

COUNTRY PROGRESS REPORT

THE CZECH REPUBLIC

**Global AIDS Response Progress Report
2015**

Reporting Period: January 2015 - December 2015

Prague 2016

SECTION ONE: STATUS AT A GLANCE

1.1. The inclusiveness of the stakeholders in the report writing process

This Country Progress Report presents number of indicators most relevant for the Czech Republic. This report was prepared through a consultative process involving key stakeholders in the national response to HIV/AIDS. The reporting process was led by the **National Institute of Public Health** in collaboration with the **Ministry of Health**, with the support of the Government Council for Drug Policy Coordination. Data were collected from further sources such as public health units, health facilities, non-governmental organisations. Scientific outputs were also used.

Surveillance of HIV/AIDS in the Czech Republic is undertaken by **the National Reference Laboratory for HIV/AIDS in the Czech Republic** under the National Institute of Public Health, **the Infectious Disease Clinic and the AIDS Center Bulovka, the Czech National Monitoring Centre for Drugs and Drug Addiction**. Valuable contribution through report indicators related to key target groups has been made by **The Czech HIV/AIDS NGOs Forum, The Czech AIDS Help Society, NGO Bliss without Risk**. In the initial phase, the team has been based in National Institute of Public Health in Prague to gather information and documentary sources from all relevant stakeholders. The main focus of work during the desk phase was to analyse the relevant documents and to contact the main actors in the national HIV response with the purpose to obtain the information about the specific NCPI topics. The key representatives from civil society organizations working in the area of HIV have been also addressed.

Data was reported by **National AIDS Programme Manager** in the Czech Republic Dr. Veronika Šikolová.

1.2. The status of the epidemic

The Czech Republic ranks among the European as well as world countries with **low HIV/AIDS prevalence**. HIV infection prevalence (reported cases) in 2015 was **0.022 %** in general population.

The HIV and AIDS epidemic in the Czech Republic can be characterised as a low prevalence epidemic, i.e. a low prevalence of HIV infection in the general population but a higher prevalence in specific sub-populations. Primary high-risk subpopulations are **men who have sex with men (MSM)**. The epidemic in the Czech Republic is primarily fuelled by transmission among MSM. HIV-preventive activities should be therefore targeted first of all at this population group.

As can be seen at Figure 1, the highest prevalence rates within the country are reported in the capital city of Prague.

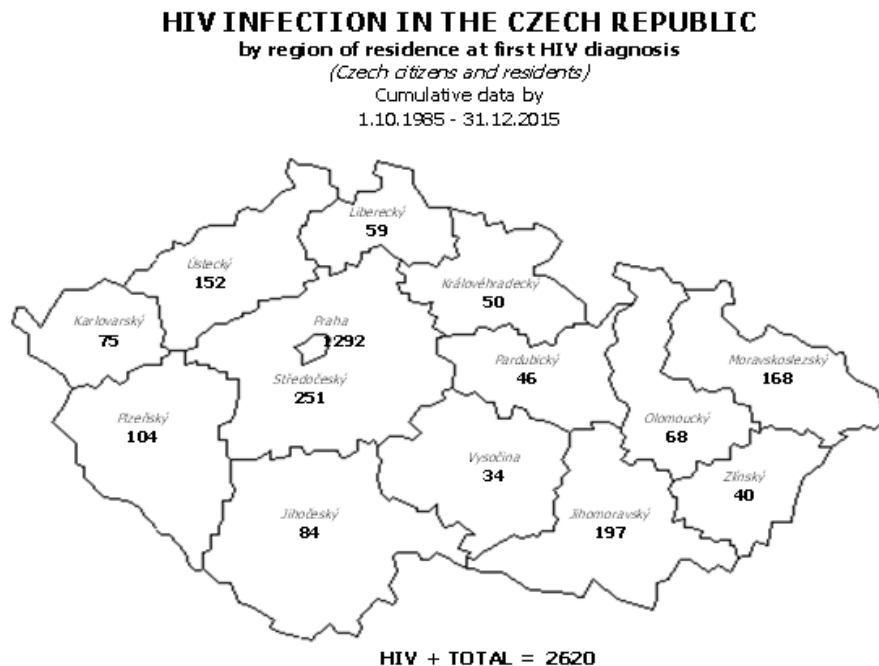


Figure 1: HIV infection in the Czech Republic by region of residence at first HIV diagnosis

1.3. The policy and programmatic response

During the reporting period, policy response was adopted by Czech Government in December 2012, namely the **National HIV/AIDS Programme 2013–2017**.

