about epidemiological situation and dynamics of HIV/AIDS in Poland.</p>
		<p>7. Participation in the international, regional and global epidemiological monitoring on HIV/AIDS.</p>	<p>Ministry of Health National Institute of Hygiene</p>		<p>1. International evaluation of access to Polish epidemiological data, done by appropriate institutions (report).</p>

2. PROBLEM AREA: IMPROVEMENT OF THE QUALITY OF THE PSYCHO-SOCIAL SPHERE OF LIFE OF PEOPLE LIVING WITH HIV/AIDS, THEIR FAMILIES AND RELATIVES (*Secondary prevention*)

Target groups

A. direct – people living with HIV/AIDS (and their families and relatives), including:

- women living with HIV;
- families with children;
- couples with a mixed serological status⁹;
- psychoactive substances users;
- men who have sex with men;
- under aged living with HIV/AIDS;
- people who suffer from psychical disorders;
- inmates;
- people with an irregular social and legal situation (uninsured people, homeless people, migrants).

B. indirect – professionals, public authorities and support groups, including:

- health service workers;
- social workers;
- non-governmental organizations' members;
- employers' organizations;
- mass media workers;
- uniformed services;
- central and local administration employees;
- education workers;
- churches and religious unions;
- general population.

⁹ **serological status** – presence of antibodies against a certain microbe in an organism, as a consequence of an infection with this microbe, or absence of these antibodies. Serological status can be **seropositive** (HIV+) – infected or **or seronegative** (HIV-) – not infected.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
IMPROVEMENT OF THE QUALITY OF THE PSYCHO-SOCIAL SPHERE OF LIFE OF PEOPLE LIVING WITH HIV/AIDS, THEIR FAMILIES AND RELATIVES	I. Improvement of quality of life and well-being of people living with HIV/AIDS, their families and relatives.	<p>1. Continuation and broadening of the programmes' offer in the area of self-acceptance, understanding and acceptance in the family environment.</p> <p>2. Activities aiming at increasing the level of knowledge of people living with HIV/AIDS, their families and relatives about their rights and duties, i.e. by facilitating access to specialized services</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p> <p>Voivodes</p> <p>Local authorities and institutions they supervise</p> <p>Non-governmental organizations</p> <p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p> <p>National AIDS Centre</p> <p>Voivodes</p> <p>Local authorities and institutions they supervise</p> <p>Non-governmental organizations</p>		<p>1. Number of programmes, including new ones.</p> <p>2. Number of participants.</p> <p>3. Positive changes in the family environment of people living with HIV/AIDS, based on evaluation survey.</p> <p>4. Number of local institutions that participate in the implementation of a certain activity.</p> <p>1. Number of interventions.</p> <p>2. Number of projects/initiatives.</p> <p>3. Number of institutions which implement this activity.</p>

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
		<p>3. Continuation and support for programmes (implemented by non-governmental organizations) aimed at increasing possibilities of starting a new job by persons from target groups, particularly:</p> <ul style="list-style-type: none"> a) programmes in the field of acquiring skills for active and effective job searching; b) programmes relating to the employment policy; c) programmes aimed at increasing the level of education and professional skills or market reorientation according to the labour market's needs. 	<p>Ministry of Labour and Social Policy National AIDS Centre Voivodes Local authorities and institutions they supervise</p>		<ul style="list-style-type: none"> 1. Effectiveness of programmes, based on the analysis of evaluation data. 2. Number of people who benefit from the programmes. 3. Number of institutions (including local ones) which implement activities. 4. Number of programmes completed.
	<p>4. Support of the process of creating new non-governmental organizations and development of existing NGOs where people living with HIV/AIDS, their families and relatives work for the target group.</p>		<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme) National AIDS Centre Voivodes Local authorities and institutions they supervise</p>		<ul style="list-style-type: none"> 1. Number of new organizations. 2. Number of people working for an organization. 3. Number of organizations with a status of public benefit organization. 4. Number of local institutions that participate in the implementation of a certain activity.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
		<p>5. Continuation and development of activities of governmental and local institutions, which offer i.e. social, legal and psychological support.</p>	<p>Ministry of Health Ministry of National Education Voivodes Local authorities and institutions they supervise</p>		<p>1. Number of offers. 2. Number of local institutions that participate in the implementation of a certain activity.</p>
		<p>6. Evaluation of quality of life of people living with HIV/AIDS, their families and relatives (reports).</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme) National AIDS Centre</p>		<p>1. Improvement of quality of life of people living with HIV/AIDS, their families and relatives, based on reports.</p>

