THE REPUBLIC OF SLOVENIA
GOVERNMENT OF THE REPUBLIC OF SLOVENIA

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A STRATEGY FOR PREVENTING AND CONTROLLING HIV INFECTION FOR THE PERIOD 2010-2015
SUMMARY

The pandemic of HIV infection is a human, social and economic catastrophe with severe consequences for individuals, families, communities and countries. HIV infection knows no national borders or geographical boundaries. According to the estimates of the UNAIDS and the World Health Organization, 33 million HIV-infected persons were identified at the end of 2007. In Europe, the number of detected infections is increasing and the HIV infection still remains one of the largest public health problems.

Less than one person per 1000 residents is infected with HIV in Slovenia, which is relatively low in comparison to the majority of the European Union countries; however, the number of infected persons is increasing. 48 HIV infections were detected in 2008, which is 270 percent more than ten years earlier and 30 percent more than in 2007.

When signing the Declaration of Commitment on HIV/AIDS, adopted during the United Nations General Assembly in June 2001, Slovenia has undertaken to prepare and implement a national strategy of prevention and control of HIV infection, and to collaborate in regional and worldwide efforts for more effective confrontation with this catastrophe.

The strategy is based on the prevention of HIV infections that is the most important pillar, provision of early detection of infections, prevention of transmission, provision of quick medical treatment and reduction of personal and social impact of HIV infection.

Persons who have unprotected sexual intercourse with infected persons, persons exposed to infected blood (mostly when sharing the same needle for injecting illegal drugs), or children born to infected mothers are at risk of an HIV infection. The most frequent method of HIV transmission is through unprotected sexual intercourse.

Promotion of responsible and safe sexual behaviour is the most important factor for the prevention of sexually transmitted HIV infection. The purpose of active promotion of safer sexuality, including the promotion of proper and regular use of condoms, is to limit as much as possible the risk behaviour among the entire population, including young people. The most efficient prevention is precaution taken before risk behaviour is formed; therefore, the inclusion of topics concerning healthy sexuality into the primary school curriculum is of fundamental importance. Prevention of sexually transmitted HIV infection is especially important among groups with higher risk behaviour. This is especially important for men who have sex with men; namely, in Slovenia this group has the highest number of HIV infections.

For the prevention of transmission of HIV infection, when in contact with infected blood, it is highly important to prevent the use of illegal drugs and their consequences and to incorporate drug users in treatments (including substitute treatment) and programmes for reducing damage among injecting drug users (by providing them with clean needles, injections and other tools for injecting). Availability of these programmes also needs to be provided in prisons.

For the prevention of mother to child transmission of HIV, it is highly significant to provide proper information for future parents about protection methods against HIV infection before pregnancy. In the case of eventual exposure to infection, accessibility to counselling and testing should be available. When a pregnant woman is infected, proper treatment and
prophylaxis for protecting the child from vertical transmission of infection should be provided. In the future, we plan to introduce the screening of pregnant women.

For timely detection of HIV infections, testing is advisable to anyone with symptoms that indicate to HIV infection, patients with illnesses that indicate risk behaviour for HIV infection (for instance, patients with sexually transmitted infections), groups of people with higher risk behaviour and anyone who thinks they might have been exposed to the risk of HIV infection.

For the prevention of new infections, early detection of infections and consulting for the prevention of additional transmission are of fundamental importance.

Anyone infected with HIV must be provided with quality treatment, care and counselling.

HIV infection is not only a health problem, but also a social problem due to the most frequent methods of transmission (transmission through sexual intercourse, transmission during injection of illegal drugs) and the related stigmatisation. Therefore, an important objective is also the reduction of personal and social influence of HIV infection for a better integration of infected persons in the society and limitation of discrimination and stigmatisation.

Efficient adaptation of the Strategy to preferential needs is provided by the system of national epidemiological monitoring of HIV infection and monitoring and evaluation of the Strategy.

It shall be necessary that research in Slovenia contributes to the evidence-based prevention of HIV transmission in infection-exposed groups and to an understanding of education, standpoints and risk behaviour of HIV infection for the entire population.

The implementation of the Strategy is based on co-responsibility and proportional integration of sectoral politics, disciplines and civil society.

Financial resources for Strategy activities for the period 2010-2015 are provided within the health care system and other governmental sectors and institutions.
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GLOSSARY OF TERMS AND ABBREVIATIONS

**AIDS (Acquired Immune Deficiency Syndrome)** – syndrome of immune deficiencies, symptoms and infections that are a consequence of an exhaustion of the immune system due to HIV infection

**HIV (Human Immunodeficiency Virus)** – the Human Immunodeficiency Virus is the causal agent of AIDS

**Incidence** – indicator of frequency of a disease; in other words, the number of detected cases per number of residents occurring over a certain timeline (usually in one year)

**IDU** – injecting drug users

**MSM** – men who have sex with men. This term incorporates a differentiated and heterogeneous scope of the population: gay people, bisexuals, heterosexual men who have occasional sex with men, etc.

**Education for healthy sexuality** – the objective of education for healthy sexuality is to enable a higher level of knowledge and skills for young people, increase the ability of taking control and influence the formation of healthy views that they need, so that they can responsibly decide on their sexual life.

**Prevalence** – share of persons with infection or disease

**STI** – sexually transmitted infection

**Sexual intercourse** – the term sexual intercourse includes vaginal, anal and oral sexual intercourse.
1 INTRODUCTION

1.1 STARTING POINTS, STRATEGIES AND INTERNATIONAL POLITICAL CONTEXT

This document shall define a strategy for preventing and controlling HIV infections for the period 2010-2015 (hereinafter referred to as: the Strategy).

It shall be based on recommendations from international organisations that endeavour to fight against HIV infection. Furthermore, it shall consider the changing epidemiological situation in Slovenia, Europe and all over the world, experience in prevention and treatment of HIV infections and the latest scientific discoveries in this area.

The Strategy shall be harmonised with the Resolution on the National plan of Health Care 2008–2013\(^1\) and the Resolution on the National Programme in the Area of Drugs 2004–2009\(^2\) and shall consider numerous international directives and documents.\(^{3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27}\)

The Strategy shall consider basic medical, public health, educational, ethical and legal principles, social and economic factors and points of view of experts employed in governmental institutions and other organisations, along with individuals who represent groups with an increased burden of HIV infection, HIV-infected persons, representatives of civil society, non-governmental organisations and religious communities.

The Strategy may be changed and adjusted according to new discoveries and indicated needs.

1.2 THE PANDEMIC OF HIV INFECTION

The pandemic of HIV infection is a human, social and economic catastrophe with severe consequences for individuals, families, communities and countries. Its future progression and extent remain unknown; however, current data is alarming, as the number of infections is increasing more rapidly than the number of infected persons starting medical treatment. Therefore, without any provision of proper prevention HIV infection will continue to spread, especially among the poor and in developing countries.

HIV infection knows no national borders or geographical boundaries. Efforts from all countries, international organisations, donors, civil society and private sector can prevent a pandemic of even greater magnitude.

According to the estimations of the UNAIDS and the World Health Organization\(^28, 29\), 33 million persons were infected with HIV by the end of 2007. In 2007, 2.5 million persons were infected by HIV. 1.7 million (68 percent) of these persons died in sub-Saharan Africa and 2.1 million persons died from AIDS-related illnesses. In Eastern Europe and Middle Asia, the number of HIV-infected persons has increased by over 150 percent in comparison to 2001 - from 630,000 to 1.6 million in 2007.

