



REPUBLIC SLOVENIA
MINISTRY FOR HEALTH

National strategy preventing and managing HIV infection 2017-2025

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REPUBLIKA SLOVENIJA
MINISTRSTVO ZA ZDRAVJE

National HIV Prevention and Control Strategy 2017-2025

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arnoldvuga+

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National HIV Prevention and Control Strategy 2017-2025.

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INTRODUCTION

According to the criteria of prevalence of the HIV epidemic, determined by UNAIDS and the World Health Organization, Slovenia is in the category of countries with a low epidemic rate, whereby HIV infection has not yet spread significantly in any subgroup of the population. It is infected less than one person per 1000 inhabitants, which is relatively low compared to other countries in the European Union.

The most common mode of transmission is through unprotected sex, and the greatest burden of HIV infection lies with men who have sex with men.

Although Slovenia has managed to maintain one of the lowest rates of HIV infection in Europe, the share of infected people is increasing. The proportion of people living with HIV is also increasing, as HIV infection has become a chronic condition with proper treatment.

People

With HIV being treated, they can expect almost the same long life today as healthy people. At the same time, advances in medicine have led to a loss of fear of living with HIV, weakening traditional prevention and posing new challenges. Preventing stigma and discrimination based on HIV infection also remains a challenge. We will also address the challenges posed by the ageing of people living with HIV.

Prevention of HIV infection is, and will continue to be, the highest priority for Slovenia, given the still low rate of HIV infection. Safe sex using a condom is the most effective means of protecting against HIV infection. This message should not fade against the multitude of other messages related to prevention and controlling HIV infection.

The activities within the framework of the implementation of the 2010–2015 strategy were intensively focused on promoting more responsible behaviour (safer sex, use of condoms and lubricants, knowledge of a partner) and more frequent testing of people with a higher risk of exposure to HIV infection (young people and men who have sex with men).

The content on HIV and sexually transmitted infections gained their place in maternity school programmes and group education programmes for health during systematic examinations in primary and secondary schools, and a programme for early school leavers was

prepared. Expert guidelines were created for sex talk educators.

We have also secured more funds to implement quality programmes to promote safer sexual intercourse and early testing among men who have sex with men. The HIV Response project has also been successfully completed. A system of testing for HIV and other sexually transmitted infections in the community at socializing and party locations and outside major cities has been established, including counselling and providing psychosocial support to people with a positive diagnosis of HIV infection. With this, we have significantly brought health services closer to the needs of men who have sex with men. The following lasting results have been created:

- model of comprehensive promotion of safe sex and HIV testing in the community,
- there has been an increase in the number of qualified professionals to identify HIV infection;
- a comprehensive, innovative communication campaign,
- website kajisce.si, where all the information about HIV and testing for men having sex with men is gathered in one place,
- permanently accessible educational materials for healthcare professionals and other professionals;
- research that enables better insight into the needs of the target group and thus better implementation of preventive activities,
- protocols, guidelines, recommendations and other tools for working with men who have sex with men.

Particular attention was paid to increasing access to HIV testing to detect possible infections more quickly and start treatment as soon as possible. Treatment is also the most effective way to prevent new HIV infections. Health centres, private doctors or providers with a concession, social care institutions that are healthcare providers, can provide services since 2012 HIV testing is charged separately in accordance with the recommendations of the Ministry of Health. Among the services paid for from compulsory health insurance, we also included free anonymous testing for HIV, hepatitis B virus and C at the Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana.

Considerable efforts have been made to destigmatise testing among healthcare professionals and target groups at higher risk of exposure to HIV infection. We started systematically promoting confidential testing by a selected doctor among the professional public, and at the same time

We regularly raise awareness among other specialists about the importance of early

identifying HIV infection and the problem of stigma and discrimination. Since 2013, we have been actively involved in the European HIV Testing Week campaign.

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ensuring early identification of infections, transmission prevention, treatment and prophylaxis and preventing stigma and discrimination; and

All of this was reflected in the lowest proportion of late diagnosis in the last ten years in 2016, which is an important change, as early detection and treatment also contribute to preventing the spread of HIV infection. Earlier detection remains an important challenge.

The National HIV Prevention and Control Strategy 2017–2025 takes into account changes and innovations in prevention, testing and treatment, which have happened in recent years. The two most important orientations are the systematic education of young people about sexual and reproductive health and the prevention of HIV infection in men who have sex with men. Because timely detection and treatment of sexually transmitted infections important for the prevention of HIV infection, the strategy addresses the topic of safer sex more broadly, also in terms of preventing and identifying sexually transmitted infections. We envisage the development and implementation of national guidelines for HIV testing and expert guidelines for health care for persons with sexually transmitted infections, which will contribute to a more uniform approach in testing and to normalization of testing. Preventing stigma and discrimination related to HIV infection remains an important task. The lower the stigma of testing and infection, the more successful detection and treatment or prevention of further transmission will be.

The strategy is the result of consultations with the AIDS Commission and many other experts, and at this point we would like to thank all those who have been involved in its preparation with great dedication and commitment. In order to successfully achieve the set goals, we invite all identified partners to actively integrate in order to work together to achieve that Slovenia will be a country with very few new HIV infections by 2025, which will be detected and successfully treated early, and that people with HIV will not be stigmatized and discriminated against.

1.1 Purpose and content of the National HIV Prevention and Control Strategy 2017–2025

The National Strategy for the Prevention and Control of HIV Infection 2017–2025 (hereinafter: the Strategy) sets out four priority areas for action (HIV prevention,

empowerment of people living with HIV), headline and specific objectives and impact indicators. It also aims to provide a stable source of funding for actions that have been proven to be cost-effective and necessary to achieve the vision set.

Financial resources for the activities referred to in the Strategy are provided within the health care system, competent government departments and other sources.

An increased risk of HIV infection applies to people who have unprotected sex with people living with HIV, people exposed to infected blood (especially people who inject drugs or use non-sterile injectable kits), and children born to mothers living with HIV.

Promoting responsible sexual behaviour in the entire population, especially among young people and men having sex with men, and adequate care for people with sexually transmitted infections are of paramount importance to prevent sexual transmission of HIV infection.

To prevent HIV transmission from exposure to infected blood, the most important thing is to prevent drug use and its consequences, involving people using drugs in treatment and harm reduction programmes.

To prevent mother-to-child transmission of HIV infection, adequate information on ways to protect prospective parents from HIV transmission before conception is of parents, access to counselling and testing in case of potential exposure to infection is of parent importance, and access to appropriate treatment and prophylaxis for infection of a pregnant woman is of parent importance. which protects the child from vertical transmission of infection.

Early detection of infections and counselling to prevent further transmission are key to successful treatment and prevention of HIV infection. For more successful

Detection should be increased in groups at higher risk of exposure to infections, especially among men having sex with men.

In addition to prolonging the lives of people living with HIV very successfully, treatment together with safer sex counselling is a very effective prevention against the spread of infection, as those who are successfully treated reduce the risk of transmitting the infection to an uninfected sexual partner by more than 90%.

Important objectives are to prevent stigma and discrimination and to empower people living with HIV, including ensuring non-discriminatory legislation and policies and practices, making appropriate use of language, educating health staff and empowering people living with HIV.

The effective adaptation of the Strategy to priority needs is enabled by the system of national epidemiological surveillance of HIV infection and the system for monitoring the implementation of the Strategy. The implementation of the Strategy is based on co-responsibility and proportionate involvement of all line policies and expertise and civil society.

1.2 Approach to the preparation of the National HIV Prevention and Control Strategy 2017–2025

stigmatisation of persons, living with HIV. People with HIV should not be stigmatised or discriminated against as a result of this circumstance.

This Strategy builds on the previous strategy (2010–2015) and is based on current epidemiological data in Slovenia and elsewhere in the world, on European and international commitments and recommendations, on recent scientific findings in this field, and on recommendations of the AIDS Commission and recognised experts put forward at the 2015 public session of the AIDS Commission organised to evaluate the past strategy and prepare a new one. Another important framework for change is the new strategic platform of the European Union and the World Health Organization in the field of combating HIV infection, viral hepatitis and sexually transmitted infections. The strategy is aligned with the overarching national development document, the Resolution on the National Health Care Plan 2016–2025 "Together for a Health Society", and with other national strategic documents and legislation.

1.3 Vision and values of the National HIV Prevention and Control Strategy 2017–2025

Vision

By 2025, Slovenia will be a country with very few new HIV infections that will be detected and successfully treated early. Less

There will be new HIV infections among men who have sex with men, and there will be no HIV infections transmitted from the mother per child. People with HIV will not be stigmatized or discriminated against. Their health, social and psychosocial needs will be addressed.

Values

Universality, solidarity, equality, equity of funding, accessibility, quality and safety of healthcare are the main values of the healthcare system both in Slovenia and in other EU countries. The consistent implementation of these values in practice is particularly important for the successful prevention and control of HIV infection and for preventing discrimination and

Universality means that everyone can access healthcare.

Solidarity is the principle according to which each contribute, according to their abilities and benefits, health care according to needs; it reflects the attitude of the individual towards communities and communities towards the individual, according to which, in the healthcare system, each individual contributes a proportionately equal share of his or her income and has the same rights as others.

Equality is a relationship in which everyone has equal rights and access to health services and receives equal treatment regardless of age, sex, religion, ethical or other affiliation, amount of contribution paid or material status.

Accessibility, quality and safety mean geographic accessibility, quality and safety of services and financial security related to healthcare.

1.4 In terms of international

comparisons and global challenges, Slovenia in the field of prevention and control of HIV infection

Slovenia joins global guidelines and supports the efforts of the international community and the European region to contain the HIV epidemic by 2030.

By adopting the first political declaration on its commitment to tackling the HIV infection epidemic, Slovenia

AIDS World Crisis – Global Action at the United Nations General Assembly Special Session on 27 June 2001 also made an international commitment to develop and implement a national HIV prevention and control strategy and to participate in regional and global efforts to tackle the HIV pandemic more effectively.

Action to prevent HIV/AIDS, malaria and other diseases is one of the important objectives of the United Nations. Political commitments to action have been at United Nations General Assembly sessions adopted in 2006, 2011 and 2016.

2 EPIDEMIOLOGICAL DATA

Up to and including 22 November 2016, a total of 791 new diagnoses of HIV infection had been reported to the National Institute of Public Health (NIJZ), of which 502 were diagnosed between 1 January 2006 and 22 November 2016. During this period, the annual number of reported cases ranged from the lowest 33 (16.4/1,000,000 inhabitants) in 2006 to a peak of 56 (27.1/1,000,000 inhabitants) up to and including 22 November 2016 (Figure 1).

In the last ten years (2006–2015) and until 22 November 2016, 122 people were diagnosed with AIDS and 26 people with AIDS diagnosis died. The relatively low AIDS mortality rate and the relatively low AIDS incidence rate indicate this good access to high-quality HIV treatment, including the latest antiretroviral medicines.