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
		<p>7. Elaboration, editing and distribution of informational and educational materials for people living with HIV/AIDS, their families and relatives.</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the <i>National Programme</i>) National AIDS Centre Voivodes National Health Fund National Sanitary Inspection Local authorities and institutions they supervise Non-governmental organizations</p>		<ol style="list-style-type: none"> 1. Edition of educational and informational materials publishes. 2. Variety of publications. 3. Number of local institutions that participate in the implementation of certain activity. 4. Number of institutions that implement this activity.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
	<p>II. Increase of the level of social acceptance towards people living with HIV/AIDS, their families and relatives.</p>	<p>1. Tackling stigmatization and discrimination of people living with HIV/AIDS, their families and relatives through continuation of programmes promoting free-of-prejudice-and-fear attitudes</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p> <p>National AIDS Centre</p> <p>National Sanitary Inspection</p> <p>Voivodes</p> <p>Local authorities and institutions they supervise</p> <p>Non-governmental organizations</p>		<p>1. Number of programmes and initiatives.</p> <p>2. Number of institutions that implement this activity.</p> <p>3. Number of local institutions that participate in the implementation of a certain activity.</p>

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
		<p>2. Cooperation, advocacy and support in enforcing child's rights, human rights and patient's rights for people living with HIV/AIDS, their families and relatives through governmental and local authorities and media.</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the <i>National Programme</i>)</p> <p>National AIDS Centre</p> <p>Commissioner for Children's Rights</p> <p>Commissioner for Civil Rights Protection</p> <p>Commissioners for Patient's Rights</p> <p>Local authorities and institutions they supervise</p> <p>Non-governmental organizations</p>		<ol style="list-style-type: none"> 1. Number of interventions. 2. Access to counselling. 3. Number of institutions that implement this activity. 4. Number of local institutions that participate in the implementation of a certain activity.
	<p>3. Support of the process of creating new non-governmental organizations who work in favour of people living with HIV/AIDS, their families and relatives.</p>		<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the <i>National Programme</i>)</p> <p>National AIDS Centre</p> <p>Voivodes</p> <p>Local authorities and institutions they supervise</p>		<ol style="list-style-type: none"> 1. Number of new organizations 2. Number of organizations with a status of public benefit organization. 3. Allocation of public funds and funds coming from other sources, destined for this task. 4. Number of local institutions that participate in the implementation of a certain activity.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
		<p>4. Support of activities (programmes) implemented by non-governmental and voluntary organizations, which target at helping people living with HIV/AIDS, their families and relatives.</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the <i>National Programme</i>)</p> <p>National AIDS Centre</p> <p>National Sanitary Inspection</p> <p>Voivodes</p> <p>Local authorities and institutions they supervise</p> <p>Ministry of Labour and Social Policy</p> <p>Ministry of Health</p> <p>National Health Fund</p> <p>Local authorities and institutions they supervise</p>		<ol style="list-style-type: none"> 1. Effectiveness of programmes, based on the analysis of evaluation data. 2. Number of subsidies given. 3. Number of NGOs which received support. 4. Number of local institutions that participate in the implementation of a certain activity. 5. Total allocation for subsidies.
	<p>5. Activities in favour of ensuring people living with HIV/AIDS, their families and relatives the same access to the labour market and medical services.</p>				<ol style="list-style-type: none"> 1. Evaluation of quality of life of people living with HIV/AIDS, based on studies. 2. Number of local institutions that participate in the implementation of a certain activity.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
		<p>6. Elaboration, editing and distribution of informational and educational materials for people living with HIV/AIDS, their families and relatives.</p>	<p>Ministries according to the objectives of the <i>Programme</i> (par. 8 p. 1 of the regulation on the <i>National Programme</i>)</p> <p>National AIDS Centre</p> <p>Voivodes</p> <p>National Health Fund</p> <p>National Sanitary Inspection</p> <p>Local authorities and institutions they supervise</p> <p>Non-governmental organizations</p>		<ol style="list-style-type: none"> 1. Number of issues. 2. Total circulation of the edited educational and informational materials. 3. Quality of the proposed projects according to the feedback of recipients. 4. Number of local institutions involved in this activity.
	<p>III. HIV/AIDS law modifications to fit EU and other international commitments undertaken by Poland.</p>	<ol style="list-style-type: none"> 1. Scan and analysis of the law system on place (verification). 2. Legislative initiatives on HIV/AIDS leading to a better fulfilment of commitments. 	<p>Ministries according to the objectives of the <i>Programme</i> (par. 8 p. 1 of the regulation on the <i>National Programme</i>)</p> <p>Ministry of Health</p>		<ol style="list-style-type: none"> 1. Number of acts verified.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
	<p>IV. International cooperation to improve the quality of life of people living with HIV/AIDS, their families and relatives.</p>	<p>1. Continuation and development of the international cooperation including exchange of best practices, with a special attention to the implementation of international guidelines and standards to improve the quality of life of people living with HIV/AIDS.</p>	<p>Ministry of Health Ministry of Foreign Affairs National AIDS Center Local authorities and institutions they supervise Non-governmental organizations</p>		<p>1. Number of projects implemented in international cooperation. 2. Number of partners for this activity.</p>