HIV infection still remains one of the largest public health problems in Europe. In comparison to past years, the number of newly detected HIV infections has increased in many countries. More than 48,892 newly detected HIV infections (76 per million residents)
in 49 European countries (53 countries from the WHO European Region) were reported in 2007. The highest number of infections was reported in Eastern Europe (165 per million residents), twice as much as in Western Europe (77 per million residents) and almost twenty times more than in Central Europe (10 per million residents). In Eastern Europe, the main cause of transmission is exposure to infected blood while using the same needle for injecting illegal drugs, although the number of IDU is decreasing. In Central and Western Europe, the most affected group is MSM, among which the number of newly diagnosed infections has rapidly increased in the last few years. In Western Europe, most persons with newly diagnosed HIV infections were infected through heterosexual contact, but more than half of these infections were detected among immigrants from countries with a high share of infected population, especially from sub-Saharan Africa. A larger share of other persons was infected through risk sexual intercourse in countries with a high share of infected persons.

Among 28 European Union/EFTA countries (not including Italy and Austria) 26,279 newly diagnosed HIV infections (64 per million residents) were reported in 2007. In the period from 2000 to 2007 the number of newly diagnosed HIV infections increased from 44 per million residents to 58 per million residents. In this period, the number of newly diagnosed infections more than doubled in seven countries: Bulgaria, Czech Republic, Hungary, The Netherlands, Slovakia, Slovenia and Sweden. In 2007, most infections were reported among men (69 percent). The number of new infections among MSM has increased by 40 percent in the period from 2003 to 2007, while the number of infections among IDU has decreased by 30 percent.

1.3 EPIDEMIC OF HIV INFECTION IN SLOVENIA

There is less than one person with HIV per 1000 residents in Slovenia, which is still a relatively small number compared to the majority of other European Union countries; however, the number of infected persons has been increasing. 48 HIV infections were detected in 2008, which is 270 percent more than ten years earlier and 30 percent more than in 2007.

After 1986, when the first infections were reported, until the end of 2008, 404 HIV infections were diagnosed and lawfully reported in Slovenia. Since 2004 the annual number of newly diagnosed HIV infections has been increasing, especially due to the increased number of infections among men who have sex with men (Picture 1 and 2). The last diagnosis of HIV infection of an injecting drug user was established in 2001 and the last HIV diagnosis of a child born to an infected mother in 2004. The prevalence of AIDS (11 patients fell ill with AIDS in 2008) and the death rate of patients with AIDS (5 patients died in 2008) has remained relatively low, especially due to the good accessibility to quality treatment and highly active anti-retroviral treatment.
If HIV infection is detected too late, the opportunity for timely and more successful treatment is not used; moreover, the risk of early AIDS development and death from AIDS increases. In 2008, 27 persons (56 percent of those diagnosed) were diagnosed with HIV too late - they had less than 350 cells/mm³ at the time of the diagnosis; 15 persons (31 percent) were diagnosed with HIV infection at a very late stage - they had less than 200 cells/mm³ at the time of the diagnosis, which means that their immune system was already highly affected; 10 persons were diagnosed with AIDS (21 percent).

Picture 3 shows the levels of the annual late diagnosed HIV infections per million residents. The burden of late HIV diagnoses has increased since 2003; especially due to late diagnoses among men who have sex with men.
Compared to numerous other European countries, Slovenia conducts a relatively small number of HIV infection tests, although the number of tests has moderately increased in the last few years. In 2008, 15 diagnostic tests per 1000 residents with an average of two positive results were conducted. There is not enough demand for testing, especially among men who have sex with men. In the period from 2004 to 2008 in small occasional patterns of men who have sex with men, and who have reported to have had tests for HIV infection in the past year, the numbers ranked between 27 (in 2007) and 38 percent (in 2008).

Table 1 shows the changes of the share of infected persons in occasional, unrepresentative samples of four easily accessible groups with various types of risk behaviour (men who have sex with men, injecting drug users, patients with STIs tested for syphilis and pregnant women who get screened for syphilis) through unlinked anonymous testing performed for the purpose of epidemiological monitoring of HIV infection. In Slovenia the burden of HIV infection is the highest among men who have sex with men; however, the share of infected is lower than 5 percent. The share of HIV-infected persons is high also among patients with sexually transmitted infections, of which the highest share is represented by men who have sex with men. The data from epidemiological monitoring of syphilis is also very alarming; namely, it shows a distinctive increase in new diagnoses of syphilis among men who have sex with men, among which a considerable portion is known to be infected with HIV. An intensive spreading of HIV infection among injecting drug users has not started yet. The share of infected pregnant women is very low.
TABLE 1: Share of infected among IDU, MSM, patients with STI and pregnant women, Slovenia, 2004-2008

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>Number of places</th>
<th>Number of tested patients</th>
<th>Number of HIV-infected persons</th>
<th>Share of HIV-infected persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td><strong>Injecting drug users</strong></td>
<td>2004</td>
<td>3</td>
<td>173</td>
<td>59</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>3</td>
<td>137</td>
<td>57</td>
<td>0</td>
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<tr>
<td></td>
<td>2006</td>
<td>3</td>
<td>125</td>
<td>35</td>
<td>0</td>
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<td></td>
<td>2007</td>
<td>3</td>
<td>130</td>
<td>44</td>
<td>0</td>
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<tr>
<td></td>
<td>2008</td>
<td>3</td>
<td>142</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td><strong>Men who have sex with men</strong></td>
<td>2004</td>
<td>1</td>
<td>79</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>1</td>
<td>82</td>
<td></td>
<td>3</td>
</tr>
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<td></td>
<td>2006</td>
<td>1</td>
<td>94</td>
<td></td>
<td>2</td>
</tr>
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<td></td>
<td>2007</td>
<td>1</td>
<td>124</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2008</td>
<td>1</td>
<td>137</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td><strong>Patients with sexually transmitted infections</strong></td>
<td>2004</td>
<td>7</td>
<td>328</td>
<td>148</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>7</td>
<td>403</td>
<td>170</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2006</td>
<td>7</td>
<td>419</td>
<td>211</td>
<td>10</td>
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<tr>
<td></td>
<td>2007</td>
<td>7</td>
<td>484</td>
<td>257</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>2008</td>
<td>7</td>
<td>677</td>
<td>264</td>
<td>23</td>
</tr>
<tr>
<td><strong>Pregnant women</strong></td>
<td>2005</td>
<td>8</td>
<td>8008</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2007</td>
<td>8</td>
<td>8963</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Data source: epidemiological monitoring of the changes in the share of infected persons in occasional, non-representative samples of four easy accessible groups with various types of risk behaviour, through unlinked anonymous testing for the purpose of epidemiological monitoring of HIV infection. All collected samples were tested for HIV antibodies after all the data that could link the sample to a person was removed from the samples.

**Injecting drug users**; the saliva samples were voluntarily collected among injecting drug users, who entered the substitute treatment programmes since 1995 in at least one centre for the treatment of addiction to illegal drugs. For the period of two months over the last three years we collected samples also among patients in needle-and-injection-sharing programmes in Ljubljana and Koper.

**Men who have sex with men;** We have been collecting saliva samples once a year in Ljubljana since 1996 in small occasional samples from men who have sex with men in one of the places where these men gather.

**Patients with sexually transmitted infections;** Serum samples from patients with sexually transmitted infections, who were tested for syphilis, have been collected since 1993 in numerous laboratories for serological diagnostics of syphilis throughout the country.