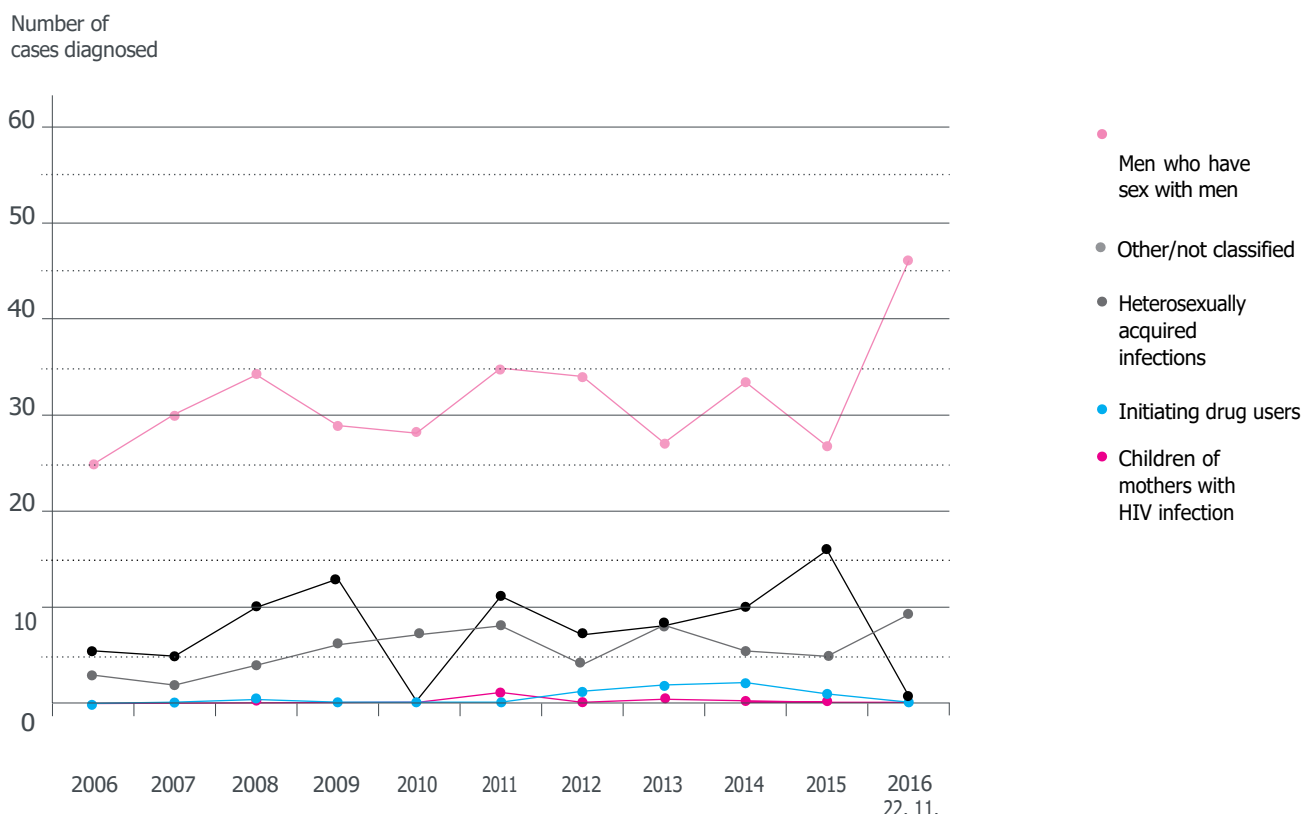
Figure 1:
Diagnosed cases of HIV infection, AIDS and death
after diagnosis of AIDS, Slovenia, 2006–22.11.2016



Source: Database of the Institute for Health Protection (NIJZ) 52.
Record of incidence of HIV infection, AIDS and deaths from AIDS
according to the Health Care Databases Act
(ZZPPZ), 22.11.2016.

Figure 2 shows the evolution of the annual number of new HIV diagnoses across different exposure categories. Men having sex with men are the most affected group, of whom 46 new diagnoses of HIV infection were identified in 2016 and up to and including 22 November, the highest number ever diagnosed in a year. The increase in new diagnoses of HIV infection among men having sex with men in 2016 is likely to reflect on average riskier sexual behaviour and an increased extent of straining between them.

Figure 2:
Diagnosed cases of HIV infection by exposure category by year, Slovenia, 2006–22/11/2016

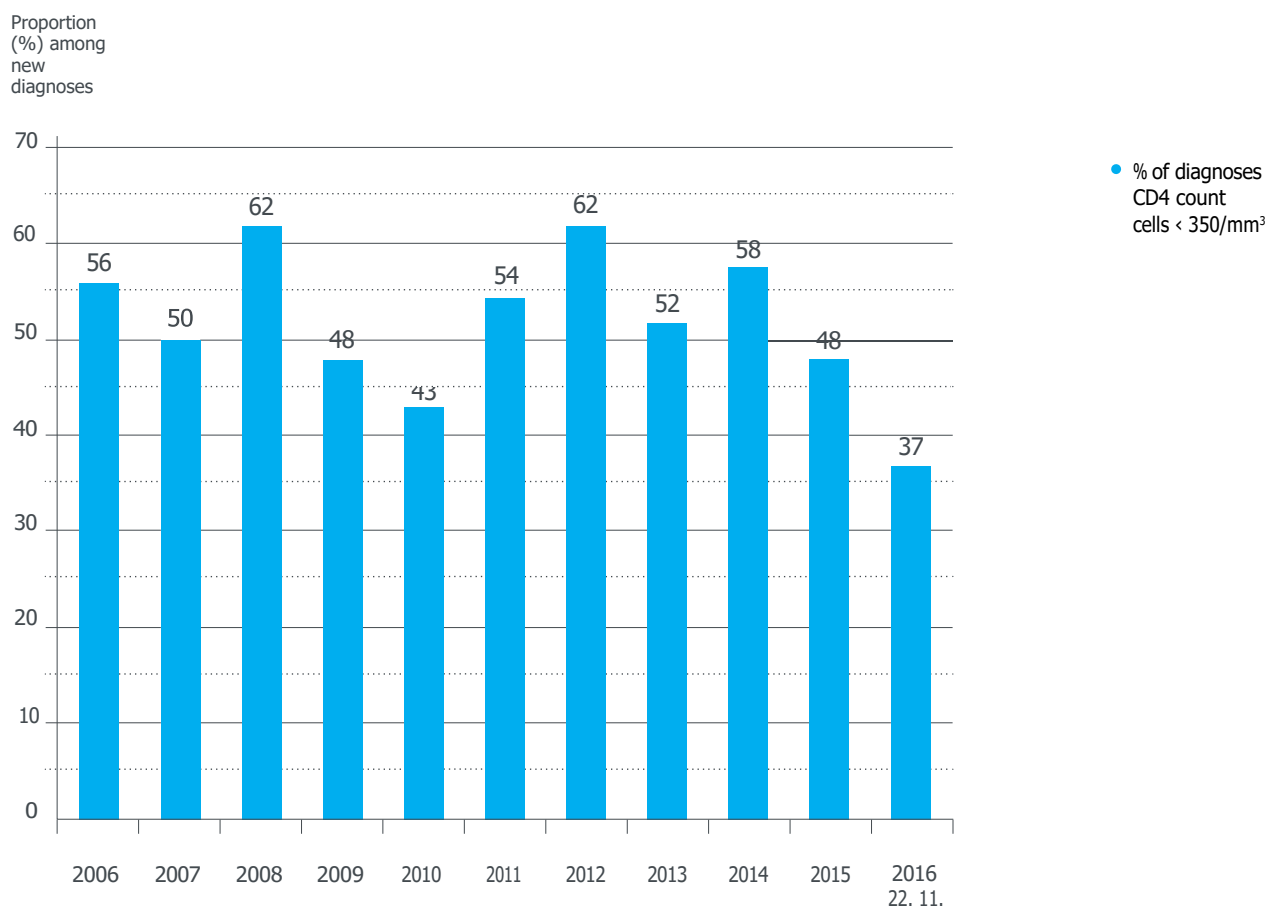


Source: Database of the Institute for Health Protection (NIJZ) 52.
Record of incidence of HIV infection, AIDS and deaths from AIDS
according to the Health Care Databases Act (ZZPPZ), 22. 11. 2016.

If HIV infection is detected late, we miss the opportunity for timely and more successful treatment. The risk of earlier development of AIDS and deaths from AIDS is therefore higher. At the same time, we also miss the opportunity to prevent further transmission of HIV infection through treatment with antiretroviral drugs, which can reduce the viral load to such an extent that it is no longer detectable by laboratory tests.

In 2016, up to and including 22 November, 24 subjects (43 percent) were diagnosed with HIV infection, as they already had such severe immune system involvement (less than 350 CD4 cells/mm³) that they were already urgently required to receive antiretroviral medicines. The changing proportion of men having sex with men with such a late diagnosis of HIV infection between 2006 and 2015 and 22 November 2016 is shown in Figure 3. The proportion of very late diagnoses (37 percent) in 2016 was the lowest in ten years, probably reflecting the successful promotion of testing in this group.

Figure 3:
Share of late diagnoses of HIV infection among men having
sex with men, Slovenia, 2006–22.11.2016



Source: Institute of Public Health (NIJZ) Database 52.
Record of incidence of HIV infection, AIDS and deaths due to
AIDS according to ZZPPZ, 22.11.2016.

Since 1993, samples of serums from people with sexually transmitted infections and pregnant women have been collected from serums from sexually transmitted infections and pregnant women (since 1995, samples of pregnant women only every second calendar year have been collected in syphilis serological diagnostics laboratories throughout the country). Since 1995, saliva samples of people who inject themselves have been collected permanently upon inclusion in a substitution treatment programme at least one of the drug prevention and treatment centres and, since 2003, two months a year also among consumers of at least one needle and syringe exchange or distribution programme. Since 1996, saliva samples have been collected annually in Ljubljana in small casual samples of men having sex with men. All collected samples were tested for HIV antibodies until 2013 at the Institute of Microbiology and Immunology at the Faculty of Medicine, University of Ljubljana, and since 2014 they have been tested at the National Laboratory for Health, Environment and Food. Table 1 summarises monitoring results of the evolution of HIV infection rates in the four easily accessible ad hoc samples of different population groups mentioned above. The results were published in the latest report on HIV infection in Slovenia by the National Institute of Public Health for the period 2011–2015.