3. PROBLEM AREA: IMPROVEMENT OF ACCESS TO DIAGNOSIS AND ARV TREATMENT (tertiary prevention)

TARGET GROUPS:

A. direct:

- people living with HIV/AIDS;
- people living with HIV/AIDS - psychoactive substances users;
- people living with HIV/AIDS - incarcerated;
- women living with HIV/AIDS;
- new born of mothers living with HIV;
- children living with HIV/AIDS;
- people after exposure to HIV¹⁰ (exposures linked to the professional activity or non-professional activity - urgencies).

B. indirect (supportive):

- health care professionals;
- uniformed services;
- emergency services;
- employees of 24/24-available services for children and the youth.

¹⁰ **exposure to HIV** – all circumstances, in which there is an important risk of HIV infection, for routine activities at work (professional exposure), as well as during non-professional tasks (non-professional exposure).

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
ENSURING WIDE ACCESS TO DIAGNOSTICS AND MEDICAL CARE FOR PEOPLE LIVING WITH HIV/AIDS AND PEOPLE VULNERABLE TO HIV INFECTION	I. Improvement of the existing system of medical care for people living with HIV/AIDS.	<ol style="list-style-type: none"> 1. Provide to all HIV-infected and suffering from AIDS access to a continuous antiretroviral treatment according to international treatment standards (including incarcerated people and the non-insured). 2. Regular update of AIDS therapy standards. 3. Actions towards the access to care of opportunistic infections¹¹, tumours, HCV co-infections¹², HBV co-infections¹³ and other illnesses linked to HIV according to international therapy standards. 4. Provide uniformed high speciality monitoring diagnosis implemented by certified laboratories in the field of: <ol style="list-style-type: none"> a) HIV infection; b) Current antiretroviral therapy; c) Co-infections diagnosis. 5. Set-up of a quality control of diagnosis. 	<p>Ministry of Health</p> <p>National AIDS Center</p> <p>National Health Fund</p> <p>National Consultant for Laboratory Diagnosis</p> <p>National Consultant on Infectious Diseases</p> <p>Clinics offering HAART</p> <p>Polish Scientific Associations</p>		<ol style="list-style-type: none"> 1. Number of clinics offering antiretroviral treatment according to international therapy standards. 2. Number of people on therapy. 3. Total financing of therapies. <ol style="list-style-type: none"> 1. Number of regular updates of therapy standards undertaken. <ol style="list-style-type: none"> 1. Number of clinics offering antiretroviral therapy according to international treatment standards. <ol style="list-style-type: none"> 1. Number of diagnosis and interventions. <ol style="list-style-type: none"> 1. Existence of the system.