**Pregnant women;** Serum samples from pregnant women who were tested with screening for syphilis have been collected since 1993 in numerous laboratories for serological diagnostics of syphilis throughout the country. Due to a low share of HIV-infected persons, we take samples only every two calendar years since 1995.

Prevention of new HIV infections is based primarily on the limitation of risk sexual behaviour among those who are not infected and among the infected. A rapid increase of the share of men and women who used a condom during first time having sex since the 1980s shows that we were relatively successful in the promotion of safer sexuality and use of condoms in Slovenia. The majority of the Slovene population who had heterosexual sex for the first time in the second half of the 1990s used a condom and thus limited the risk of unwanted pregnancy and sexually transmitted infections (picture 4). Those who use a condom the first time use condoms more frequently also in later in life.

Because the burden of an infection among men who have sex with men is the highest, promotion of safer sexuality including proper and consistent use of condoms and lubricants is especially important in this group. Monitoring of risk behaviour in smaller, occasional
samples of men who have sex with men in Ljubljana does not indicate a recently distinctive decrease of frequent use of condoms in anal sexual intercourse (picture 5).

**PICTURE 4:** The use of condoms for the first time having heterosexual sex according to the time of the event among men and women between 18 and 49 (probability sample), Slovenia, 2000

![Graph showing the use of condoms for the first time having heterosexual sex among men and women in Slovenia, 2000.]

**PICTURE 5:** The use of condoms in an occasional sample of men who have sex with men for anal sexual intercourse in the past year, Ljubljana, Slovenia, 2001-2008

![Graph showing the percentage of men and women who used condoms always, most of the times, sometimes, and never for anal sexual intercourse in Ljubljana, Slovenia, 2001-2008.]

Source: epidemiological monitoring of risk behaviour associated with unlinked anonymous testing in occasional sample of men who have sex with men, for the purpose of epidemiological monitoring of HIV infection, Ljubljana, Slovenia, 2004-2008.

MSM – the number of men who had anal sex with men in the past year and answered questions about the use of condom.
1.4 HISTORY OF CONFRONTING HIV AND AIDS IN SLOVENIA

The Ministry of Health and Social Affairs established a consulting body in 1985 with the purpose to study the issue of HIV and AIDS. The last national programme of prevention and control over AIDS in the Republic of Slovenia (1995-2000) was adopted by the AIDS commission (13 June 1996) and the Health Council of the Ministry of Health (3 October 1996). Wide consensus on the programme was achieved at the Working meeting for political consensus on facing AIDS in Slovenia, on 28 September 1995 in Ljubljana. Representatives from the Ministry of Labour, Family and Social Affairs, the Ministry of Internal Affairs, the Ministry of Defence, the Ministry of Justice, the Ministry of Education and Sport, the Ministry of Health, the Ministry of Science and Technology, the Faculty of Medicine, the Faculty of Theology, the Institute of Public Health of the Republic of Slovenia, the Medical Centre, the Blood Transfusion Institute of the Republic of Slovenia, the Health Insurance Institute of Slovenia, the National Education Institute and numerous non-governmental organisations (the AIDS foundation Robert, the Red Cross, the Slovenian Ecological Movement, the MAGNUS Student Cultural Centre, the Roza Student Cultural Centre, STIGMA, the Social Forum for Addiction and Narcosis) participated at this meeting. Members of the Global AIDS Programme of the World Health Organisation’s regional office for Europe also participated at this meeting.

Many activities for preventing and controlling HIV infection are being implemented within the framework of the health care system. The most important activities include:
– promotion of safer sexual behaviour among the entire population, especially among young people,
– prevention and treatment of drug addiction,
– activities for limiting the damage of IDU, also in prisons,
– free confidential or anonymous testing for HIV infection, including counselling,
– laboratory diagnostics of HIV infection,
– medical care of infected persons,
– safe implementation of all procedures in health organisations and provision of safe blood and blood products, and
– epidemiological monitoring of epidemic development.

The Institute of Public Health of the Republic of Slovenia that is at the head of the public health network, including regional institutes of public health, has been involved for years through partnerships with numerous governmental and, especially, non-governmental organisations in preparing professional starting points, materials, coordination, organisation of numerous activities and support for those activities throughout the state. Individual programmes have also been accepted by other European countries; for example I wish you safe love on the Valentine's Day.

Non-governmental organisations and other interested groups have been successfully integrating themselves into numerous activities such as awareness, counselling and promotion of safer sexuality. The MSM have answered with campaigns for the promotion of safer sexuality.

The World AIDS day campaign has become a key mechanism in order to support the civil society in integrating in common efforts. These campaigns have been emphasizing selected messages throughout the year. On World AIDS day, a conference for expert public and media has been being organised for many years.
Due to the increased number of HIV infections and with the purpose of more intensive cooperation, the Ministry of Health of the Republic Slovenia, the Health Insurance Institute of Slovenia, non-governmental organisations of MSM (associations ŠKUC, DIH, Legebitra) and the Faculty of Social Science have formed a coalition at the end of 2008. On the basis of this cooperation, a communication campaign was established in June 2009 for the prevention of transmission of HIV in Slovenia, with the slogan “Spread the word, not the virus”.

2 STRATEGY PRINCIPLES

The most important principle of the Strategy is to respect the human rights.

Human rights that should be specially protected include:
– the right to life and respect for the universal right to health,
– the right to the best possible treatment,
– the right to non-discrimination,
– the right to equal protection and equality before the law,
– the right to the best possible physical and psychological health,
– the right to personal freedom and security,
– the right to freedom of movement,
– the right to seek asylum,
– the right to privacy,
– the right to freedom of thought and speech, to give and spread information,
– the right to integration,
– the right to work,
– the right to a family,
– the right to equal education opportunities,
– the right to an adequate standard of living,
– the right to social assistance,
– the right to enjoy scientific achievements,
– the right to participation in public and cultural life, prohibition of torture and cruel, inhumane or humiliating treatment or punishment.

The Strategy is based on the following significant starting points:
– universality, quality of services, equality and solidarity,
– consideration of the global scope of this phenomenon and the general mobility of persons,
– promotion of the integration of civil society, infected and sick persons in the preparation of the Strategy and implementation of activities,
– defending preventive culture and stressing the importance of the responsibility of an individual for one’s own health and the health of others,
– defending open and easy access to information for everyone,
– consideration of balance in methods (prevention, treatment, care),
– defending measures based on evidence,
– consideration of measures for long-term system sustainability and financial resources of the state.
3. TARGET GROUPS AND STAKEHOLDERS

3.1 TARGET GROUPS

**All residents**
→ Awareness and information on the methods of HIV transmission in the population are a precondition for limiting risk behaviour and decreasing the stigmatisation and discrimination of vulnerable groups.

**Groups with high-risk behaviour**
→ Due to their behaviour they are the group most exposed to HIV infection, including:

- **MSM**
  → In Slovenia, MSM is the group that has the highest burden of HIV infection and is rapidly growing. Homosexual young men, especially in the period before sexual activity or in its first years, represent a population of those MSM who are infected with HIV at a very young age. This group is twice as vulnerable but is liable to the same risks as MSM or young people in general.

- **patients with STIs**
  → STIs are an indicator of risk sexual behaviour; therefore, patients with STIs are a group with a higher risk of HIV infection.