Several governmental sectors are involved in the programme: Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Interior, Ministry of Defence, Ministry of Justice, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Culture and Government Council for Drug Policy Coordination. A non-governmental sector is included as well (representats of NGO Czech Help AIDS Society and Bliss without Risk).

1.4. Global AIDS indicator data

	Description	Year	Value	Comments
HIV prevention among general population				
general population	1.1 Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	2011	74%	data not representative due to small sample size
	1.2 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	2008	3.5 %	the representative survey of sexual behavior in general population
	1.3 Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months	2008	25%	the representative survey of sexual behavior in general population
	1.4 Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse			indicator relevant, data not available
	1.5 Percentage of people living with HIV who know their status			indicator relevant, data not available
	1.6 HIV prevalence among women attending antenatal care clinics in the general population	2013	2 HIV+ attendees	HIV tests are mandatory for all pregnant women
	1.20 Number of new HIV infections in the reporting period per 1,000 uninfected population	2015	0,025	data from the National Reference Laboratory for HIV/AIDS
Key population				
sex workers	2.2 Percentage of sex workers reporting the use of a condom with their most recent client	2013	86%	data not representative based on activities of NGO Bliss without Risk
	2.3 Percentage of sex workers who received an HIV test in the past 12 months and know their results	2013	98%	data not representative based on activities of NGO Bliss without Risk
	2.4 Percentage of sex workers who are living with HIV	2013	0.15 %	data not representative based on activities of NGO Bliss without Risk
MSM	2.5 Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	2010	40.6 %	data not representative collected through EMIS survey
	2.6 Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results	2010	29.5 %	data not representative collected through EMIS survey
	2.7 Percentage of men who have sex with men who are living with HIV			indicator relevant, data not available
PWID	2.8 Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programmes	2014	200	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
	2.9 Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse			indicator relevant, data not available
	2.10 Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	2012	88.7 %	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
	2.11 Percentage of people who inject drugs who received an HIV test in the past 12 months and know their results	2012	51%	data from the Czech National Monitoring Centre for Drugs and Drug Addiction

	2.12 Percentage of people who inject drugs who are living with HIV	2014	0.4 %	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
	2.13 Percentage of people who inject drugs receiving opioid substitution therapy (OST)	2014	35 %	data from the Czech National Monitoring Centre for Drugs and Drug Addiction
inmates	2.14 Percentage of inmates/detainees who are living with HIV			indicator relevant, data not available
transg.	2.15 Percentage of transgender people who are living with HIV			indicator not relevant
Prevention of mother-to-child transmission (PMTCT)				
MTCT	3.1 Percentage of HIV-positive pregnant women who received antiretroviral medicine (ARV) to reduce the risk of mother-to-child transmission	2015	86.7 %	low percentage due to small sample
	3.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	2015	100%	
	3.3 Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	2015	0%	
	3.3a Registered percentage of child HIV infections from HIV-positive women delivering in the past 12 months			indicator not relevant
	3.4 Percentage of pregnant women who know their HIV status	2014	99%	HIV tests are mandatory for all pregnant women
	3.5 Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months - Czech Republic (the) - 2013			indicator not relevant
	3.7 Percentage of HIV-exposed infants who initiated antiretroviral medicines (ARV) prophylaxis	2015	93.3 %	
	3.9 Percentage of HIV-exposed infants started on CTX prophylaxis within two months of birth			indicator not relevant
Treatment				
ART	4.1 Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	2015	65.5 %	data from AIDS centres
	4.2 Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	2015	83 %	data from AIDS centres
	4.2a Percentage of adults and children with HIV known to be on treatment 24 months after initiation of antiretroviral therapy	2015	73.4 %	data from AIDS centres