¹¹ **opportunistic infections** – bacterial, mycotic, protozoan or viral infections, engendered by common agents, leading to illnesses only in case of people with a seriously damaged immunological system. The most common infections of people living with HIV/AIDS are pneumonia, skin infections, alimentary canal infections, lymphatic system infections, eye infections, brain infections.

¹² **HCV** – hepatitis C virus.

¹³ **HBV** – hepatitis B virus.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
ENSURING WIDE ACCESS TO DIAGNOSTICS AND MEDICAL CARE FOR PEOPLE LIVING WITH HIV/AIDS AND PEOPLE VULNERABLE TO HIV INFECTION		6. Actions towards providing antiretroviral therapy to all psychoactive substances' users in need including substitution therapy, according to international therapy standards in this field.			1. Number of people in the project.
		7. Provide an equal access to interdisciplinary and high speciality medical, social and psychological care.	National Health Fund		1. Number of interventions undertaken. 2. Number of local authorities involved in this activity.
		8. Improve the access to palliative care and long term care to people living with AIDS.	National Health Fund		1. Number of institutions offering palliative care to people living with AIDS.
		9. Improvement and broadening of the diagnosis and care-giving institutions according to the current needs.	Ministry of Health National Health Fund		1. Number of specialized institutions offering antiretroviral therapy.
		10. Implementation of medical care standards in the field of care to people living with HIV/AIDS: including into therapy new products and specialized diagnostics, according to the progress of medical sciences, guidelines and international best practices.	Ministry of Health		1. Number of patients on care. 2. Number of institutions offering care to people living with AIDS.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
		<p>11. Introduction of post-graduate trainings for all specialties physicians, with special attention to those specializations which are linked to antiretroviral therapy and diagnosis of people living with HIV/AIDS and general physicians.</p> <p>12. Legislation initiative on the creation of a separate specialization on HIV/AIDS diagnosis and therapy.</p> <p>13. Monitoring and evaluation of the ongoing medical care system accessible to people living with HIV/AIDS.</p> <p>14. Conducting of a computer monitoring system on basic epidemiological data, populations on antiretroviral therapy and managing antiretroviral therapy products.</p> <p>15. Support for researches and development on antiretroviral therapy including cooperation with the private sector and using EU and other international means.</p>	<p>Ministry of Health</p> <p>Polish Scientific Associations</p> <p>National Consultant on Infectious Diseases</p> <p>Ministry of Health</p> <p>Polish Scientific Associations</p> <p>National Consultant on Laboratory Diagnosis</p> <p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p> <p>National AIDS Center</p> <p>Clinics offering HAART</p> <p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p>		<p>1. Number of institutions implementing post graduate trainings.</p> <p>1. Legislation initiative done. 2. Number of physicians choosing this specialization.</p> <p>1. Monitoring and evaluation results.</p> <p>1. Number of patients in the system. 2. Number of institutions in cooperation.</p> <p>1. Number of co-financed R&D projects in country.</p>

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
		<p>16. Cooperation with international partners (in particular EU member states, EU institutions, UN system and Eastern and Central Europe countries) towards a better access to HIV/AIDS medical care of high quality, taking into consideration actions to reduce the prices of medical products.</p>	<p>Ministry of Health Ministry of Foreign Affairs Non-governmental organizations</p>		<ol style="list-style-type: none"> 1. Number of international interventions. 2. Results of costs analysis – comparison with other countries on a similar development level. 3. Number of international partners.
		<p>17. Update and distribution of educational and informative materials on medical standards of care to people living with HIV/AIDS.</p>	<p>Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p>		<ol style="list-style-type: none"> 1. Number of publications issued.
<p>II. Improvement of the care system for people after exposure to HIV.</p>	<ol style="list-style-type: none"> 1. Provide an uniformed procedure of post-exposure conducting and its implementation. 2. Provide access to specialized health care, diagnosis and antiretroviral medical products in case of an exposure to HIV. 	<p>Polish Scientific Associations National Consultant on Infectious Diseases Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)</p>			<ol style="list-style-type: none"> 1. A uniformed post-exposure procedure published. 2. Number of institutions which introduced the post-exposure procedure. 1. Number of expositions registered. 2. Number of persons who accessed pharmacological preventive therapy.