- **IDU**
  → IDUs are a group with risk behaviour for HIV because they share needles for the injection of drugs and have unprotected sexual intercourse. When the number of infections among IDU increases, HIV infection can be transmitted among the general population through unprotected sexual intercourse.

- **All other residents with risk sexual behaviour**
  → All those who frequently change their sexual partners, those involved in commercial sex and their clients, persons who travel to areas with high HIV prevalence and have sexual intercourse there, etc. are under threat.

**Vulnerable groups**
→ Persons who do not have equal access to information or protection against the infection are more vulnerable (for example persons in prisons, migrants).

**Young people**
→ Risk behaviour is easier to prevent than to change; this is why education for a healthy sexuality is very reasonable for this group. Behaviour acquired by young people will have an impact on the development of the HIV epidemic within the whole generation.

**HIV-infected persons and their partners**
→ Counselling, treatment and care must be provided for HIV-infected persons. Safer sexuality and avoidance of other risk behaviour also needs to be provided for the prevention of further spreading of infection.
3.2 STAKEHOLDERS

Line ministries
→ Strategy implementation requires political support and interdepartmental cooperation between line ministries.

AIDS commission
→ A multidisciplinary consulting body within the Ministry of Health of the Republic of Slovenia for the field of prevention and control of HIV infection.

Expert public
→ Has direct access to and important influence on significant target groups; therefore, it is the holder of the Strategy.

Non-governmental sector
→ Has direct and easy access to less accessible target groups with higher risk behaviour; moreover, it can use its knowledge and experience to complement governmental interventions in the implementation of the Strategy.

Media
→ Are the key carriers of messages for wider public and designers of the media's agenda.

4 STRATEGY PILLARS AND AIMS

The Strategy is based on three **PILLARS** and follows eight **AIMS** within those pillars:

**Preventing infections (pillar 1):**
- Preventing transmission through sexual intercourse (aim 1),
- Preventing transmission through blood (aim 2),
- Preventing mother to child transmission (aim 3);

**Provision of early detection of infections, preventing transmission and treatment (pillar 2)**
- Decrease in the number of undetected infections (aim 4)
- Counselling for infected persons and informing their contacts (aim 5),
- Provision of quality treatment (aim 6);

**Decreasing personal and social impact of HIV infection and AIDS (pillar 3):**
- Integration of infected persons in society (aim 7),
- Limitation of discrimination and stigmatisation (aim 8).
Preventing infections

AIM 1: preventing transmission through sexual intercourse
AIM 2: preventing transmission through blood
AIM 3: preventing mother to child transmission

Provision of early detection of infection, preventing transmission and treatment

AIM 4: decreasing the number of undetected infections
AIM 5: counselling for infected persons and informing their contacts
AIM 6: ensuring treatment

reduction of the personal and social impact of HIV infection and AIDS

AIM 7: integration of infected persons in society
AIM 8: restricting discrimination and stigmatisation

TARGET GROUPS
- all residents
- young people
- groups with risk behaviour for an infection and vulnerable groups
- the infected and their partners

STAKEHOLDERS: Government with line ministries, AIDS commission, expert public, nongovernmental sector, media

INFORMATION
- Epidemiological monitoring, research

KNOWLEDGE AND MEANS

MEASURES
- (politics, programmes)

MONITORING AND EVALUATION

IMPROVEMENTS
4.1 PREVENTING HIV INFECTIONS (pillar 1)

HIV infection is a sexually transmitted infection (STI), which can also be transmitted through blood like some other STIs, and from a mother to an unborn baby or to a newborn through breastfeeding. Due to various methods of HIV transmission, the Strategy includes the following aims:

– preventing transmission through sexual intercourse (aim 1);
– preventing transmission through blood (aim 2);
– preventing mother to child transmission (aim 3).

Preventing HIV infections is the most important pillar of the Strategy.

4.1.1 PREVENTING TRANSMISSION THROUGH SEXUAL INTERCOURSE (aim 1)

Transmission through unprotected sex (vaginal, anal, oral), which is the most common method of transmission, can be prevented by providing proper education about HIV infection and by promoting responsible and safe sexual behaviour within the entire population, young people and especially among groups with higher risk behaviour for infection.

Preventing transmission of HIV infection through sexual intercourse is provided by:
– the promotion of safer sexual behaviour, including the use of condoms;
– medical treatment of patients with STIs.

4.1.1.1 Promotion of safer sexual behaviour, including the use of condoms

The promotion of safer sexual behaviour includes:
– promotion of the (proper) use of condoms with any risk sexual intercourse (for example, sexual intercourse between partners outside a long-term relationship of two non-infected partners) with oral, vaginal and anal sex;
– promotion of mutual faithfulness;
– promotion of a limited number of sexual partners;
– promotion of communication between sexual partners about responsible and safer sexuality;
– promotion of the postponing of sexual intercourse (for example, encouraging young people to wait to have sex for the first time).

Awareness of target groups about safer sexuality must be comprehensive and has to include all the aspects of safe behaviour and possibilities of protection against HIV infection. Messages need to be adjusted to needs, knowledge and behaviour of target groups. They must promote not only changes in viewpoints, but also in the behaviour of individuals and groups; whereby, they must consider the latest knowledge from the field of social marketing.

Promotion among the general population

Awareness and information on the methods of HIV transmission and transmission of other STIs can significantly influence the reduction of risk behaviour, stigmatisation and discrimination of vulnerable groups within the entire population. Different segments of the population need to be provided with basic information on HIV and AIDS, on the possible methods of infection and how to avoid them, on the consequences of the infection and the methods of prevention. STIs increase the risk of HIV infection; therefore, the general
population needs to be educated about the symptoms and indicators of STIs, about possible progress of infection without any disease symptoms and signs and about the importance of early detection and treatment.

Promotion among groups with higher risk behaviour and vulnerable groups

There are various reasons why groups with higher risk behaviour and vulnerable groups are more exposed to the danger of HIV infection. Risk behaviour has different reasons, which has to be considered for intervention. Appropriate communication and measures demand in-depth knowledge of characteristics of these groups, as well as disincentive and incentive causes for risk and preventive behaviour. In interventions, special attention should be devoted to compulsory permanent and proper use of condoms when limiting risk behaviour (for example, promotion of a limited number of sexual partners and postponing sexual intercourse with partners with an unknown HIV status).

■ MSM
Better coverage of quality programmes for preventing HIV infection for MSM must be provided with intensive promotion of safe and safer sexual intercourse and regular (consistent and proper) use of condoms and lubricants for sexual intercourse (oral, anal, vaginal). MSM are a very heterogeneous and dispersed group with different demographical and economical characteristics, lifestyles and different reasons for risk behaviour; therefore, these factors should be taken into consideration. Knowledge of reasons for using and not using condoms within MSM is an important starting point for the preparation of appropriate interventions in order to change the behaviour towards greater use of condoms.

A special group inside MSM are homosexually oriented young men. This group represents an important part of infected persons in MSM and requires special attention; namely, in most cases the preventive measures for the MSM group do not reach this group before the start of their sexual activities. These persons have a special emotional and sexual orientation, which means that they will most probably have emotional and sexual relationships with persons of the same gender in the coming years. Due to the stigmatisation, they cannot recognise and accept their orientation and do not see themselves as a part of the MSM group. The environment tends to react in the same way, which is why general programmes for young people don’t consider the reality of relationships established within the MSM group. Having unprotected sex the first time one has sex is sufficient for an infection; therefore, addressing this topic from a preventive point of view is very important. This generation is now between 16 and 25 years old and has not experienced the media messages from the most deadly AIDS period; therefore, they are not aware of the extent of this problem.