	4.2b Percentage of adults and children with HIV known to be on treatment 60 months after initiation of antiretroviral therapy	2014	70 %	data from AIDS centres
	4.3 Percentage of people currently receiving HIV care	2015	80 %	based on estimation and data from AIDS centres and NRL HIV/AIDS
	4.4 Percentage of facilities with stock-outs of antiretroviral drugs			indicator not relevant
	4.5 Percentage of HIV positive persons with first CD4 cell count < 200 cells/ μ L in 2015	2015	15 %	based on estimation and data from AIDS centres and NRL HIV/AIDS
	4.6 Percentage of adults and children receiving ART who were virally suppressed in the reporting period (2015)	2015	94.9 %	data from AIDS centres
	4.7 Total number who have died of AIDS-related illness in 2015	2015	9	data from AIDS centres and NRL HIV/AIDS
AIDS spending				
	6.1 Domestic and international AIDS spending by categories and financing sources	2009	cca 51 262 mil. Euro	not possible to estimate total national spending due to decentralization of providing and financing health care
Gender				
inequalities	7.1 Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	2012	11 %	behavioral study realized by Agency NMS Market Research for NGO Pro Fem
Stigma and discrimination				
stigma	8.1 Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV			indicator relevant, data not available
Health systems integration				
HSI	10.2 Proportion of the poorest households who received external economic support in the last 3 months			indicator not relevant
Sexually transmitted infections				
STI	11.8 Percentage of pregnant women accessing antenatal care (ANC) services who were tested for syphilis	2012	99 %	
	11.9 Percentage of antenatal care attendees who were positive for syphilis	2012	0.054 %	
	11.10 Percentage of antenatal care attendees positive for syphilis who received treatment	2011	100 %	
	11.11 Percentage of reported congenital syphilis cases (live births and stillbirth)	2012	0.002 %	
STI	11.12 Number of men reporting urethral discharge in the past 12 months			indicator not relevant

11.13 Number of adults reported with genital ulcer disease in the past 12 months			indicator not relevant
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SECTION TWO: OVERVIEW OF THE HIV/AIDS EPIDEMIC

2.1. HIV/AIDS in the Czech Republic

In the Czech Republic the prevalence of HIV infection in the general population is low. Adult prevalence rate in Czech Republic is **0.022 %** (2015).

HIV / AIDS, Czech Republic 1985 – 31.12.2015

Total No of HIV infections	2620
	M 2221 (84.8 %)
	F 399 (15.2 %)
OUT OF IT	
AIDS cases	462
	M 373 (80.7 %)
	F 89 (19.3 %)
AIDS deaths	236
	M 192 (81.4 %)
	F 44 (18.6 %)
Deaths from other cause	103
	M 92 (89.3 %)
	F 11 (10.7 %)

Figure 2: Cumulative numbers of HIV infected people

RELATIONS

HIV total / AIDS	2620/462 (17.6 %)
AIDS / AIDS death	462/236 (51.1 %)
HIV total / HIV death	2620/339 (12.9 %)

Figure 3: Relations between HIV and AIDS

By the end of 2015 a cumulative total of 2 620 HIV positive cases had been reported in the Czech Republic, divided by gender 2 221 of men (84.8 %) and 399 of women (15.2 %). Out of this number, 462 people have been diagnosed with AIDS stage of HIV infection and 236 of them have died. A further 103 deaths among HIV positive cases were unrelated to HIV/AIDS. For further details see Figure 2 – 4.

HIV / AIDS IN THE CZECH REPUBLIC

(Czech citizens and residents)

Cumulative data for
1.1.1986 - 31.12.2015

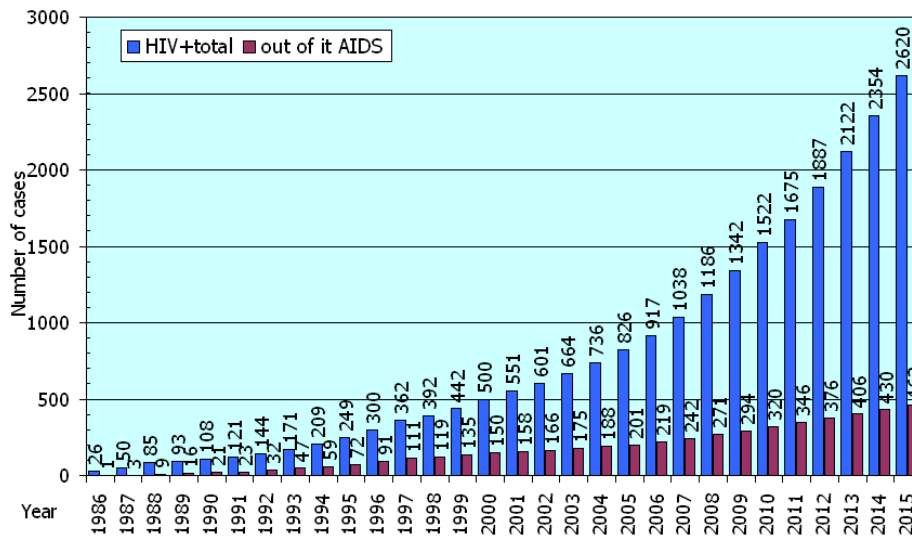


Figure 4: Trends in HIV/AIDS prevalence

NUMBER OF HIV TESTS AND HIV POSITIVE CASES IN THE CZECH REPUBLIC IN INDIVIDUAL YEARS

(Czech citizens and residents)