General objectives	Detailed objectives	Tasks	Institutions which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
		3. Provide counselling and psychological care during all the post-exposure procedure, according to standards.	Ministry of Health National AIDS Center		1. Number of institutions which proposed counselling and psychological care during all the post-exposure procedure.
		4. Promotion of the Labour Code statements which guarantee a refund of the post - exposure procedure.	Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)		1. Number of activities of promotion of the Labour Code statements which guarantee a refund of the post-exposure procedure. 2. Number of institutions involved.
		5. Legislation initiative for HIV post-exposure prophylaxis basis with the following issues stated: financing, access to diagnosis, access to antiretroviral medical products while on procedure.	Polish Scientific Associations National Consultant on Infectious Diseases		1. The act adopted.
		6. Ongoing trainings on post-exposure procedure for medical care professionals and other professional groups.	Ministries according to the objectives of the Programme (par. 8 p. 1 of the regulation on the National Programme)		1. Number of trainings. 2. Number of employees trained. 3. Results of the evaluation of the trainings.
		7. Creation of a database of exposure cases.	National AIDS Center		1. Number of cases of exposure to HIV.

General objectives	Detailed objectives	Tasks	Institutions, which implement the Programme and which are responsible for the implementation of the Programme	Time of implementation	Indicators
		8. Ongoing international standards' implementation on post-exposure procedure and a better access to this service. 9. Updating and distribution of materials on post-exposure procedures and standards.	Ministry of Health National AIDS Center National Health Fund		1. Analysis of international post-exposure standard papers. 2. Typology of conducted procedures. 1. Number and circulation of materials edited.
REDUCTION OF HIV INFECTIONS AMONG CHILDREN	I. Improvement of care for women in the reproductive age and pregnant women, with special attention to women living with HIV.	1. Set-up and implementation of procedure standards in the field of seropositive woman's pregnancy and delivery. 2. Provide specialized gynaecological care to women in reproductive age living with HIV/AIDS, with special attention to women using psychoactive substances. 3. Provide to pregnant women living with HIV/AIDS specialized care during pregnancy and delivery.	Ministry of Health National AIDS Center Polish Scientific Associations National Health Fund		1. Creation of a document introducing procedure standards in the field of seropositive woman's pregnancy and delivery. 2. Number of institutions implementing those standards. 1. Number of women receiving specialized care. 1. Number of women receiving specialized care. 2. Results of the evaluation.
	II. Improvement of care for children living with HIV/AIDS system, including newborns from seropositive mothers.	1. Provide specialized care to children and new born from women living with HIV, in particular: a) HIV diagnosis; b) realization of an individual preventive vaccinations schedule. 2. Update and distribution of materials on procedure standards towards newborns of mothers living with HIV.	Ministry of Health National AIDS Center Polish Scientific Associations		1. Percentage of HIV infections among children. 1. Circulations of updated materials.

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REGULATION BY THE COUNCIL OF MINISTERS

September 13, 2005

on the National Programme for Combating AIDS and Preventing HIV Infections.

(30th of September 2005 - official publication)

By virtue of art.9 point 1 of the Act as of 6th of September 2001 on infectious diseases and infections (publication number Dz. U. Nr 126, pos. 1384, with further changes¹⁾) it is ordered the following:

§ 1. It is established the National Programme of Combating AIDS and Prevention of HIV Infections, hereinafter referred to as "Programme", which traces a strategy of action with fields concerned:

- 1) prevention of HIV infections;
- 2) care to people living with HIV;
- 3) care to people suffering from AIDS.

§ 2. 1. The Programme aims to constrain the spread of HIV infections in the society, to improve the quality of life and access to health care to people living with HIV, suffering from AIDS and their relatives.