■ Patients with STIs and persons with increased risk for STI (persons who frequently change sexual partners)
Patients with STIs and persons with increased risk for STI need to be educated about all the risk possibilities for the transmission of HIV infection, symptoms and indicators for STIs, about the possibility for development of STIs without symptoms, the importance of an early detection and treatment of STIs and mutual connectivity of risk for HIV infection and STIs. This group needs to be encouraged towards regular use of condoms and other measures within the framework of the promotion of safer sexual behaviour.
Persons involved in commercial sex and their clients
This population needs to be encouraged towards regular testing for HIV infection and STIs and obligatory regular and proper use of condoms/lubricants and/or dental dams during sex.

Persons, who travel to areas with high HIV prevalence and have sexual intercourse there (sexual tourism)
Passengers who travel to areas with high HIV prevalence must be warned against danger of HIV infection and other STIs; furthermore, they must be provided with information about proper protection. It is reasonable to provide information material at places where they gather (for example, in harbours, at international student offices, in dormitories, at train stations, at airports, in planes, at tourist agencies, at truck stops, etc.). Interventions are especially reasonable with those who are highly mobile, for example, students and soldiers.

IDU
Infection can also be transmitted in the IDU group through unprotected sexual intercourse; therefore, safer sexual behaviour needs to be promoted among the IDU. This is especially important for those involved in prostitution.

Persons who do not have equal access to information or protection against infection (for example prisoners, migrants)
Due to the limited access to information, lack of knowledge, limited accessibility to means for preventing transmission of HIV infection like condoms, or access to health care services, special preventive programmes should be planned for these groups in cooperation with institutions and non-governmental organisations responsible for such activities, since they are familiar with characteristics of these groups. These programmes should also include prevention from HIV infection with emphasis on the use of condoms for sexual intercourse outside permanent partnerships. They should also point out the possibility of the transmission of HIV infection while injecting illegal drugs with non-sterile needles, preventing rape, tattooing with non-sterile needles and warning against the danger of using used razor blades, etc.

Promotion among young people
Promotion of safer sexual behaviour and use of condoms is especially important among young people. The behaviour they will acquire when they become sexually active will be crucial to the further spreading of HIV infections in future decades. The most reasonable period for the commencement of sexual education is before high school. An early comprehensive education for healthy sexuality among young people does not affect early sexual relations; however, it creates more responsible sexual behaviour. Young people must be encouraged to wait until they're ready to have sex and know and understand safe sex behaviour. In this way, they will be able to protect themselves from HIV infection, other STIs and unwanted pregnancy. They must be acquainted with the dangers and consequences of risk behaviour, which also increases the possibility of HIV infection and STIs. Young people should also be educated about the diversity of society; furthermore, they should be encouraged to respect diversity, tolerance and intolerance of discrimination and violence. Inclusion of these topics in the primary school curriculum is of fundamental importance.
4.1.1.2 Medical care of patients with STIs

Comprehensive and quality treatment of STI patients in health services includes:
– detection and treatment of STIs in accordance with professional guidelines,
– counselling for safer sexuality, including the promotion of the use of condoms, lubricants and dental dams,
– informing and examining sexual partners who may have been exposed to STI,
– reporting of detected STI for the purpose of epidemiological monitoring,
– testing for HIV infection since STI patients are a high risk group.

A national network of specialist health services on all levels is available for the implementation of these activities. Two important tasks include the modernisation of national guidelines for quality comprehensive treatment of STI patients, which will be prepared by a special interdisciplinary professional group under the auspices of the AIDS commission, and the provision of permanent and regular training of health workers for their consistent implementation on the level of good clinical practice and counselling, for which appropriate education of a wider spectrum of health workers will have to be restored.

Due to the large burden of STIs, the proven higher risk for an HIV infection of persons with STI (especially STI with an ulcer), changed clinical courses of STIs with HIV-seropositive persons, direct accessibility to specialist health services for direct treatment of STIs is a significant priority task. The health system must provide quality and easily accessible specialist medical care of STI patients without referral. It needs to be assured that STI clinics can conduct tests for all causes of STIs in accordance with professional recommendations. It is advisable that each person who visits an STI clinic is tested for HIV.\[36\] It is reasonable that high-risk groups for STIs, like MSM, are provided with medical treatment, including also the detection and treatment of proctological STIs.

4.1.2. PREVENTING TRANSMISSION THROUGH BLOOD (aim 2)

Transmission of HIV infection through blood can happen when receiving infected transfusion blood, through organ transplantation from an infected donor, through the use of infected cells or tissue, through the use of surgical or other equipment while doing invasive procedures without proper sterilisation or when IDUs use the same non-sterile needles.

Transmission through blood is prevented by:

– provision of safe blood, blood products, cells, tissue and organs for transplantation,
– provision of aseptic conditions for invasive procedures,
– promotion of safer behaviour of IDUs.

4.1.2.1 Provision of safe blood, blood products, cells, tissue and organs for transplantation

In Slovenia, the safety of blood and blood products, cells and organs for transplantation is guaranteed; namely, this field is regulated by legislation. The Supply of Blood Act\[37\] regulating quality and safety standards for population supply with blood and blood products is harmonised with European Directives\[38, 39, 40, 41\] The Act on Quality and Safety of Human Tissues and Cells for the Purposes of Medical Treatment\[42\] regulates quality and safety
standards for the use of human tissue and cells with the purpose of providing a high level of protecting human health; it is also based on appropriate European Directives. 43,44, 45

Provision of safe blood and blood products is conducted on several levels:
– rationalisation of treatment with blood and medicinal products through blood,
– selection of blood donors with low risk of infections,
– HIV infection testing,
– provision of good laboratory practice,
– removing/disabling of viruses in medicinal products from blood, monitoring of transmission of infections and intervention in the case of possible infections.

4.1.2.2 Provision of aseptic conditions for invasive interventions

Preventing transmission of HIV infection in medical institutions is based on thorough implementation of procedures for prevention and control of infections connected to treatment or hospital infections also through proper sterilisation of instruments for piercing skin and correct techniques with surgical and other invasive procedures. The basic work principle in healthcare is to follow general precautionary measures. For health workers and laboratory personnel who deal with blood or perform invasive procedures, it is always necessary to act as though all blood is infected. Medical institutions need to provide education of all medical workers on general precautionary measures, used instruments, consistent implementation of these measures and supervision over implementation on the basis of the provisions of the Contagious Diseases Act.30

4.1.2.3 Promotion of safe behaviour of injecting drug users

Activities for prevention and control of HIV infection among IDUs are in compliance with the strategy on drugs. Considering numerous medical risks and harmful social consequences of injecting illegal drugs, among which HIV infection is only one of many, an ideal and important aim is to decrease the need for psychoactive drugs. IDUs who share instruments for injecting belong to a higher risk group for the transmission and spreading of HIV infection. The HIV infection can spread very quickly among the IDUs and through unprotected sexual intercourse with IDUs also to other population. Preventing HIV infection with IDUs is a feasible aim under the condition that preventive measures are continuous and are performed with all drug users, infected and not infected. Among IDUs who have been diagnosed with HIV, all efforts need to be made that the infection doesn't spread. Appropriately planned preventive measures decrease not only the transmission of HIV infection, but also other diseases transmitted through infected blood, especially Hepatitis B and C. The best results can only be achieved by planning activities in cooperation with local communities, and that these activities are available at various locations at various times and on various days due to very diverse lifestyles of drug users. The latter is the main reason for the necessity for a well-coordinated approach on a local level or in places where these groups are located.