Table 1:

Share of infected among people who inject drugs, men having sex with men, people with sexually transmitted infections and pregnant women, Slovenia, 2011–2015

	Year	Number of sampling points	Number of tested		Number of people with HIV		Share of people with HIV (%)	
			Man	Women	Man	Women	Man	Women
People who inject drugs	2011	4	136	50	1	0	0,7	0
	2012	4	132	41	1	0	0,8	0
	2013	3	84	30	0	0	0	0
	2014	4	139	29	0	0	0	0
	2015	2	67	11	0	0	0	0
Men who have sex with men	2011	1	105		8		7,6	
	2012	1	106		4		3,8	
	2013	1	111		5		4,5	
	2014	1	74		0		0	
	2015	1	100		4		4	
People with sexually transmitted infections	2011	7	434	198	9	0	2,1	0
	2012	8	646	300	7	0	1,1	0
	2013	7	598	219	6	0	1,0	0
	2014	8	553	218	14	1	2,5	0,5
	2015	5	260	142	1	1	0,4	0,7
Pregnant women	2011	7		7231		2		0,03
	2013	7		9574		0		0
	2015	7		9295		2		0,02

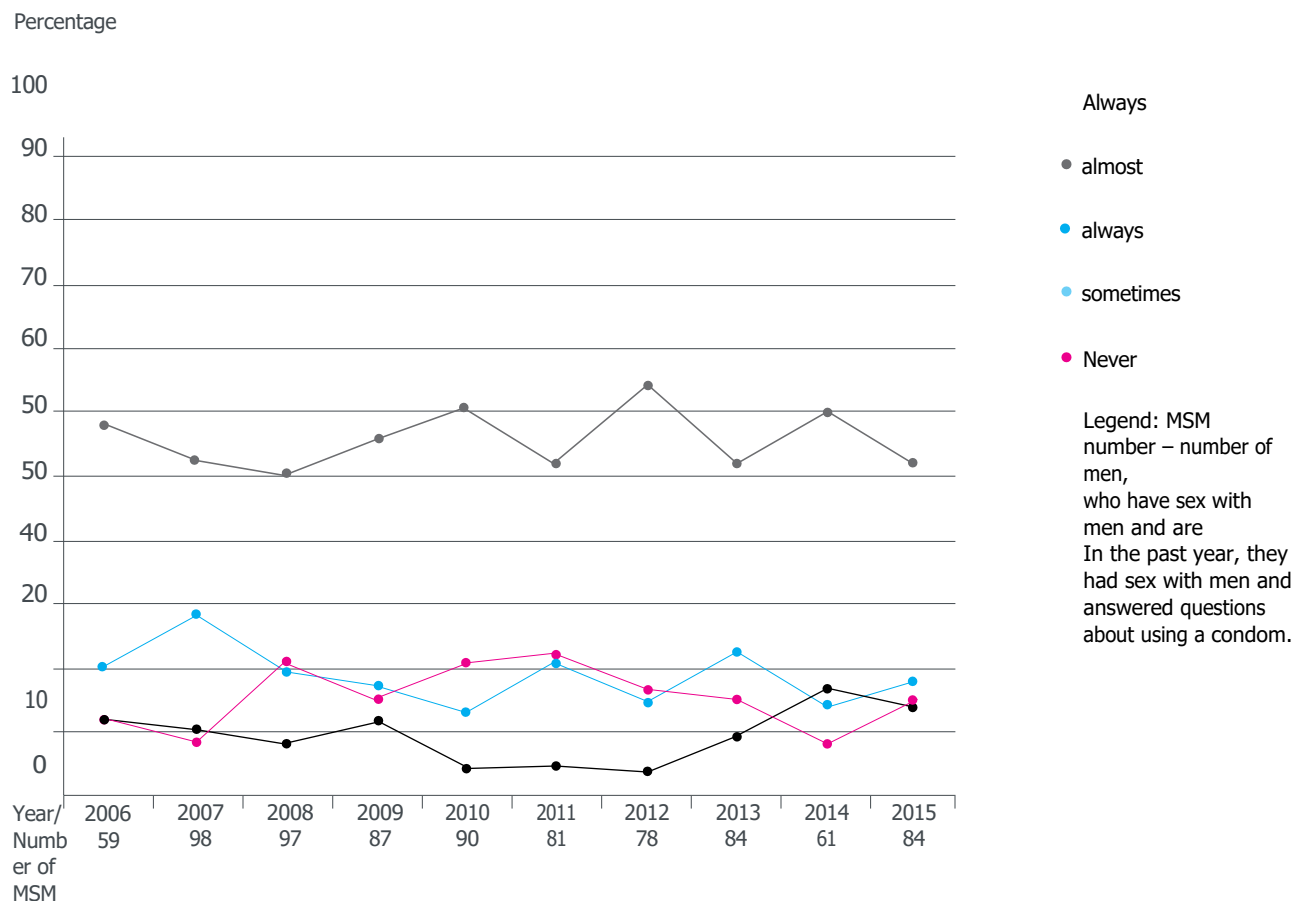
The proportion of HIV infections was highest among men having sex with men and among those with sexually transmitted infections, most likely to be disproportionately high among men having sex with men. The proportion of infections among them exceeded five percent for the first time in 2011, but was again below five percent between 2012 and 2015. Among people who inject drugs, no intensive spread of HIV infection was detected. The proportion of pregnant women with HIV remains low. In 2011 and 2015, HIV infection was detected in two pregnant women, and in the entire period since 1993, when we started monitoring the change in the rate of HIV infections in pregnant women, we have never recognized more than one pregnant woman with HIV per year.

Despite the increase in the number of HIV infections in Slovenia, we estimate that less than one person per 1,000 population is still infected with HIV, which is relatively few compared to most EU countries.

Promoting safer sexual behaviour is very important to prevent new HIV infections. For orientation insights into the effect of safer sex promotion, including the use of condoms among men having sex with men, some behavioural indicators began to be monitored in small occasional patterns in Ljubljana in 2000. Figure 4 shows the evolution of the reported frequency of condom use in intercourse over the past year for the period 2006–2015.

Figure 4:

Use of a condom among men having sex with men in intercourse in the past year, ad hoc pattern, Ljubljana, Slovenia, 2006–2015



Source: Epidemiological surveillance of risky behaviours attached to untied anonymous testing in ad hoc samples of men having sex with men (MSM) for the purpose of epidemiological surveillance of HIV infection, 2016.

The results show that in these casual patterns of men having sex with men, there was no very pronounced increase in risky sexual behavior during this period. Since this is a very orientative monitoring of the change in sexual behaviour in very small occasional patterns, captured only at one location in Ljubljana, the results cannot be generalized to all men who have sex with men in Slovenia.

3

FOCUS AREAS AND HEADLINE TARGETS

In order to achieve the development vision, we will carry out activities and measures in Slovenia by 2025 in the following four **priority areas**:

- **prevention of HIV infection**
- **early identification of HIV infection,**
- **HIV treatment, care and prophylaxis,**
- **preventing stigma and discrimination and empowering people living with HIV.**

Through activities and measures, we will contribute to the realization of the following **seven headline targets** for HIV prevention and control:

Under the focus area

PREVENTING HIV INFECTION:

- prevention of transmission through sexual intercourse (target 1);
- prevention of transmission by blood (target 2),
- abolishing mother-to-child transmission (objective 3),

Under the focus area

EARLY IDENTIFICATION OF HIV INFECTION:

- early identification of infections (target 4);

Under the focus area

TREATMENT, CARE AND PROPHYLAXIS:

- ensuring quality treatment, care and prophylaxis (objective 5);
- providing psycho-social support to people living with HIV (target 6);

Under the **priority area PREVENTING STIGMA**

AND DISCRIMINATION AND EMPOWERING

PEOPLE LIVING WITH HIV:

- zero tolerance for discrimination related to HIV infection (target 7).

3.1 Prevention of HIV infection

Given the different ways in which HIV is transmitted, the strategy pursues the following headline objectives in the area of infection prevention:

- **prevention of transmission through sexual intercourse,**
- **prevention of transmission by blood,**
- **elimination of mother-to-child transmission.**

Measures to prevent HIV infection will also prevent other sexually transmitted infections and blood-borne infections, such as hepatitis C infection.

3.1.1 PREVENTION OF TRANSMISSION THROUGH SEXUAL INTERCOURSE (Headline target 1)

Transmission through unprotected sex can be prevented by providing adequate knowledge of HIV infection and other sexually transmitted infections and by encouraging safer sexual behaviour, including the use of a condom, throughout housing, among young people and, above all, between people who are more exposed to HIV infection because of their lifestyle and others sexually transmitted infections. Quality medical care for people with sexually transmitted infections also contributes significantly to preventing HIV infection.

3.1.1.1 Promoting safer sex among the entire population

Promoting safer sexual behaviour encompasses the promotion of:

- correct and consistent use of a condom with a lubricant in sexual intercourse,
- mutual loyalty,
- limiting the number of sexual partners,
- communication between sexual partners about safer sex,
- delaying sexual intercourse (e.g. among young people);
- learning communication and negotiation skills to use a condom,
- strengthening individuals' self-esteem and self-esteem in caring for one's own health.

The promotion of safer sex must be carried out for the whole population and, in particular, young people, in the context of sexual and reproductive health promotion. With proper information, the individual must be empowered at all stages of life. The promotion of safer sex is particularly important for people at higher risk of contracting HIV (men who have sex with men, people with sexually transmitted infections, persons providing sexual services for remuneration and their clients, injectors and prisoners). It is also needed for those who do not have equal opportunities to access information and adequate protection (e.g. migrants, refugees, Roma and the homeless).

For persons providing sexual services for remuneration, the mandatory regular and correct use of condom/lubricant in sexual intercourse, regardless of gender, should be encouraged. Women who provide sexual services for a fee have a higher risk of contracting HIV given their exposure to violence and unprotected sex and their frequent use of drugs. Men who have sex with men and at the same time provide sexual services for a fee also have a high risk of exposure to HIV infection. In these, chemsex using GBL and catinones is widespread, which further increases the chance of unprotected sex.

It makes sense to include information on safer sex in existing programmes for those population groups, in cooperation with competent institutions and NGOs that are well acquainted with the characteristics and problems they face. At the same time, positive values for health should be strengthened and the involvement of users in healthy living programmes promoted style or inter-programmatic networking and collaboration.

Important tasks of HIV prevention programmes are also ensuring accessibility to condoms and lubricants for people in need, revitalizing marketing approaches to condom promotion, and revitalising channels of their distribution to people at highest risk of contracting HIV. Safer sex promotion activities for individual target groups should also include raising awareness of alcohol, drugs and psychoactive substances and preventing harmful use of alcohol, drugs and other psychoactive substances. All these activities are also important for preventing other sexually transmitted infections and such as hepatitis C.

Action 1: Programme for sexual and reproductive health promotion	The National Institute of Public Health prepares and coordinates the implementation of the sexual and reproductive health promotion programme. Lecturers: National Institute of Public Health, in cooperation with institutions and NGOs that are well acquainted with the characteristics and problems faced by individual target groups. Products: program and annual reports on the implementation of the program prepared Source of funds: National Institute of Public Health Production dates: 2017 Implementation deadline: 2018
Action 2: Celebrating World AIDS Day	Each year, the National Institute of Public Health coordinates activities to mark World AIDS Day, working with all key stakeholders. It has also organised a consultation for the professional public and the media for several years. In addition to the meetings of the AIDS Commission, the conference is a key mechanism for communication with the professional and general public and is a traditional opportunity for an annual meeting of experts, politicians and NGOs. Lecturer: National Institute of Public Health Participants: AIDS Commission Product: preparation of an action plan approved by the AIDS Commission and a report on the activities carried out Sources of funds: National Institute of Public Health, Ministry of Health, NGOs, other stakeholders Deadline: regular assignment

SPECIFIC OBJECTIVE: These measures aim to raise awareness among the population about HIV infection and sexual and reproductive health.

Impact indicator	Baseline and year	2021 target	2025 target
Proportion of men and women aged 15–49 who had more than one heterosexual partner in the last 12 months	9 % (2014)	< 10 %	< 10 %
The proportion of those who used a condom during their last heterosexual intercourse among men and women aged 15–49 who had more in the last 12 months as one heterosexual partner	43 % (2014)	> 50 %	> 60 %
Proportion of pregnant women (ad hoc pattern) living with HIV	< 0.1 % (2014)	< 0,1 %	< 0,1 %

3.1.1.2 Promotion of safer sex among men having sex with men

Since men who have sex with men are disproportionately affected by new HIV infections as well as other sexually transmitted infections, it is important to promote safer sex by raising awareness of the risks involved in various sexual practices, including the correct and consistent use of a condom and lubricant in sexual intercourse, and counselling on testing for HIV infection and other sexually transmitted infections.

Particular attention should also be paid to raising awareness of drug use during sexual intercourse, especially given the implications of psychoactive substances for sexual behaviour and the reduction of the use of alcohol and other psychoactive substances (mainly 3MMC, spida, ecstasy, GLB, marijuana, popersa). The risk of contracting HIV and other sexually transmitted infections is very high with chemsex.