2. The aims of the Programme are to be accomplished by taking actions defined in the Schedule for Implementation of the Programme, which includes:

- 1) the analysis of epidemiological data leading to prevention the spread of the HIV/AIDS epidemics;
- 2) collecting and analyzing the data which enables to evaluate the strategy of actions defined in the Programme;
- 3) the prevention of HIV infections;
- 4) assistance and aid to people living with HIV, suffering from AIDS and their relatives;
- 5) access to diagnosis;
- 6) antiretroviral therapy (ARV) in accordance with accurate medical knowledge.

¹⁾ Changes in the cited act have been published in: Dz. U. year 2003 Nr 45, poz. 391 and Nr 199, poz. 1938 and year 2004 Nr 96, poz. 959, Nr 173, poz. 1808 and Nr 210, poz. 2135.

§ 3. The main tasks of the Programme are:

- 1) in terms of HIV infections' prevention:
 - a) conducting of long-term educational prevention project, with special emphasis on the youth,
 - b) conducting harm reduction projects in the field of social and health issues,
 - c) conducting certification trainings for educators on HIV/AIDS problems,
 - d) organization of media campaigns addressed to target groups chosen in accordance with the registered and projected epidemiological situation,
 - e) edition of various informational and educational materials,
 - f) systematic development of the VCT centers network providing anonymous HIV testing with professional counselling before the test and while receiving the result,
 - g) international cooperation in the field of best practices' exchange and implementing the best practices for a better effectiveness of preventive actions;
- 2) in terms of care and assistance to people living with HIV, suffering from AIDS and their relatives:
 - a) promoting and supporting actions undertaken by nongovernmental organizations on HIV infections' prevention, assistance to seropositive people and suffering from AIDS,
 - b) supporting voluntary actions,
 - c) promoting and supporting the implementation of actions leading to a better social inclusion;
- 3) in terms of access to diagnosis in accordance with accurate medical knowledge:
 - a) providing specialized HIV infections monitoring and therapy diagnostics,
 - b) covering with voluntary HIV testing a large number of individuals, with special emphasis on pregnant women;
- 4) on antiretroviral therapy (ARV) complied with accurate medical knowledge:
 - a) providing access to a continuous antiretroviral therapy,
 - b) providing specialized care to women living with HIV during pregnancy and delivery,
 - c) providing specialized care to children born of women living with HIV,
 - d) continuous update of standards of medical care for people living with HIV and suffering from AIDS in the field of introducing new medical products in accordance to accurate medical knowledge,
 - e) providing access to antiretroviral prophylaxis after exposure to HIV;
- 5) conduction of researches, with special emphasis on analysis enabling a rapid and precise epidemiological diagnosis.

§ 4. 1. The Schedules for Implementation of the Programme are fixed by the actors implementing the Programme and include actions, which are to be implemented by virtue of other acts, as well as actions implemented by virtue of contracts concluded in accordance to art. 9 point 3 of the act as of September 6, 2001 on infectious diseases and infections.

2. The Schedules for Implementation of the Programme are fixed for a period of up to 5 years.

3. The actor implementing the Programme fixes in the implementation Schedule for the Programme the main objectives, the actions, the financing of the implementation, terms and evaluation indicators.

4. The actors implementing the Programme communicate the Schedules for Implementation of the Programme to the Minister proper to health issues not later than 6 months before the first day of implementing.

5. The Minister proper to health issues submits to the Council of Minister the Schedules for Implementation of the Programme as a summary with the proposed actions justification of the purpose for the implementation of the Programme and presents the methodology of coordination between all actors of the Programme.

6. Changes in the Schedules for Implementation of the Programme concerning proposals of actions and actions are done in concordance to points 1, 2 and 5.

§ 5. 1. The implementation of the Programme is conducted by the Minister proper to health issues.

2. The coordinator of the implementation of the Programme is National AIDS Center set up by the Minister proper to health issues on the strength of the Regulation of the Minister of Health dated June 16, 2003 on the National AIDS Center (official publication number Dz. Urz. Min. Zdrow. No 7, pos. 57 and in 2004 No. 7, pos. 73).