4.1.2.3.1 Prevention of HIV infections in prisons

Prevention of HIV infections in prisons represents part of the comprehensive strategy for controlling problems with illegal drugs. It is based on the detection of infected persons and their treatment as well as on awareness of prisoners and staff about risk behaviour, infection possibilities, protection, illness development and treatment. Such institutions must provide disinfectants, detergents, latex gloves and condoms. Treatment of HIV-infected persons in prisons is consistent with the recommendations of the Council of Europe (R 93)
646 and (98) 747 and with the World Health Organization. Within the framework of the
detection of HIV infections in prisons, voluntary and confidential testing is also performed.
Before and after testing, prisoners are provided with individual counselling and the same
medical care as for insured persons.

It is important to provide accessible treatment for illegal drug addiction (also substitute
treatment) and programmes for the reduction of damage among injecting drug users also
in prisons.

4.1.3 PREVENTION OF MOTHER TO CHILD TRANSMISSION (aim 3)

Women in their period of fertility and their partners must be informed about proper
protection from HIV infections even before pregnancy. This is also important for preventing
infections of future pregnant woman and transmission from infected mother to child.
Childbirth class programmes must include topics on HIV and STIs.

For the prevention of mother to child transmission, appropriate treatment, prophylaxis and
counselling must be accessible. For the provision of excellent treatment it is advisable that
such care is centralised.

Pregnant women who inject drugs and are infected with HIV are especially vulnerable.
Besides gynaecologists, other experts for the treatment of illegal drug addiction, such as
psychiatrists or psychologists and representatives of social work centres, also need to be
present at their treatment.

Infected babies must be provided with special medical, psychological and social care.

In the future, we plan to introduce screening of pregnant women for HIV infection.

4.2 PROVISION OF EARLY DETECTION OF INFECTIONS, PREVENTION OF
TRANSMISSION AND TREATMENT (pillar 2)

4.2.1 DECREASING THE SHARE OF UNDETECTED INFECTIONS (aim 5)

4.2.1.1 Promotion of testing with counselling

Early detection of HIV infection is important for successful medical treatment and
prevention of new infections. To decrease the number of undetected HIV infections or late
diagnoses, it shall be necessary to increase the extent of testing, especially in groups with
a higher possibility of infection.

We must encourage persons to get tested more often. Due to the destigmatisation and
normalisation of HIV testing, the most advisable method of HIV testing is confidential
testing at a family doctor, covered by the compulsory health insurance. HIV tests (taking a
blood sample and sending it to the laboratory) should be available in all medical
institutions.
Confidential testing for HIV infection, free-of-charge for all patients who have compulsory health insurance, is performed on all levels of healthcare and is especially advisable for:

- anyone with signs of or disease problems or disease symptoms indicating HIV infection,
- children born to mothers with HIV infection,
- patients from STI clinics and patients with STI signs and disease problems,
- groups with risk behaviour, especially MSM and IDUs,
- partners of persons who have been diagnosed with HIV,
- anyone who thinks they may have been exposed to an HIV infection.

A voluntary, confidential, anonymous and free testing with counselling is also available at the Clinic for Infectious Diseases and Fever Conditions at the University Medical Centre Ljubljana.

Counselling, performed by qualified doctors and other medical workers, must also be part of every testing. Counselling before testing is easier and quicker with through use of informative materials. With unclear and positive results, counselling after testing is obligatory. For STI patients, groups with higher risk behaviour and persons arriving frequently for testing, counselling after testing is obligatory, regardless of the testing results, also in order to encourage the change of their risk behaviour. Medical workers or co-workers providing counselling must be properly educated. It is reasonable to introduce alternative ways of counselling with testing outside medical institutions in an environment where it would be more effective.

4.2.1.2 Provision of quality laboratory diagnostics

The Laboratory for Molecular Microbiology and Hepatitis and AIDS Diagnostics at the Institute for Microbiology and Immunology of the Medical Faculty of Ljubljana (Referential Laboratory for HIV of the Republic of Slovenia) prepares Slovenian guidelines for microbiological diagnostics of HIV infection, monitors results and coordinates external supervision of testing quality for HIV infection in Slovenia.

HIV testing is performed only by laboratories that have appropriate licences. The list of laboratories must be accessible on the website of the Ministry of Health of the Republic of Slovenia. Individual laboratories that perform screening tests must send all anti-HIV repeatable reactive samples to the Referential Laboratory for HIV of the Republic of Slovenia, for clarifying the anti-HIV status.

All laboratories that perform HIV infection testing must cooperate regularly in at least one external system of supervision of quality and report the results to the Referential Laboratory of the Republic of Slovenia.

4.2.2 COUNSELLING OF INFECTED PERSONS AND INFORMING THEIR CONTACTS (aim 6)

Besides healthcare, the medical system must provide also counselling for a quality life with an HIV infection for HIV-infected persons:

- for preservation of health and strengthening of immune system,
- for prevention of opportunistic infections,
- for safer sexuality, prevention of STIs and transmission of HIV infection to others,
- for reduction of damage caused by injecting illegal drugs,
- for informing contacts.

Counselling is also provided for couples with only one infected partner.
Informing contacts includes public health activities that inform all known sexual partners of HIV-infected persons and others who have been exposed to infected body fluids. They are provided with counselling and testing and, if needed, treatment and nursing. Potential benefits include prevention of the transmission of HIV infection and timely treatment of infected persons. Infected persons usually inform their contacts by themselves. With the consent of the patient or when requested, medical workers can also inform patient’s contacts. Informing partners is confidential.

Within the framework of their programmes of prevention and control of HIV infection for risk behaviour groups, all non-governmental organisations provide counselling for HIV-infected persons as well.

For the provision of quality counselling, proper training of medical workers who perform counselling as well as those counsellors working in non-governmental organisations is required.

### 4.2.3. PROVISION OF TREATMENT (aim 7)

The quality of life is improved and life extended by timely treatment of HIV infections.

Compulsory health insurance includes free access to all necessary medical services for all HIV-infected persons.

It is necessary to provide quick access to all antiretroviral drugs approved by the EMEA.

In accordance with the professional guidelines for treatment of HIV infections, regular monitoring of health conditions, including laboratory diagnostics (viral burden in blood measurements, determining concentration of T-cells, determining sensitivity for antiretroviral drugs/resistance, prevention of opportunistic infections (primary and secondary prophylaxis)), medical treatment of opportunistic diseases and antiretroviral medical treatment are guaranteed. Counselling is an integral part of the medical monitoring of patients. HIV-infected persons are mostly monitored and medically treated in outpatient clinics; those with special treatment needs for clinical care are treated at hospitals.

Clinic for Infectious Diseases and Fever Conditions at the University Medical Centre Ljubljana represents the Slovene doctrine of monitoring of medical conditions, medical treatment and care for HIV-infected persons.

### 4.3 REDUCTION OF PERSONAL AND SOCIAL IMPACT OF HIV INFECTION AND AIDS

Reduction of personal and social impact of HIV infection can be influenced by providing versatile care to HIV-infected persons and their loved ones by actively preventing discrimination and stigmatisation of the infection and infected persons by empowering organisations of infected persons and preventing homophobia.