Testing counselling for HIV infection and other sexually transmitted infections should also include awareness raising of treatment as prevention, post-exposure and preexposure prophylaxis (combined prevention) in those who are shown to be at very high risk of HIV infection during counselling.

As users of new psychoactive substances are characterised by a deepening of the psychological problems associated with the use of these substances, which also leads to an increased risk of suicide attempts, it is necessary to increase knowledge among programme providers working with this population about new psychoactive substances and the full consequences of their use, including as regards an increased risk of transmission of sexually bearable infections. Their competences for working with this population must also be strengthened.

HIV-positive men who have sex with men and who have unprotected sex need to receive significantly more attention as part of safer sex promotion. This is especially true for those who intervene with psychoactive substances at the same time, and for these counselling should also cover content on the risks related to drug use and potential addiction or the impact of drugs on mental health.

Action 3:

Implementation of the programme to promote safer sex for men, who have sex with men

Within the framework of the call for proposals for co-financing programmes, the Ministry of Health allocates funds for the implementation of the programme for the promotion of safer sex among men who have sex with men.

Lecturer: Ministry of Health

Products: tender for co-financing of programmes and prepared reports on implemented programmes

Production deadline: regular call for tenders

Source of funds: Ministry of Health

SPECIFIC OBJECTIVE: The measure aims to increase regular condom use among men who have sex with men and reduce the risk of HIV infection and other sexually transmitted infections

Impact indicator	Baseline and year	2021 target	2025 target
The proportion of those who used a condom during their last sexual intercourse with a man among men who have sex with men (casual pattern) and who had more than one male sexual partner in the last 12 months	Not available.	> 50 %	> 70 %
Proportion of those reporting condom use in last male sex among men having sex with men (ad hoc pattern)	50 % (2013)	> 60 %	> 80 %
Proportion of those living with HIV among men having sex with men (ad hoc pattern)	< 5 % (2014)	< 5 %	< 5 %

3.1.13 Sex education activities in primary and secondary school

Young people are a very important target group for preventing the spread of HIV infection. From the perspective of HIV prevention, it is most important to consider appropriate ways of delivering sexual and reproductive health content to young people in order to systematically raise young people's awareness of healthy and responsible sexuality. This would also reduce the incidence of other sexually transmitted infections. Young people need to be familiar with all aspects of sexuality, both positive aspects and risks, in order to develop positive and responsible attitudes towards sexuality, oneself and others.

Action 4:

Exploring appropriate ways to systematically deliver sexual and reproductive health content in youth education

In cooperation with the National Education Institute and the National Institute of Public Health, the Ministry of Education, Science and Sport examines the content of sexual and reproductive health in primary and secondary schools and prepares a model of cooperation between primary and secondary schools with health institutions in cooperation with the National Education Institute and the National Institute of Public Health on the basis of the Rules to provide preventive health care at the primary level.

Lecturer: Ministry of Education, Science and Sport, Ministry of Health

Participants: National Institute of Education, National Institute of Public Health, providers **Product:** proposal of activities for sex education

Deadline: 2019

Source of funds: Ministry of Education, Science and Sport

Action 5:

Implementing the programme That's me

The This Is me National Program for Adolescents offers useful tips on healthy lifestyles, self-esteem, interpersonal relationships, parental problems, eating disorders, falling in love and sexuality. In the online counselling service, young people can anonymously ask questions and get free advice from professionals. The programme should be intensively promoted among young people.

Lecturer: National Institute of Public Health

Products: implementation of the program and prepared annual reports on the implementation of the program

Deadline: permanent assignment

Source of funds: National Institute of Public Health

SPECIFIC OBJECTIVE: With the planned measures we want to enable systematic awareness of all young people about responsible and safe sex, sexually transmitted infections and ways to protect themselves from them.

Impact indicator	Baseline and year	2021 target	2025 target
Proportion of young men and women aged 15–24 who correctly indicate the main routes of HIV transmission and how HIV infection is not transmitted	44 % (2014)	> 60 %	> 70 %
Proportion of young men and women aged 15–24 who had their first heterosexual intercourse before the age of 15	4 % (2014)	< 5 %	< 5 %
Proportion of young men and women aged 15–24 who used a condom when having their first heterosexual sex	Not available.	> 70 %	> 80 %

Ukrep 6:

Sofinanciranje programov nevladnih organizacij na področju promocije varnejše spolnosti med mladimi in preprečevanja rabe novih psihoaktivnih snovi v povezavi s tvegano spolnostjo

Ministrstvo za zdravje sofinancira programe nevladnih organizacij na področju promocije varnejše spolnosti in preprečevanja rabe novih psihoaktivnih snovi v povezavi s tvegano spolnostjo.

Nosilec: Ministrstvo za zdravje

Izdelki: objavljen razpis in pripravljena poročila o izvedenih programih

Vir sredstev: Ministrstvo za zdravje

Rok: redni razpisi

3.1.14 Health care for people with sexually transmitted infections

Sexually transmitted infections increase the risk of contracting HIV and are an indicator of risky sexual behavior. Due to the high burden of sexually transmitted infections, the proven higher risk of HIV infection in people with sexually transmitted infections (especially sexually transmitted infections with ulcers), altered clinical course of sexually transmitted infections in HIV-seropositive subjects, the availability of specialist health services for the comprehensive management of sexually transmitted infections is an important priority. The healthcare system must provide high-quality, easily accessible specialist medical care for people with sexually transmitted infections. It must be ensured that all clinics for sexually transmitted infections can routinely be tested for all sexually transmitted infection agents in accordance with expert recommendations.

It is necessary to encourage immediate medical assistance in the event of any signs of disease and problems of sexually transmitted infections and to ensure good access to quality medical care for sexually transmitted infections.

Important tasks are to update national guidelines for quality integrated treatment of persons with sexually transmitted infections in accordance with new findings and national circumstances, and to ensure continuous and regular training of health professionals for their consistent implementation both at the level of good clinical practice and counselling, taking into account the importance of preventing stigma and discrimination in healthcare. A national network of specialised health services is available to carry out these activities.

Action 7:

Preparation of expert guidelines for health care of persons with sexually transmitted infections and ensuring implementation

Expert guidelines for health care for persons with sexually transmitted infections (including safer sex counselling and contact information) are prepared by an interdisciplinary working group appointed at the Ministry of Health. They are approved by relevant extended professional colleges (dermatovenerology, gynecology, infectology, family medicine, clinical microbiology and public health), professional associations of dermatovenerologists, gynecologists, infectologists, family medicine doctors, clinical microbiologists and epidemiologists ensure their implementation.

Lecturer: Ministry of Health and professional associations

Product: guidelines prepared

Source of funds: Ministry of Health

Deadline: December 2018

Action 8:

Ensuring adequate access to clinics for sexually transmitted infections throughout Slovenia

A proposal to ensure adequate access for patients with sexually transmitted infections to clinics for sexually transmitted infections is prepared by an expert association of dermatovenerologists or a competent extended professional college. The proposal is approved by the relevant extended professional colleges (for family medicine, dermatovenerology, infectology and gynecology) and is prepared for discussion at the Health Council of the Ministry of Health.

Lecturer: extended professional colleges of dermatovenerology

Product: dermatovenerologists prepare a proposal for consideration at the Health Council

Sources of funds: competent extended professional colleges and professional association

Deadline: 2018

SPECIFIC OBJECTIVE: These measures will ensure that patients have an outpatient clinic for sexually transmitted infections adequate

access to the detection and treatment of sexually transmitted infections and that they will be treated according to expert guidelines.

Impact indicator	Baseline and year	2021 target	2025 target
Proportion of patients clinics for sexually transmitted infections treated in accordance with expert guidelines	Not available.	> 90%	> 95%

3.1.2 PREVENTION OF TRANSMISSION BY BLOOD (Headline target 2)

3.1.2.1 Prevention of blood transmission in healthcare

HIV transmission through blood is possible when transfusions of infected blood or blood products are received, an organ transplant from an infected donor, infected cells or tissues are used, and surgical or other equipment is used for invasive procedures without proper sterilisation.

The area of ensuring the safety of blood and blood products, tissue cells and organs for transplantation is regulated by legislation (Blood Supply Act, Act on the Quality and Safety of Human Tissues and Cells intended for Treatment), which is harmonised with European directives.

The provision of aseptic conditions in invasive interventions in health care is based on the strict implementation of procedures for the prevention and control of infections associated with treatment in accordance with the provisions of the Communicable Diseases Act, which also include proper sterilization of skin piercing instruments and the correct technique for performing all invasive procedures.

Action 9:

Ensuring safe blood, blood products, cells, tissues and organs for transplantation

The coordination is carried out under the auspices of the Institute of Transfusion Medicine, which provides blood and blood products, diagnostic and therapeutic services, a register of bone marrow donors and the supply of medicinal products from blood within the framework of the public health service. The Institute designs the doctrine, monitors its implementation and professionally connects the blood service into a national transfusion network. As a national reference centre for blood transfusion, it supervises the quality of procedures and preparations in its field of activity and connects with relevant international and foreign institutions. In addition to testing for the presence of HIV in Slovenia, all blood and blood products, cells, tissues and screening organs are also tested for the presence of hepatitis B and C virus and syphilis.

Lecturer: Institute of the Republic of Slovenia for Transfusion Medicine

Source of funds: legal obligation

Deadline: permanent assignment

SPECIFIC OBJECTIVE: The measure ensures that there are no infections transmitted by blood, blood products, cells, tissues or screening organs in Slovenia.

Impact indicator	Baseline and year	2021 target	2025 target
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Annual number of new HIV diagnoses transmitted by blood, blood products, cells, tissues or screening organs	0 (2015)	0	0
Proportion of blood donations tested for HIV	100 %	100 %	100 %

Action 10:
Providing aseptic
conditions for invasive
medical interventions

All healthcare providers handling blood or performing invasive interventions always act as if all blood were infected and carry out all necessary steps to prevent the transmission of HIV infection and other infectious agents. Healthcare institutions must ensure that all health professionals are informed about general precautions, all necessary equipment and consistent implementation of these measures, and supervision of implementation on the basis of the Communicable Diseases Act and the Occupational Health and Safety Act.

Holder: all healthcare providers **Product:**
workplace risk assessment **Source of funds:**
legal obligation
Deadline: permanent assignment

SPECIFIC OBJECTIVE: The measure ensures that there are no HIV infections and other infections associated with treatment in Slovenia.

Impact indicator	Baseline and year	2021 target	2025 target
Annual number of new treatment-related HIV diagnoses	0 (2015)	0	0

3.1.2.2 Prevention of blood transmission in people who inject drugs

HIV infection and other infections transmitted through blood or sexual intercourse are also possible when people who inject drugs use non-sterile devices. Activities to prevent and control HIV infection and other sexually transmitted infections and hepatitis B and C infections among people who inject drugs or use new psychoactive substances are in line with the Resolution on the National Programme for Drugs 2014–2020 and the Implementation Plan. An important or highest objective is to prevent or reduce the use of these substances.

People using drugs have access to drug harm reduction programmes and substitution treatment programmes. As HIV and some other infections such as hepatitis B and C and syphilis can also be transmitted through unprotected sex, safer sexual behaviour, including the use of a condom, is also essential among those who use or inject drugs. The same applies to users of new psychoactive substances, especially those offering sexual services for remuneration or men having sex with men.