Absolute numbers for
1.1.1988 - 31.12.2015

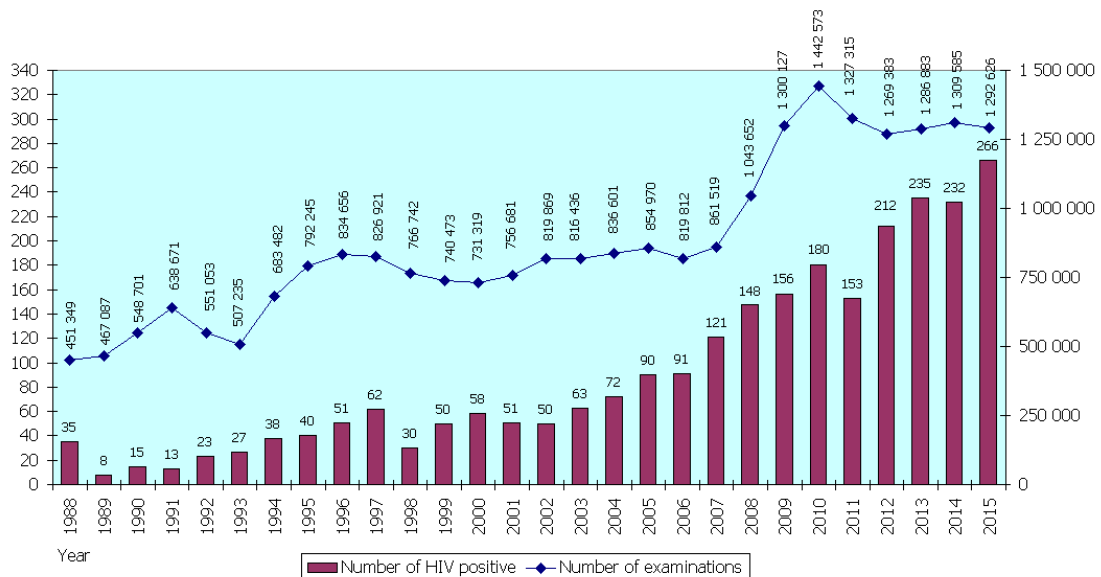


Figure 5: Numbers of HIV tests and HIV positive cases

In 2015, 1.3 mil. HIV tests were performed that revealed HIV positivity in 266 people (248 men and 18 women).

The most frequent route of HIV transmission has been sexual transmission (approximately 95 % of newly diagnosed HIV cases in 2015). Homo- or bisexual HIV transmission has been reported in 66 % and heterosexual HIV transmission has been reported in 25 % of all HIV cases reported since 1985. In the recent years the proportion of homo/bisexual transmission exceeds 70 %.

2.2. HIV epidemic trends in the Czech Republic

The first HIV case in Czech Republic was reported in 1985 and until the mid-1990s HIV infection was predominantly spread by homosexual transmission and confined within a relatively small group of MSM. Initially, the epidemic was driven mainly by men who have sex with men. MSM risks had been the predominant mode of exposure for HIV infection in the population. During the last decade an increase of HIV incidence among MSM was much faster compared with HIV incidence among heterosexuals. During last year there was a noticeable rise in the annual number of new HIV cases, due to an increase of people infected through male homosexual or bisexual contact. Cumulative data of HIV patients by transmission category can be seen in Figure 6.

**HIV+ BY TRANSMISSION CATEGORY
IN THE CZECH REPUBLIC**
(Czech citizens and residents)
Cumulative data for
1.10.1985 - 31.12.2015