§ 6. The actors implementing the Programme submit to the Minister proper to health issues no later than May 15, a report of scheduled actions implemented within the past year.

§ 7. 1. The coordinator of the implementation of the Programme establishes and submits to the Minister proper to health issues no later than June 15 a report of the implementation of the Programme with a position paper on the actions implemented in the term fixed in the Schedule.

2. The report and the position as in point 1 are communicated to the Council of Ministers by the Minister proper to health issues no longer than July 31.

§ 8. 1. The actors implementing the Programme are the Ministers proper to issues in accordance to the aims of the Programme, in particular the Minister proper to health issues, the Minister proper to educational issues, the Minister proper to sport issues, the Minister proper to academical schools' issues, the Minister proper to internal affairs, the Minister proper to administration issues, the Minister of National Defence, the Minister of Justice, the Minister proper to social inclusion issues, the Minister proper to building management issues, the Minister proper to sea economics, the Minister proper to communication, the Minister proper to transport.

2. The involvement into the implementation of the actions planned in the Programme concerns all actors, which:

- 1) are called on the strength of other acts to set and implement strategies on social policy, in particular social assistance, family policy, health, prevention of alcohol and drug related problems, public education, assistance to disable people; thus includes local authorities;
- 2) undertake activities enabling taking further actions than planned in the Programme's Schedule or able to sustain the Programme.

§ 9. The Ministers as cited in par. 8 point 1 set groups dedicated to the implementation of the Programme, their tasks are in particular: to prepare the Schedule for the Implementation of the Programme, to coordinate and to lead actions as in the Schedule and to cooperate with the Programme's coordinator.

§ 10. 1. The implementation of the antiretroviral therapy as cited in the Programme, to guarantee equal access to prevention of AIDS, diagnosis and antiretroviral therapy to all people living with HIV and suffering from AIDS is lead by virtue of the health programme fixed by the Minister proper to health issues, as on the act dated August 27, 2004 on medical care services with a public financing (official publication number Dz. U. No. 210, pos. 2135, with further changes)².

2. Actions following the health programme cited in point 1 are financed from the public budget's part on disposal of the Minister proper to health issues.

§ 11. 1. A national and regional (voivodies) monitoring and evaluations system is set up.

²⁾ Changes in the cited act have been published in: Dz. U. year 2005 Nr 94, poz. 788, Nr 132, poz. 1110, Nr 138, poz. 1154, Nr 157, poz. 1314, Nr 164, poz. 1366, Nr 169, poz. 1411 and Nr 179, poz. 1485.

2. The system cited in point 1 collects data on:
- 1) the actors involved in the implementation of the Programme;
 - 2) the main activities and their financing;
 - 3) the activities on public education;
 - 4) the activities undertaken towards living with HIV, suffering from AIDS and their relatives;
 - 5) the activities undertaken towards limiting negative impacts of HIV/AIDS epidemics;
 - 6) aid delivered to people living with HIV.

3. The system as cited in point 1 collects additionally the data on actions following the Programme, their range and direct results, as well as indicators of actions' expected long term results, with special attention to the aim of constraining the epidemics.

4. The monitoring and the database as part of the system cited in point 1 are run by the National AIDS Center on the basis of data received from different actors implementing the Programme.

§ 12. 1. The actors implementing the Programme submit to the Minister proper to Health issues the first Schedule for the Implementation of the Programme to June 30, 2006.

2. Up to the day of adoption by the Council of Minister of the first Schedules for the Implementation, all actions in the field of prevention of HIV preventions, care to people living with HIV and suffering from AIDS are undertaken following so far applied procedures.

§ 13. 1. The first year report of actions Schedule following the Programme concerns 2007.

2. The first report and position paper as cited in par. 7 point 1 are made following the term-years of the Schedule of the Implementation of the Programme.

3. The 2005 and 2006 reports on actions in the field of HIV preventions, care to people living with HIV and suffering from AIDS are undertaken following so far applied procedures and communicated to the Council of Ministers.

§ 14. The present decree takes effect the 14th day after publication.