#### 4.3.1 INTEGRATION OF INFECTED PERSONS IN SOCIETY (aim 8)

The State has provided non-discriminatory legislation and politics in relation to HIV-infected persons, and respect of human rights in accordance with international
commitments. The availability of medical and social assistance as well as medical treatment should not be affected by HIV infection.

Efforts of the civil society and institutions fighting for fundamental rights of persons living with HIV must be supported; furthermore, especially organisations of persons living with HIV must be empowered.

4.3.2 LIMITATION OF DISCRIMINATION AND STIGMATISATION (aim 9)

The third phase of the AIDS pandemic on a global level is marked also as the epidemic of stigmatisation, discrimination and denial.\(^{49}\) Besides the disease, HIV-infected persons must face numerous other distresses due to stigmatisation. This can present an obstacle for efficient prevention, medical treatment and control of HIV infection.

Efficient prevention and limitation of stigmatisation and discrimination of infected persons are important for comprehensive successful prevention, medical treatment and control of HIV infection. Therefore, activities for the prevention of spreading of HIV infection also include messages for decreasing prejudice, promotion of tolerance and acceptance of diversity. An important task of the medical system and other organisations that deal with the prevention of HIV infections is to provide all the information a person needs for the prevention of HIV transmission and for the medical treatment, without being stigmatised. This issue is also important when treating a patient in the healthcare system. Information of the general public about the preventive measures, accessibility of medical treatment and its success are also very important factors in the fight against stigmatisation. Persons who are well informed about positive results of medical treatment and controllability of the disease change their attitude towards the infection and infected persons. On the other hand, lack of information often causes prejudice and unnecessary fear. Educating medical workers and the general public about the stigmatisation and discrimination issue of HIV-infected persons and AIDS patients needs to be a regular.

Homophobia, along with stigmatisation and discrimination, can in a group like MSM, which is a group with the highest burden of HIV infection in Slovenia, cause weakening of the efficiency of preventive programmes. Members of this group often don’t want to identify with such programmes, so they postpone testing and consequently also the medical treatment. In some cases, they even reject medical treatment.

Social stigmatisation of homosexual persons\(^{50}\) influences the level of psychological problems within this group and, consequently, contributes to a higher drug abuse rate, which means that homosexual persons more easily enter in risky sexual intercourses and behave differently in comparison with a sober state. Many members of MSM face the feeling of inferiority, even worthlessness. Sexual intercourse without a condom can, in this context, also be a form of self-punishment. Hiding their own sexual orientation due to the fear of homophobia, stigmatisation and discrimination can very often result in a reduction of complex sexual life to anonymous, quick, single, occasional and risky sexual contacts.

This also demands additional training of medical workers, strengthening of cooperation between the networks of infected persons and greater attention to topics like stigmatisation and discrimination of vulnerable groups and groups with a higher risk for infection inside the healthcare system. Therefore, education of medical workers and the general public regarding the stigmatisation and discrimination of MSM needs to be an integral part of preventive activities.
5 EPIDEMIOLOGICAL MONITORING

The state has been maintaining and developing a system for epidemiological monitoring of HIV infection in accordance with the professional guidelines of the European Centre for Disease Prevention and Control (ECDC), the World Health Organization, the UNAIDS and in accordance with the national priorities. This enables the definition of groups with the highest burden of infections, monitoring of changes of infection burden in time and making conclusions about the efficiency of measures for prevention and control of the infection. The results of epidemiological monitoring are the basis for an educated policy-making and strategy for prevention and control of HIV infection and allocation of limited funds in the most effective and reasonable manner.

Epidemiological monitoring of HIV infection harmonised by the Institute of Public Health of the Republic of Slovenia has many components:

– regularly collecting, analysing and interpreting of data on new HIV infections and AIDS diagnoses, deaths among the HIV-infected persons on the basis of statutory reports, including the data on medical treatment, resistance to medicinal products and cause of death.
– monitoring of changes in the prevalence of HIV infection in occasional samples of easier accessible groups with high-risk behaviour, especially among men who have sex with men, injecting drug users and patients with sexually transmitted infections;
– monitoring of changes in the prevalence of HIV infection in two groups with relatively low-risk behaviour, pregnant women and donors of blood, tissue and organs;
– monitoring of the extent and indications of diagnostic testing for HIV infection in groups of persons with various risk behaviours and in groups of patients with various disease problems and signs;
– monitoring of changes in education, viewpoints and risk behaviour in groups with high-risk behaviour, such as men who have sex with men, injecting drug users, as well as groups with average low-risk behaviour, such as young people and the entire population.

Burden of HIV infection is the highest among men who have sex with men; therefore, appropriate epidemiological monitoring of education, viewpoints, sexual behaviour and HIV infection is especially important in this group.

6 MONITORING AND EVALUATION OF THE STRATEGY

The Ministry of Health of the Republic of Slovenia is responsible for the monitoring of the implementation of the Strategy, including periodical reporting to the Government. Monitoring must be conducted in such a manner that enables evaluation of the efficiency and influence of the Strategy as a whole and its individual parts.

For the purpose of monitoring and evaluating the Strategy, the data from epidemiological monitoring (Chapter 5) is being used.

The Institute of Public Health of the Republic of Slovenia coordinates the monitoring and evaluation of the Strategy by monitoring at least the following UNGASS indicators in accordance with the recommendations of the UNAIDS:

Programme indicators:
• share of donated blood units, tested for HIV infection, in accordance with the quality testing standards;
• share of adults and children with progressed HIV infection receiving antiretroviral therapy;
• share of infected pregnant women, who were given antiretroviral drugs for limiting the risk of mother to child transmission;
• share of evaluated cases of tuberculosis with HIV infection who were treated for tuberculosis with HIV infection;
• share of persons from groups with the highest risk behaviour, who were tested in the last 12 months and know the results;
• share of persons from groups with the highest risk behaviour who were reached by preventive programmes;
• share of primary schools that implemented educational programmes about HIV in the past year;

Indicators of education and behaviour:
• share of young men and women who can define methods of protection against sexual transmission of HIV infection and can list the main methods of HIV transmission;
• share of young men and women who had sexual intercourse before the age of 15;
• share of men and women who had sexual intercourse with more than one sexual partner in the last 12 months;
• share of men and women who had sexual intercourse with more than one sexual partner in the last 12 months and have reported about using a condom during the last time they had sexual intercourse;
• share of men who reported about using a condom during their last anal sexual intercourse with a man;
• share of injecting drug users who reported about using a condom during their last sexual intercourse with a man;
• share of injecting drug users who reported using sterile instruments for their last injection.

These indicators, the methodology of collecting data and frequency of collecting data are adapted to the national needs and available resources.

Furthermore, the following indicator is being monitored as well:
• share of primary and high schools that had carried out education on safe sexuality in the past year.

7 RESEARCH

Long-term prevention and control of HIV infection depends also on the progress of science and provision of research funds on the national, regional and global levels.

Properly supported research in Slovenia must contribute especially to the evidence-based prevention of the transmission of HIV infection in groups with the highest risk of infection and to an understanding of education, viewpoints and risk behaviour for HIV infection and other sexually transmitted infections for the entire population. Since men who have sex
with men is a group with the highest burden of HIV infection, an in-depth quality and quantity research of education, viewpoints and risk behaviour for HIV infection and other sexually transmitted diseases in this group is especially important.