Particular attention should be paid to monitoring the use of new psychoactive substances, which are becoming increasingly prevalent due to irregular legal status, ease of accessibility, price and effects, and relative purity. Their use is one of the biggest global problems in the field of illicit drugs, not least because there are uninvestigated risks associated with the use and because of the rapid development of new drugs, which appear on the market practically every day. Since some of these substances are also used intravenously and risky sex is also increased with the use of these substances, this also increases the risk of transmission of HIV infection and other sexually and blood-borne infections.

The use of new psychoactive substances in relation to sexuality risks will require new and more holistic approaches in the future. It shows a statistically significant link between risky sex and the use of new psychoactive substances and alcohol. The pattern of use of new psychoactive substances (mainly cathinones and GBL) in combination with sex (chemsex) is particularly pronounced among men who have sex with men and among those providing sexual services for remuneration. In view of the increased risk of transmission of venereal infections and the stigmatisation of these populations, it is necessary to adapt the current programmes to include the prevention of sexually transmitted infections.

<p>Action 11: Harm reduction programme for people who inject drugs</p>	<p>The National Institute of Public Health coordinates the operation of a network of lowthreshold products for drug users in Slovenia, including the free distribution of safe injection accessories and condoms. Lecturer: National Institute of Public Health, regional unit Koper Participants: Network of lowthreshold programmes Product: reporting for the national drug report Source of funds: Health Insurance Institute of Slovenia Deadline: permanent assignment</p>
<p>Action 12: Addiction prevention and treatment of addicts within the network of prevention centres and treatment of drug addicts</p>	<p>A network of drug prevention and treatment centres (CPZOPD) has been established which, in addition to the maintenance programme for substitution treatment and the prevention and control of HIV infection, also carries out programmes for the control of other infections in accordance with the National Guidelines for the Control of Hepatitis C Infection in Drug Users in Slovenia, treats relatives and carries out preventive programmes in the local community. Lecturer: Coordination of the network of drug prevention and treatment centres Participants: Drug prevention and treatment centres and the Centre for the Treatment of Dependents at the Psychiatric Clinic Ljubljana Product: Reporting for the National Drug Report Source of funds: Health Insurance Institute of Slovenia Deadline: permanent assignment</p>
<p>Action 13: Development and upgrade of mobile units for the implementation of preventive programmes and drug harm reduction programmes</p>	<p>Within the framework of the European cohesion policy, the project Development and upgrade of the network of mobile units for the implementation of preventive and harm reduction programmes in the field of illicit drugs will be carried out, which will enable greater access to harm reduction and prevention programmes and drug treatment. Lecturer: Ministry of Health and Ministry of Labour, Family, Social Affairs and Equal Opportunities Product: preparation of reports on the implementation of programs Source: European Cohesion Fund Deadline: 2022</p>
<p>Action 14: Co-financing programmes of NGOs in the field of drugs</p>	<p>The Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities co-finance programmes for prevention, social rehabilitation and harm reduction from injecting drugs. Lecturer: Ministry of Labour, Family, Social Affairs and Equal Opportunities and Ministry of Health Products: published tender, implemented programmes and prepared reports on the implemented programmes Sources of funds: Ministry of Health and Ministry of Labour, Family, Social Affairs and Equal Opportunities Deadline: regular calls</p>

SPECIFIC OBJECTIVE: Actions shall aim at preventing drug use, reducing harm from illicit drug use, including preventing the spread of infectious diseases.

Impact indicator	Baseline and year	2021 target	2025 target
Annual number of new HIV diagnoses in people who have injected drugs	1 (2015)	< 3	< 3
Proportion of people living with HIV among people who inject drugs (ad hoc sample)	< 1 % (2015)	< 1 %	< 1 %

3.1.2.3 Prevention of transmission by blood in prisons

The prevention of HIV infection and other sexually transmitted infections and hepatitis in prisons is in line with the National Drugs Programme 2014–2020 and the implementation plan. It is based on the identification and treatment of people living with HIV, and on raising awareness among prisoners and employees about possible ways of contracting HIV and other sexually and blood-borne infections, about protection against infections and about treatment.

As part of HIV detection in prisons, testing is carried out on a voluntary and confidential basis. Before and after testing, incarcerated persons are also provided with individual counselling and the same medical care as other insured persons. At the same time as testing for HIV infection, incarcerated people are offered testing for other blood-borne infections and sexual intercourse.

Drug-dependent prisoners are guaranteed the same access and quality of health services as people outside the support, in the wider community. The following are available:

- replacement programmes,
- harm reduction programmes (informing and raising awareness among prisoners and employees about risky behaviours and transmissible infections),
- promoting HIV and hepatitis B and C testing (voluntary and confidential),
- clinic of a general practitioner, psychiatrist/dependency centre, dentist and gynaecological clinic,
- treatment by infectious specialists,
- other treatments.

A supply of disinfectants, cleaners, latex gloves and condoms is provided. Simultaneously with the provision of health services, psychosocial programmes carried out by the institute professional staff take place.

Action 15: Preventing HIV infection and other blood-borne infections and sexual relations in prisons

The Criminal Sanctions Enforcement Administration of the Republic of Slovenia coordinates the programme for the prevention of HIV infection and other infections in prisons in cooperation with health centres providing health care to persons serving their sentence.

Lecturer: Criminal Sanctions Enforcement Administration of the Republic of Slovenia

Participants: drug prevention and treatment centres

Product: reporting for the national drug report

Source of funds: Criminal Sanctions Enforcement Administration of the Republic of Slovenia

Deadline: regular assignment

SPECIFIC OBJECTIVE: The measure ensures equal access to treatment programmes for incarcerated persons.

3.1.3 ELIMINATING MOTHER-TO-CHILD HIV TRANSMISSION (Headline target 3)

Women of childbearing potential and their partners should be informed of adequate protection against HIV infection and other sexually transmitted infections before conception, also in order to prevent possible infections of the future pregnant woman and mother-to-child transmission of HIV infection. These measures will also prevent other sexually transmitted infections in prospective parents and their transmission to the child. For the timely detection of possible infection of a pregnant woman, screening for toxoplasmosis, syphilis and Hepatitis B.

To ensure that there are no mother-to-child HIV transmissions, we must also introduce HIV screening for pregnant women and continue medical treatment of all known HIV-positive pregnant women and their children in accordance with current expert guidelines for the treatment and prevention of mother-to-child HIV transmission .

Action 16:
Screening pregnant women for HIV infection

The Ministry of Health proposes to introduce screening for pregnant women for HIV infection in a general agreement. The Gynaecology Clinic of the University Medical Centre Ljubljana says expert recommendations for HIV screening for pregnant women for gynecologists. They are approved by the extended professional college of gynecology. The Ministry of Health amends the Rules on Primary Health Care and proposes its placement among the benefits covered by compulsory health insurance.

Lecturers: extended professional colleges and Ministry of Health

Product: a regular task

Source of funds: Health Insurance Institute of Slovenia

Deadline: 2017

SPECIFIC OBJECTIVE: The measure aims to ensure timely treatment of the mother in the event of HIV infection or if other infections are detected and prevent their transmission to the child.

Impact indicator	Baseline and year 2021 target		2025 target
Annual number of new diagnoses of HIV infection transmitted from mother to child	0 (2015)	0	0
Proportion of pregnant women tested for HIV infection	Not available.	> 95 %	> 95 %
Proportion of pregnant women with recognised HIV infection who received antiretroviral medicines to prevent mother-to-child HIV transmission	Not available.	100 %	100 %

Action 17:
Implementation of renewed content of schools for parents

The content on HIV and sexually transmitted infections is included in maternity school programmes as part of the renewal of prevention programmes, which will be implemented in 25 health care providers that carry out the upgrading of preventive programmes in primary healthcare. **Lecturer:** 25 health centres

Participants: National Institute of Public Health

Product: implemented program

SPECIFIC OBJECTIVE: By including content on sexually transmitted infections in the programmes of schools for parents, all future mothers will be offered the opportunity to familiarize themselves with the topic.

Impact indicator	Baseline and year	2021 target	2025 target
Share of health centres that carry out the upgrade of prevention programmes that implement the programme with content on HIV infection and sexually transmitted infections	Not available.	100 %	100 %

3.2 Promoting early recognition of HIV infection

3.2.1 EARLY IDENTIFICATION OF HIV INFECTION (Headline target 4)

Early recognition of HIV infection is a prerequisite for timely and successful treatment, enabling all people with HIV to live longer and better lives, and is also key to preventing new HIV infections. For earlier identification of infections, it is important to promote confidential testing through counselling, especially among people at higher risk of HIV infection (especially among young people and men who have sex with men), good access to testing and quality laboratory diagnostic contact. HIV testing is carried out at all levels of healthcare according to expert guidelines.

Action 18:

Develop national expert guidelines for HIV testing and ensure implementation

Expert guidelines for HIV testing in health organizations are prepared by a working group appointed at the Ministry of Health. The expert guidelines shall include process indicators to monitor the implementation of these guidelines. They shall be approved by all relevant extended professional colleges (including extended professional colleges of family medicine, dermatovenerology, gynecology, infectology, clinical microbiology and public health). Professional associations of doctors shall ensure that they are implemented.

Lecturer: working group appointed at the Ministry of Health

Product: guidelines prepared

Source of funds: Ministry of Health

Deadline: 2018

SPECIFIC OBJECTIVE: This measure will ensure that patients are tested according to professional guidelines.

3.2.2 Promoting HIV testing through counselling

Testing for HIV infection through counselling should be increased, especially in people at higher risk of HIV infection, so that testing is promoted among them and also among healthcare professionals who can offer them testing.

Action 19:

HIV Testing Promotion Week

The organisation of the annual promotion of HIV testing is coordinated by the Ministry of Health in cooperation with the Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana, the National Institute of Public Health, the Institute of Microbiology and Immunology, the Faculty of Medicine, University of Ljubljana and other stakeholders.

Lecturer: Ministry of Health

Participants: AIDS Commission

Product: campaign carried out

Source of funds: Ministry of Health, National Institute of Public Health, University Medical Centre Ljubljana and Institute of Microbiology and Immunology

Deadline: a permanent task

SPECIFIC OBJECTIVE: The measure aims to raise awareness among the population and health staff about the importance of early testing for infection.

Will be with HIV and sexually transmitted infection.

3.2.3 Making HIV testing available

Different testing methods for HIV should be made available to make testing as accessible and user-friendly as possible.

Confidential testing with counselling by the selected doctor at the expense of compulsory health insurance, which is the most widely available and does not impose any additional financial burden on the user and doctor, is the most sensible method of treatment and should be encouraged in the future. At the same time, health personnel (especially infectologists, gynecologists, dermatologists, proctologists and family doctors) should also be made aware not to delay testing for HIV infection and hepatitis B and C when indications exist.

Anonymous free testing for HIV and hepatitis B and C is available at the Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana. The laboratory part of the testing is carried out at the Institute of Microbiology and Immunology, Faculty of Medicine, University of Ljubljana. HIV testing is also available at several testing sites throughout Slovenia; a list of these sites is published on the website of the Ministry of Health.

HIV testing providers must ensure that as many tested patients as possible learn the test result and that all subjects with positive results are included in treatment.