8 MOBILISATION AND COMBINING OF NATIONAL EFFORTS

8.1 INTERSECTORAL ACTIVITY
The implementation of the Strategy is based on co-responsibility and proportional representation of all sectoral politics, disciplines and civil society.

8.2 STRUCTURE OF OPERATION AND HARMONISATION OF THE STRATEGY

8.2.1 Competent governmental sectors
The State is responsible for the prevention and control of HIV infections. It prepares appropriate legislation, other statutory acts as well as political guidelines and provides funds for the implementation of the Strategy. Furthermore, it must provide political authority and a comprehensive multidisciplinary approach as well as good mutual cooperation of various sectors, professionals, non-governmental organisations, civil society, local communities, educational, medical, religious and other interested communities as well as those living with HIV or AIDS.

The following governmental sectors play the main role in the preparation and monitoring of the implementation of the Strategy:
– Ministry of Health,
– Ministry of Education and Sport,
– Ministry of Labour, Family and Social Affairs,
– Ministry of Justice,
– Ministry of Defence,
– Ministry of Internal Affairs.

8.2.2 AIDS Commission
The AIDS Commission is a multidisciplinary consulting body at the Ministry of Health. It includes representatives of responsible ministries, professionals who work in field of prevention and control of HIV infection, representatives of civil society, non-governmental organisations, affected groups and other interested public.

The commission is appointed by the Minister of Health. The general director of the Directorate for Public Health at the Ministry of Health, who is also the president of the commission, is responsible for the comprehensive harmonisation of the commission's work and activities. Members of the commission representing the Ministry of Health are nominated by the Minister of Health of the Republic of Slovenia. Members of the commission representing other governmental sectors are nominated by the competent ministries. Candidates for members of the commission representing civil society, disciplines, non-governmental organisations and affected groups are nominated by interested organisations.
Regular meetings of the commission, which take place at least twice a year, ensure exchange of information, effective harmonisation and cooperation of policies, disciplines and civil society. The AIDS commission provides advice on planning, monitoring and evaluation of the Strategy and regular checking of guidelines and the doctrine.

8.2.3 Cooperation of non-governmental organisations and civil society

Non-governmental organisations and civil society need to be included in the planning and implementation of the Strategy through activities that complement governmental activities. Their advantage is an easier access to groups with high-risk behaviour, flexibility and innovation. Where networks of non-governmental organisations are weak, the state must support them and establish clear and transparent rules of cooperation of non-governmental organisations in programmes for fighting HIV infections and other standards related to the use of funds and substantive implementation and evaluation of programmes.

8.2.4 Cooperation of affected groups

HIV-infected persons and those living with AIDS are necessary and indispensable participants in the preparation of strategies. With appropriate protection of their privacy, they need to be included in working bodies and other organs that prepare the Strategy in the area of HIV; furthermore, they must be encouraged to become holders of individual activities (for example self-help groups). This represents an opportunity for them to exchange the forced role of stigmatised and discriminated persons with an active role by distributing the decision-making power and responsibility among all key participants, which is also one of the most important principles of the Strategy.

9 FINANCING

The amount of funds needed for the successful implementation of the Strategy needs to be adjusted on the basis of new scientific discoveries or changes in the development of the epidemic. Considering the global trend of HIV infection growth and the increasing number of persons living with HIV, more funds for the prevention and control of HIV infection will be necessary in the future.

Investments in prevention are cost-efficient. However, with a relatively small input it is possible to limit the number of HIV infections and the relevant costs of treatment that is provided life-long and also very expensive.

Funds for the activities of the Strategy for the period of 2010-2015 are provided within the framework of the healthcare system and other governmental sectors and institutions. According to the experience, horizontal integration of activities is efficient and more reasonable than a vertically implemented programme.

The Ministry of Health and other line ministries provide funds for the implementation of the Strategy by co-financing preventive activities of non-governmental organisations.

The Ministry of Health provides funds for some priority preventive activities that are not implemented within the framework of healthcare services financed by the Health Insurance
Institute of Slovenia. Furthermore, it also provides funds for the implementation of public services of the Institute of Public Health of the Republic of Slovenia and healthcare institutes as well as funds for the implementation of free-of-charge testing at the Clinic for Infectious Diseases and Fever Conditions at the University Medical Centre Ljubljana. In the upcoming period, it shall be necessary to provide more funds for preventive activities, especially among MSM.

Research is co-financed within the framework of target research projects. Financing of applicable public health research and provision of funds for co-financing of European projects from the area of promotion of safer sexuality are also planned.

Financing of preventive activities (programmes of non-governmental organisations, programmes of public institutions) and activities for preventing damage due to the use of illegal drugs (ensuring instruments for safe injecting, programmes from non-governmental organisations) are regulated by the Resolution on the National Programme on Drugs Control\(^\text{51}\) and Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users.

Safety of blood is provided in accordance with the Supply of Blood Act.\(^\text{3}\)

Residents of the Republic of Slovenia who were infected with HIV in the Republic of Slovenia through blood transfusion or blood products that were made before 6 January 1986, have the right to damage compensation in the form of monthly life-long payments, as stipulated by the Reimbursement of Damage to Persons infected by HIV through Blood Transfusion or Blood Products Act\(^\text{52}\) and in accordance with the Rules on the Reimbursement of Damage to Persons infected by HIV through Blood Transfusion or Blood Products.\(^\text{53}\)

Within the framework of the compulsory health insurance, the Health Insurance Institute of Slovenia provides for all insured patients total payment of all medical services for prevention, detection or treatment of HIV infections.

### 10 INTERNATIONAL COHESION

By signing the UN Declaration of Commitment on HIV/AIDS\(^\text{52}\) that was adopted on a special meeting of the UN General Assembly in June 2001, Slovenia has undertaken to prepare and implement a national strategy for prevention and control of HIV infection and to participate in regional and worldwide efforts for more efficient dealing with this catastrophe.

On 11 June 2008 during the Slovenian presidency of the EU, the EU has once again undertaken, at the United Nations General Assembly,\(^\text{54}\) to implement the UN Declaration of Commitment on HIV/AIDS from 2001.

In accordance with the international initiatives in this area, Slovenia has been cooperating for the implementation of the Strategy with other neighbouring countries, partners within the framework of the EU, wider Europe and also globally. Slovenia cooperates with UNAIDS, UNDP and other United Nations agencies, the WHO, the European Commission,
the European Centre for Infectious Diseases and other relevant agencies of the European Union, and harmonises with other national and foreign partners.

For the implementation of HIV/AIDS policies in Europe, Slovenia has been actively participating in coordination groups established by the European Commission. These are:
- HIV/AIDS Think Tank, a forum to exchange information between the European Commission, the Member States, candidates and EEA countries,
- HIV/AIDS Civil Society Forum, an informal consulting body established in 2005 with the purpose of simplified cooperation between the non-governmental sector and other networks,
- Inter-service group on HIV/AIDS (ISG), a forum for coordination and cooperation between all relevant directorate generals,

Since 2004, Slovenia has been a state donor of development aid intended to fight poverty, famine and HIV/AIDS, provision of sustainable development and gender equality, by which it contributes a share of the GDP for the narrowing of differences between developed and developing countries.

International integration enables Slovenia to actively participate in efforts for stopping the spread of the epidemic and adopting the best international practices for confronting the HIV infection.


46 Rec. R (93) 6 concerning prison and criminological aspects of the control of transmissible diseases including aids and related health problems in prison.

47 Rec. R (98) 7 concerning the ethical and organisational aspects of health care in prison.