Ukrep 20:

Zagotavljanje anonimnega brezplačnega testiranja na okužbo s HIV ter virusoma hepatitisa B in C na nacionalnem testirnem mestu

Nacionalno testirno mesto je vzpostavljeno na Kliniki za infekcijske bolezni in vročinska stanja Univerzitetnega kliničnega centra Ljubljana. Klinika poleg anonimnega testiranja na okužbo s HIV opravlja tudi anonimna testiranja na virusa hepatitisa B in C. Laboratorijski del testiranja se izvaja na Inštitutu za mikrobiologijo in imunologijo Medicinske fakultete Univerze v Ljubljani.

Nosilca: Klinika za infekcijske bolezni in vročinska stanja Univerzitetnega kliničnega centra Ljubljana in Inštitut za mikrobiologijo in imunologijo Medicinske fakultete Univerze v Ljubljani

Izdelek: redna naloga

Vir sredstev: Zavod za zdravstveno zavarovanje Slovenije

Rok: stalna naloga

SPECIFIC OBJECTIVE: The aim of the measures is to maximise testing options for HIV and the most common other causes of sexually transmitted infections.

3.2.3.1 Making testing available through community-based counselling for men who have sex with men

Testing for HIV infection and other sexually transmitted infections in the community complements testing within the health system and is a good practice model for detecting HIV infection among men who have sex with men. For users, it represents a safe environment where they can speak openly and unreservedly about their experiences and sexual practices. In addition to testing, individual pre- and post-testing counselling is carried out in the community for those at highest risk of contracting HIV, with the user and counselor the opportunity to reflect on their sex lives and discuss reducing the risk of HIV infection and other sexually transmitted infections. People with a positive diagnosis are also offered peer psychosocial support to cope with HIV infection. Such an approach helps to reduce stigma, which is an important obstacle to the decision to test, and helps to integrate people with HIV and other sexually transmitted infections into the treatment system as soon as possible.

Action 21:

Providing testing
community-based
counselling for men who
have sex with men

A testing programme shall be provided with community-based counselling for men who have sex with men, with the aim of integrating them into the treatment system as soon as possible and providing psychosocial support to those in need.

Lecturer: Legebitra or other provider with appropriate references

Participants: Institute of Microbiology and Immunology, Faculty of Medicine, University of Ljubljana and Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana

Source of funds: Ministry of Health

Deadline: permanent assignment

SPECIFIC OBJECTIVE: The measure aims to bring testing closer to the target group most at risk of HIV infection and other sexually transmitted infections, and to enable early treatment and psychosocial support. Behavioural changes for safer sex are also an important goal of counselling and psychosocial support.

3.2.3.2 Other forms of testing

With the development of testing and the growing demand for these services, alternative ways and approaches to testing for HIV infection are emerging. It is crucial that these approaches also allow access to treatment and that the quality of diagnostics and freshness is ensured. Buying diagnostic tests is recommended only from reliable providers who have all the necessary permits provided for by law.

a) Rapid tests

The use of rapid tests for HIV infection can facilitate access to testing and reduce the time to result. All HIV testing providers who use rapid tests in their work should familiarise themselves with their characteristics and be aware that rapid HIV tests currently on the EU market have significantly lower susceptibility compared to standard laboratory tests, and false negative results are therefore possible in early (first three months after infection) and very late infection period. Part of any rapid test should also include counselling by qualified doctors or other medical personnel. Providers of rapid tests send all reproducibly reactive samples to the Reference Laboratory of the Republic of Slovenia for HIV for clarification of HIV status. Rapid test of other body fluids is associated with greater differences in sensitivity and reliability compared to blood tests, so obtaining a blood sample for laboratory testing is recommended in all tested with reactive or unclear rapid test results and in people with a negative rapid test result if a recent or very late infection is suspected. All providers of rapid HIV testing must regularly cooperate with local clinical microbiological laboratories that routinely perform HIV testing with standard laboratory tests, participate in at least one external quality control system and regularly report the results to the Reference Laboratory of the Republic of Slovenia for HIV.

Rapid tests are not suitable for home use or for self-testing, since their use requires prior qualification.

b) Tests for home use or for self-testing

Self-testing for HIV infection or home testing with home tests is a procedure in which all stages of testing are done outside the medical environment and without the supervision of medical personnel. In Slovenia, in accordance with the Medical Devices Act, the retail of in vitro diagnostic medical devices for self-testing for HIV infection is allowed only in pharmacies. In vitro diagnostic medical devices for self-testing for HIV infection that meet the requirements of the law must bear the CE marking, which must be accompanied by a number of the notified body.

When purchasing HIV tests online, there is no guarantee of their quality (product and instructions for use), reliability of results (specificity, sensitivity) and the provider's proper storage and transportation, so the sale of these devices online is not allowed.

3.2.4 Ensuring quality laboratory diagnostics

The Laboratory for Molecular Microbiology and Diagnosis of Hepatitis and AIDS at the Institute of Microbiology and Immunology, Faculty of Cynology, University of Ljubljana (Reference Laboratory of the Republic of Slovenia for HIV) formulates and regularly revises guidelines for microbiological diagnostics of HIV infection and monitors the results or coordinates external quality control of testing in Slovenia. All laboratories conducting HIV testing (standard or rapid tests) must participate in at least one external quality control system and report the results regularly to the Reference Laboratory of the Republic of Slovenia for HIV. All reproducible reactive samples must be sent to clarification of HIV status in the Reference Laboratory of the Republic of Slovenia for HIV.

Action 22:
Providing guidance for
the microbiological
diagnosis of HIV infection

Guidelines for microbiological diagnostics of HIV infection are developed and regularly updated by the Reference Laboratory of the Republic of Slovenia for HIV at the Institute of Microbiology and Immunology, Faculty of Medicine, University of Ljubljana, which also coordinates external quality control of HIV testing in Slovenia and conclusively confirms the diagnosis of HIV infection in Slovenia.

Lecturer: Faculty of Medicine, University of Ljubljana, Institute of Microbiology and Immunology

Product: guidelines prepared

Source of funds: Institute of Microbiology and Immunology, Faculty of Medicine, University of Ljubljana

Deadline: permanent assignment

SPECIFIC OBJECTIVE: The measure ensures high quality microbiological diagnostics of HIV infection.

Impact indicator for measures related to testing and early diagnosis	Baseline and year 2021 target		2025 target
Proportion of patients tested for HIV infection according to expert guidelines (total, by practitioner)	Not available.	> 90 %	> 90 %
Annual number of diagnostic tests for HIV infection (total, including by performer): • National testing site • testing site in the community of men who have sex with men	35498 (2011) 1636 (2015) 606 (2015)	> 35000 > 1900 > 800	> 35000 > 1900 > 1000
Annual number of HIV diagnostic tests (total/100 inhabitants)*	< 2 % (2014)	> 2 %	> 2 %
Annual percentage of reactive screening/diagnostic tests on HIV infection Together By performers • National testing site • testing site in the community of men who have sex Relationships with men	0,3 % (2015) - 1,3 % (2015)	The indicator monitored for Understanding Efficiency Testing.	The indicator monitored for Understanding Efficiency Testing.
Proportion of new HIV diagnosed within six months of infection	Not available.	Not available.	Not available.
Proportion of new HIV diagnosers with at diagnosis, the CD4 cell count < 200/mm ³ and < 350/mm ³ *	< 44 % (2015)	< 34 %	< 20 %
Proportion of people unaware of HIV infection among people living with HIV	Not available.	< 30 %	< 10 %
Proportion of those who have been tested for HIV in the last 12 months and know about the result among men who have sex with men (ad hoc pattern)	53 % (2015)	> 60 %	> 80 %
Percentage of those laboratories participating in the external quality control system among all HIV screening laboratories	Not available.	100 %	100 %

Proportion of reproducibly reactive samples for HIV screening sent to the HIV Reference Laboratory for HIV clarification	Not available.	100 %	100 %
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3.3 Treatment, care and prophylaxis

3.3.1 PROVIDING QUALITY TREATMENT, CARE AND PROPHYLAXIS (Headline target 5)

People living with HIV can expect almost the same long life as healthy people with timely treatment. In Slovenia, all persons living with HIV are guaranteed access to all necessary health services and medicines registered with the European Medicines Agency at the Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana, where they form the Slovenian doctrine of monitoring the health, treatment and care of people living with HIV. Their state of health is regularly monitored, including laboratory diagnostics, prevention of opportunistic infections (primary and second prophylaxis), treatment of opportunistic diseases, antiretroviral therapy, counselling and information to persons with whom the persons concerned have been in contact (informing contacts). For the most part, this is outpatient monitoring. Inpatient treatment is required only under specific indications.

In addition to healthcare, the health system also provides HIV-positive people with HIV counselling to maximise the quality of life with HIV:

- to maintain health and strengthen the immune system,
- to prevent opportunistic infections,
- safer sex to prevent sexually transmitted infections and transmission of HIV to others;
- to reduce harm from drug injection or other drug use,
- to inform persons with whom the persons concerned have been in contact.

Counselling is also provided for couples where only one partner is HIV positive.

Contact information covers public health activities to inform known sexual partners of people living with HIV and persons exposed to infected body fluids that they have been exposed to HIV infection. They are offered counselling and testing and, if necessary, treatment and care. Prevention of HIV transmission and timely treatment are also potential benefits of communication. People with HIV usually inform their contacts themselves. These persons can also be informed by healthcare professionals with the consent of the patient or at his/her request. Partner notification is confidential.

Action 23:
Providing quality treatment
through counselling

The Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana designs and regularly revises the Slovenian doctrine of monitoring , treating and caring for people living with HIV.

Lecturer: Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana

Source of funds: Health Insurance Institute of Slovenia

Deadline: permanent assignment

SPECIFIC OBJECTIVE: The measure ensures a longer life for people living with HIV and prevents the spread of HIV infection.

Impact indicator	Baseline and year 2021 target		2025 target
Proportion of clients with a new HIV diagnosis who are at the latest within one month of diagnosis enrolled in healthcare by an HIV specialist (total, according to test providers)	Not available.	> 90 %	> 90 %
Percentage of new HIV diagnosers starting antiretroviral treatment no later than three months after diagnosis	Not available.	> 90 %	> 90 %
Proportion of new HIV diagnoses with undetectable viral load (or viral loads below 200 copies/ml) no later than six months after initiation of antiretroviral therapy	Not available.	> 90 %	> 90 %
Proportion of people with recognised HIV infection receiving antiretroviral drugs	Not available.	> 90 %	> 90 %
Proportion of people with recognised HIV infection receiving antiretroviral medicines 12 months after starting therapy	Not available.	> 90 %	> 90 %
Proportion of people with recognised HIV infection receiving antiretroviral medicinal products with undetectable viral loads	Not available.	> 90 %	> 90 %

3.3.2 Providing prophylaxis

HIV infection is also prevented by using antiretroviral medicines, mainly by treating all people living with HIV.

Post-exposure prophylaxis (PEP), according to expert guidelines, is available to anyone who has been at risk of contracting HIV. Professional guidelines for PEP are prepared by the Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana, which also ensures its implementation.

Preexposure prophylaxis (PrEP), as an additional option to prevent HIV infection in those men who have sex with men and have a very high risk of contracting HIV due to specific sexual practices, has proven to be effective and harmless in some studies. In Slovenia, we do not yet have evidence (e.g. the results of a demonstration project) that for men who have sex with men and behave very riskily, PrEP would be a sensible, cost-effective and public health-threatening measure (disinhibition of safer sex among men who have sex with men and increase resistance).

Action 24: Providing post- exposure prophylaxis

The implementation of post-exposure prophylaxis in Slovenia is coordinated in accordance with its expert guidelines by the Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana.

Lecturer: Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana

Source of funds: Health Insurance Institute of Slovenia

Deadline: permanent assignment

SPECIFIC OBJECTIVE: This measure prevents HIV infection.

Impact indicator	Baseline and year 2021 target		2025 target
Percentage of clients requesting post-exposure prophylaxis and meet the criteria for receiving and begin post-exposure prophylaxis	100 %	100 %	100 %
Percentage of clients who started receiving post-exposure prophylaxis and received it in accordance with professional guidelines	Not available.	> 80 %	> 90 %

Action 25:

demonstration project
preexposure prophylaxis with men
relations with men
non-governmental

Protocol for a demonstration project to assess feasibility, costs, and safety Pre- A of exposure prophylaxis for a group of Slovenian men who have sex with preexposure prophylaxis with men and who have an extremely high risk of HIV infection is prepared by the Clinic for men with venereal infectious diseases and febrile conditions of the University Medical Centre Ljubljana in cooperation with the National Institute of Public Health and representatives of organizations. The demonstration project involves an appropriate number of patients with an ambulant for sexually transmitted infections specialising in men having sex with men. After obtaining the consent of the Medical Ethics Commission of the Republic of Slovenia, it tries to obtain the necessary funds for its implementation.

Lecturer: Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana in cooperation with the National Institute of Public Health

Products: protocol prepared and submitted proposal for the implementation of the demonstration project

Source of funds: Ministry of Health, Slovenian Research Agency, other sources
Deadline: 2017

SPECIFIC OBJECTIVE: The purpose of the measure is to assess the advisability and feasibility of introducing preexposure prophylaxis.

33.3 PROVIDING PSYCHOSOCIAL SUPPORT TO PEOPLE LIVING WITH HIV (Headline target 6)

People living with HIV, their partners and family members often need additional psychological support and assistance. In their treatment, more attention should be paid to their perception of health and burden of associated diseases and HIV infection, as general well-being and positive self-esteem are very important factors in deciding to have unprotected sex. People living with HIV have frequent depression and anxiety, suicidal tendencies, and over time, some may also develop dementia and other cognitive impairments. Mental health problems can also be caused by taking certain medications or overusing medicines with alcohol and other psychoactive substances.

Within the health system, the welfare system and NGOs to help people living with HIV, such problems need to be identified and tackled in a timely manner, requiring staff qualifications and a more comprehensive approach to prevention aimed at promoting healthier lifestyles. All people living with HIV should be provided with psycho-social assistance, since people encounter extremely deep and difficult psychological processes when infected that, if left unresolved, contribute significantly to the spread of the infection.

Professional staff providing psychosocial counselling, other health staff, NGOs and other staff (e.g. social workers) coming into contact with people living with HIV should be trained to detect potential mental health problems, alcohol problems and psychoactive substances, and suggest inclusion in assistance programmes and programmes to promote healthy lifestyles. Learning communication skills to reveal status to close and sexual partners and learning other skills to successfully cope with the limitations of living with HIV. There is also a need to strengthen the involvement of health institutions providing psychosocial support with NGOs and the knowledge of all professionals who come into contact with OSH living with HIV in relation to these problems that may arise for users and relatives. This is an integral part of the quality of psychosocial services.

NGOs have extensive experience in providing peer psychosocial support and alleviating psychosocial consequences for people living with HIV, and the profession has other specific skills, so it makes sense to integrate these skills.

Ukrep 26:

Zagotavljanje psihosocialne podpore ob zdravstveni oskrbi

V okviru zdravstvene oskrbe je treba osebam, ki živijo s HIV, zagotoviti psihosocialno pomoč ustrezno usposobljenih izvajalcev.

Izdelek: zagotovljen dostop

Nosilec: Klinika za infektivne bolezni in vročinska stanja Univerzitetnega kliničnega centra

Vir sredstev: Zavod za zdravstveno zavarovanje Slovenije

Rok: redna naloga

SPECIFIC OBJECTIVE: The measure ensures that people living with HIV have access at national level to psychosocial support tailored to their needs.

3.4 Preventing stigma and discrimination and empowering people living with HIV

3.4.1 ZERO TOLERANCE FOR DISCRIMINATION RELATED TO HIV INFECTION (Headline target 7)

Attitudes towards people living with HIV are also a societal problem, due to the most common transmission modes (sexual transmission, drug transmission) and the associated stigma. In addition to the health consequences of infection, people living with HIV experience a number of additional distress, which is also linked to stigma and can impair their quality of life. This is an obstacle to the effective prevention, treatment and management of HIV infection and, above all, it is a heavy burden on individuals living with HIV and can contribute to a deterioration in their quality of life.

To destigmatise and prevent discrimination related to HIV infection, it is necessary to:

- ensure non-discriminatory legislation, policies and practices;
- promote the non-discriminatory use of language,
- provide education to health personnel and other professionals on HIV prevention and control, including education on professional treatment and the rights of HIV patients,
- education and awareness raising of the population,
- provide support to empower people living with HIV.

3.4.1.1 Ensuring non-discriminatory legislation, policies and practices

The state supports the efforts of civil society and institutions fighting for the fundamental human rights of people living with HIV. The most important principle of the Strategy is respect for human rights. These are universal and untouchable, acquired by birth and belong to everyone, regardless of race, religion, gender, language, national or ethical affiliation or any other personal circumstance such as HIV infection.

The Protection against Discrimination Act provides for the protection of every individual from discrimination, regardless of sex, nationality, racial or ethnic origin, language, religion or belief, disability, age, sexual orientation, gender identity or gender expression, social status, property status, education or any other circumstance in various areas of social life, in the exercise of human rights and fundamental freedoms, in exercising rights and obligations and in other legal relationships in the political, economic, social, cultural, civil or other fields, and obliges state bodies, local communities, holders of public authority, legal and natural persons who are obliged to provide protection against all areas of public decision-making, legal work and other of their actions or conduct vis-à-vis third parties discrimination or equal treatment of all persons, in particular with regard to:

- conditions for access to employment, self-employment and occupation, including selection criteria and employment conditions, irrespective of the type of activity and at all levels of the professional hierarchy, including promotion,
- Access to all forms and to all levels of career guidance and counselling, vocational education and training, further vocational training and retraining, including internships,
- employment and working conditions, including termination of employment contract and wages,
- membership of, and involvement in, the organisation of workers or employers or any organisation whose members pursue a particular profession, including benefits provided by such organisations,
- social protection, including social security and healthcare,
- with social benefits,
- upbringing and education,
- access to and supply of goods and services available to the public, including housing.

In accordance with the Patients' Rights Act, Slovenia ensures compliance with the following important principles:

- respect for everyone as a human being and respect for his moral, cultural, religious, philosophical and other personal beliefs,
- respect for physical and mental integrity and safety,
- protecting the maximum health benefit for the patient, especially the child,
- respect for privacy,
- respect for autonomy in decision-making for treatment,
- respect for personality and dignity in such a way that no one is socially stigmatised by his state of health and by the causes, consequences and circumstances of that condition or the medical care he has received as a result.

The same law also ensures that these patients' rights are respected

- the right to access health care and to provide preventive services,
- the right to equal access and treatment in healthcare,
- the right to freely choose a doctor and healthcare provider,
- the right to adequate, quality and safe healthcare,
- the right to respect the patient's time,
- the right to information and participation,
- the right to decide independently on treatment,
- the right to observe the will expressed in advance,
- the right to prevent and alleviate suffering,
- the right to a second opinion,
- the right to be acquainted with medical records,
- the right to the protection of privacy and the protection of personal data,
- the right to address violations of patients' rights,
- the right to free assistance in exercising patients' rights.

In a separate article, the Patients' Rights Act emphasizes that a patient has the right to equal treatment in health care regardless of gender, nationality, racial or ethnic origin, religion or belief, disability, age, sexual orientation or other personal circumstance.

Knowing and respecting these rights is especially important for everyone who comes into contact with people living with HIV and through population, which has a higher chance of exposure to HIV infection. They must be treated on an equal footing with other citizens.

The state and NGOs in cooperation with relevant professional institutions carry out continuous activities of destigmatization and prevention of discrimination related to HIV infection. These activities must be integrated into all other HIV prevention activities. Violations of the human rights of people living with HIV are also dealt with by the Ombudsman.

SPECIFIC OBJECTIVE: The purpose of the activity is to reduce discrimination and stigma associated with HIV infection.

Impact indicator	Baseline and year 2021 target		2025 target
Proportion of men and women aged 15–49 reporting discriminatory attitudes towards people living with HIV	Not available.	< 30 %	< 20 %
Number of substantiated complaints from people living with HIV to the Ombudsman about stigma and discrimination	1(2005)	< 5	< 5

34.1.2 Promotion of non-discriminatory use of language

The role of language use is important in changing attitudes towards HIV and people living with HIV. It can reduce the stigma of affected populations and enhance the effects of preventive activities or their results. Attitudes of respect and solidarity towards people living with HIV should be promoted, avoiding, as far as possible, value judgments and stigmatising terms.

Communication should follow the terminology recommended by UNAIDS and strive to establish it in professional and the general public and the media. The dictionary of recommended terms for Slovenia has also been prepared by NGOs.

When communicating with the public, it is worth highlighting possible ways of infection and protection against infection, with an emphasis on promoting regular and consistent use of a condom, which should be given priority over highlighting individual groups at higher risk of contracting HIV. It is worth emphasizing the importance of early testing, the manageability of diseases and living with HIV as living with a chronic disease, while highlighting the consequences of infection (medications and reviews, side effects, sex life, risks for partners).

Informing the public about preventive activities, access to treatment and the success of this is also an important factor in combating stigma, fear of testing and HIV-positive and can help to detect and treat people living with HIV more quickly.

Through the reporting methods, the media can make an important contribution to destigmatising HIV infection and living with HIV and the populations most exposed to infection. They should be encouraged to report destigmatising while clearly raising awareness of protection against HIV among target groups.

3.4.1.3 Educating and raising awareness among healthcare staff and other professionals

An important task of the professional public and organisations involved in the prevention, treatment or care of people with HIV is to provide individuals with all the necessary information they need to prevent and treat HIV infection without being stigmatised or discriminated against. Health professionals and other professionals who come into contact with people living with HIV are obliged to protect their privacy and personal data and treat them with respect, without prejudice and discrimination in accordance with the applicable legislation (Patients' Rights Act, Social Protection Act and Protection against Discrimination Act).

This requires qualified medical and other personnel and increased cooperation with NGOs supporting and addressing the rights of people living with HIV, as well as greater attention to topics such as respect for human and patient rights. Educating and raising awareness among the professional public about the problem of stigma and discrimination against people living with HIV and those at higher risk of contracting HIV should be an integral part of ensuring the quality of services. Expert recommendations and guidelines for the treatment of people with HIV should be promoted in all branches of medicine and medical treatment.

Due to their HIV status, elderly people living with HIV who depend on others and need various forms of assistance (e.g. help from informal carers, help at home, community nursing and institutional care) do not pose a threat to other residents in institutional care, nor to service providers. Institutional care providers and formal and informal carers in their home environment should be given the opportunity to receive further education and training in this field, since equal access to these forms of assistance is of the utmost importance both to ensure the quality of life of older people living with HIV and to all those who provide them with various forms of assistance.

3.4.1.4 Empowering people living with HIV

People living with HIV need to be empowered as equal members of society. While adequately protecting their privacy, they must be able to co-design policies relating to them. They should be encouraged to become carriers of individual activities to empower people living with HIV. This is an opportunity for them to replace the imposed role of those stigmatised and discriminated against by an active role. Support the efforts of NGOs working to support and empower people living with HIV and provide peer psychosocial support programmes (individual and group) for people living with HIV.

Action 27: Provide peer support to persons, living with HIV

It makes sense to provide peer psychosocial assistance to people living with HIV.

Lecturer: NGOs

Products: Reports

Source of funds: Ministry of Health

Deadline: regular calls for tenders

SPECIFIC OBJECTIVE: The measure aims to empower people with HIV.

4

EPIDEMIOLOGICAL SURVEILLANCE AND EVALUATION

HIV epidemiological monitoring is the foundation for an informed prevention and control planning for HIV prevention and control in Slovenia. The epidemiological surveillance of HIV infection is coordinated by the National Institute of Public Health in accordance with the Health Activity Act, expert guidelines of the European Centre for Disease Prevention and Control, the World Health Organization and UNAIDS. In doing so, he cooperates with the Clinic for Infectious Diseases and Febrile Conditions of the University Medical Centre Ljubljana, the Institute of Microbiology and Immunology at the Faculty of Medicine of the University of Ljubljana, the National Laboratory of Health, Environment and Food, the Institute of the Republic of Slovenia for Transfusion Medicine, NGOs DIH, Legebitra and ŠKUC and many other organizations. The results are published in annual reports.

Epidemiological surveillance of HIV infection has several elements:

- collecting data on new diagnoses of HIV infection, AIDS and death among HIV infected people on the basis of a legally mandatory reporting;
- monitoring the extent and indications of diagnostic testing in groups of patients with various disease problems and signs and in groups of people with different risky behaviours;
- monitoring of continuum of care (including the proportion of people with recognised HIV infection, the proportion of those with recognised HIV infection receiving antiretroviral medicinal products and the proportion of those receiving antiretroviral medicinal products with an undetectable viral load);
- monitoring changes in HIV infection (prevalence) rates in ad hoc samples of several readily available groups with higher-risk behaviours, among men having sex with men, among people who inject drugs and among people with sexually transmitted infections;
- monitoring the evolution of HIV infection (prevalence) rates in two groups on average low-risk behaviour in pregnant women and blood, tissue and organ donors;
- monitoring changes in knowledge, attitudes and risky behaviours in ad hoc patterns of two high-risk groups (among men having sex with men and among people who inject drugs) by repeating cross-sectional research;
- monitoring changes in knowledge, attitudes and risky behaviours in probability samples in groups with average low-risk behaviours, such as young people and the population as a whole, by repeating cross-sectional surveys.

The National Institute of Public Health prepares and publishes annual reports with the results of the epidemiological surveillance of HIV infection. In the context of HIV epidemiological surveillance, a number of indicators listed in the chapter monitoring the implementation of the Strategy are also monitored to track the achievement of the objectives defined in the Strategy.

The Ministry of Health is responsible for monitoring the implementation of the Strategy, reporting to the Government of the Republic of Slovenia. The monitoring of the implementation of the Strategy is based on the epidemiological surveillance of HIV infection and on the monitoring of some additional indicators defined in the HIV Prevention and Control Strategy (some of which are proposed by UNAIDS and the World Health Organization).

In its annual reports on HIV infection in Slovenia, which are published on the website, the National Institute of Public Health publishes estimates for those indicators for which data are collected annually in the context of epidemiological surveillance of HIV infection (marked with *) in the list of indicators. For some indicators, the National Institute of Public Health collects data in specific cross-sectional surveys (probability samples of the general population – EHIS and among young people in schools – HBSC) carried out over several years (marked ** in the list of clusters). For assessments for other indicators defined in the Strategy, the National Institute of Public Health obtains data from stakeholders involved in the implementation of the Strategy (indicated in brackets in the list of indicators). Every second year, the National Institute of Public Health prepares monitoring reports for the Ministry of Health on the implementation of the Strategy.

In order to monitor the achievement of the defined objectives of the Strategy, the following indicators shall be monitored:

Prevention of transmission through sexual intercourse (Objective 1)

1.1	Proportion of young men and women aged 15–24 who correctly indicate the main routes of HIV transmission and how HIV infection is not transmitted**
1.2	Proportion of young men and women aged 15–24 who had their first heterosexual intercourse before the age of 15**
1.3	Proportion of young men and women aged 15–24 who used a condom when having their first heterosexual intercourse**
1.4	Proportion of men and women aged 15–49 who had more than one heterosexual partner in the last 12 months**
1.5	The proportion of those who used a condom at the last heterosexual intercourse among men and women aged 15–49 who had more than one heterosexual partner**
1.6	Share of men and women aged 15–49 who had at least one heterosexual partner in the last 12 months who was not their spouse or did not live with them in an unmarried one communities who used a condom at the last heterosexual sex with such a partner**
1.7	Proportion of pregnant women (ad hoc sample) living with HIV*
1.8	The proportion of those who used a condom during their last sexual intercourse with a man among men who have sex with men (casual pattern) and had more than one male sexual partner in the last 12 months*
1.9	Proportion of those reporting condom use in last intercourse with a man among men having sex with men (ad hoc pattern)*
1.10	Proportion of those living with HIV among men having sex with men (ad hoc pattern)*
1.11	Proportion of those who reported receiving preventive intervention in the last three months among men having sex with men (ad hoc pattern)*
1.12	Proportion of patients clinics for sexually transmitted infections treated in accordance with professional guidelines (Dermatovenerology Clinic)

Prevention of transmission by blood (target 2)

2.1	Annual number of new HIV diagnoses in people who have injected drugs*
2.2	Annual number of new treatment-related HIV diagnoses*
2.3	Annual number of new HIV diagnoses transmitted by blood, blood products, cells, tissues or screening organs*
2.4	Proportion of blood donations tested for HIV*
2.5	Proportion of people living with HIV among people who inject drugs (ad hoc sample)

Abolition of mother-to-child transmission (target 3)

3.1	Annual number of new diagnoses of HIV transmitted from mother to child*
3.2	Proportion of pregnant women tested for HIV*
3.3	Proportion of pregnant women with recognised HIV infection who received antiretroviral medicines to prevent mother-to-child HIV transmission (Clinic for Infectious Diseases and Febrile Conditions)
3.4.	Share of health centres responsible for upgrading preventive programmes implementing the programme content on HIV infection and sexually transmitted infections

Early identification of infections (target 4)

4.1	Proportion of people who know about HIV infection among people living with HIV*
4.2	Annual number of HIV diagnostic tests (total, by provider)*
4.3	Annual rate of reactive diagnostic screening tests for HIV infection (total, by practitioner)*
4.4	Annual number of HIV diagnostic tests (total/100 inhabitants)*
4.5	Proportion of patients tested for HIV according to expert guidelines (total and by provider)*
4.6	Proportion of those who have been tested for HIV in the last 12 months and know about the result among men who have sex with men (ad hoc pattern)
4.7	Proportion of new HIV diagnosed within six months of infection (Institute of Microbiology and Immunology)
4.8	Proportion of new HIV diagnosers with CD4 cell counts <200/mm ³ and < 350/mm ³ * at diagnosis*
4.9	Percentage of those laboratories participating in the external quality control system among all HIV screening laboratories (Institute of Microbiology and Immunology)
4.10	Proportion of reproducibly reactive samples sent at HIV screening clarification of HIV status in the Reference Laboratory of the Republic of Slovenia for HIV (Institute of Microbiology and Immunology)

Ensuring quality treatment, care and prophylaxis (target 5)

5.1	Proportion of clients with a new HIV diagnosis enrolled in HIV healthcare no later than one month after diagnosis (total, by test provider)*
5.2	Proportion of new HIV diagnosers starting antiretroviral medicines no later than three months after diagnosis*
5.3	Proportion of new HIV diagnoses with an undetectable viral load (or viral load below 200 copies/ml) no later than six months after initiation of antiretroviral therapy)*
5.4	Proportion of people with recognised HIV infection receiving antiretroviral medicines*
	Proportion of people with recognised HIV infection receiving antiretroviral medicines 12 months after starting therapy*
5.5	Proportion of people with recognised HIV infection receiving antiretroviral medicinal products with undetectable viral load*
	Number of people killed from AIDS per 100,000 population*
5.6	Percentage of persons applying for post-exposure prophylaxis and meeting the criteria for receiving it and starting post-exposure prophylaxis (Clinic for Infectious Diseases and Febrile Conditions)
5.7	Proportion of clients who started receiving post-exposure prophylaxis and received it in accordance with expert guidelines (Clinic for Infectious Diseases and Febrile Conditions)

Providing psychosocial support to people living with HIV (target 6)

6.1	Proportion of people living with HIV treated at the Clinic for Infectious Diseases and febrile conditions and have access to psychosocial support
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Zero tolerance for discrimination related to HIV infection (target 7)

7.1	Proportion of men and women aged 15–49 reporting discriminatory attitudes towards people living with HIV**
7.2	Number of substantiated complaints from people living with HIV to the Ombudsman about stigma and discrimination



5

IMPLEMENTING HIV PREVENTION AND CONTROL STRATEGY

5.1 Responsible departments and other stakeholders

The following government departments play a central role in formulating and monitoring the implementation of the Strategy:

- **Ministry of Health,**
- **Ministry of Education, Science and Sport,**
- **Ministry of Labour, Family and Social Affairs,**
- **Ministry of Justice,**
- **Criminal Sentencing Enforcement Administration.**

The competent government departments are responsible for drafting relevant legislation and other by-laws and policy documents and for appropriately allocating budgetary resources for the implementation of the HIV Prevention and Management Strategy. Other stakeholders responsible for implementing the Strategy are the National Institute of Public Health and health, educational and social care providers , as well as NGOs.

The implementing NGOs inform the Strategy about the needs of the various affected groups and warn of possible delays in implementation.

5.2 AIDS Commission

The basic mechanism for coordinating and implementing the Strategy is the AIDS Commission, a multidisciplinary consultative body of the Ministry of Health. It comprises representatives of the relevant ministries, experts working in the field of HIV prevention and control , representatives of civil society and other interested public.

The Commission is appointed by the Minister for Health. The Director-General of the Public Health Directorate at the Ministry of Health, who is also the chair of the committee, is responsible for coordinating the Commission's work and activities in a comprehensive manner. The AIDS Commission shall operate on the basis of the Rules of Procedure. It advises the President of the Commission on the planning, implementation, monitoring and evaluation of the Strategy and regularly reviews the direction and doctrine.

5.3 Planning and reporting

The Commission regularly monitors the implementation of the strategy and advises the Ministry of Health and other stakeholders on the planning and implementation of activities.

The HIV Infection Report, produced annually by the National Institute of Public Health, is a mechanism for monitoring the success of the implementation of the Strategy and includes selected sector-specific impact indicators.

6

FINANCING

Financial resources for the activities of the Strategy are provided within the health care system and other government departments and institutions. Based on previous experience, horizontal integration of activities is effective and more meaningful than vertically managed programmes.

The Ministry of Health and other line ministries provide funds for the implementation of the Strategy by co-financing preventive and research activities and other activities in accordance with their respective competences. Payment of medical services is carried out through the Health Insurance Institute of Slovenia.

The amount of funds required for the successful implementation of the Strategy is adapted to new scientific findings, the development of medicine and medicines, as well as changes in the development of the epidemic and the global goals for this area. Investing in prevention has been proven to be cost-effective, including in terms of reducing healthcare costs, which are lifelong and very expensive.

7

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