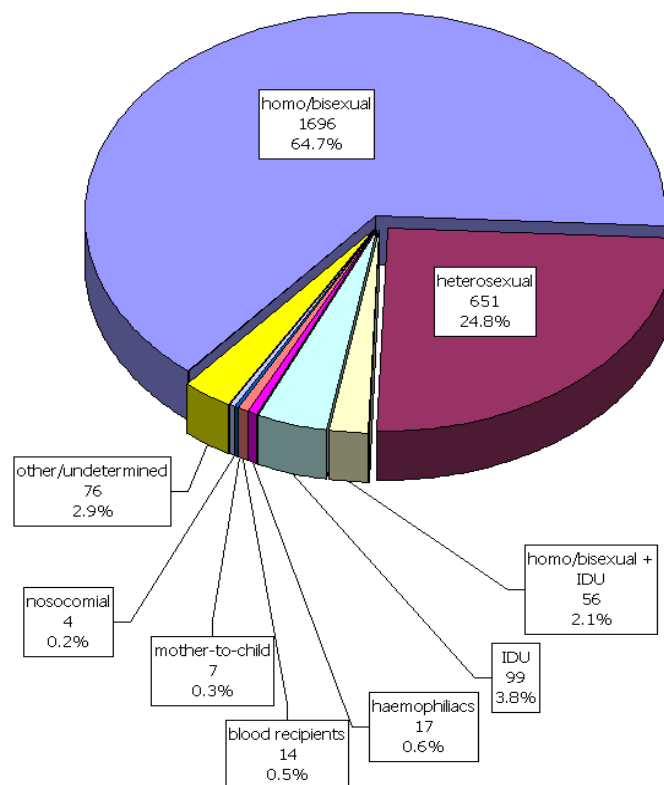


Figure 6: HIV+ by transmission category

Although the Czech Republic continues to be a low-level HIV/AIDS epidemic country, the upward trend in newly diagnosed HIV cases and in the HIV/AIDS prevalence is clearly obvious in the last decade. Increasing numbers are well documented in Figure 4, 5 and 7.

NEW HIV / AIDS CASES IN THE CZECH REPUBLIC

IN INDIVIDUAL YEARS
(Czech citizens and residents)
Absolute numbers for
1.10.1985 - 31.12.2015

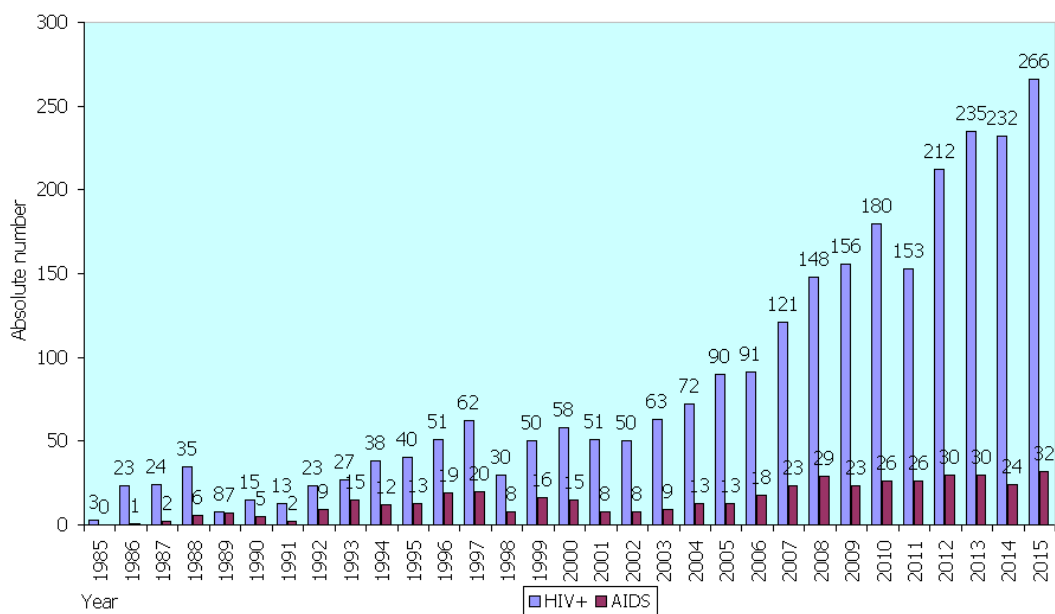


Figure 7: New HIV/AIDS cases

2.3. HIV SPECIFIC SUBGROUPS

Men having sex with men (MSM)

The most exposed population group continues to be men who have sex with men: according to cumulative data by HIV+ transmission categories, MSM represented the largest part with 64 % (1 741) of infected people.

According to EMIS study in 2010, the HIV prevalence among MSM s 4.8 %. This number cannot be generalized on whole MSM population due to limited representativeness of the sample.

Injecting drug users (IDUs)

The transmission of HIV infection associated with injecting drug use occurs directly through sharing of drug injection equipment or indirectly through sexual and perinatal transmission from HIV-infected IDUs.

HIV prevalence among injecting drug users in Czech Republic is one of the lowest in Europe. Intravenous drug use was likely to be the route of transmission in 4 % of cumulative HIV cases. From a long-term view, percentage of IDUs is remaining below 5 %.

Relatively low prevalence of HIV among injecting drug users is a logical consequence of well-established network of needle and syringe exchange programmes all across the Czech Republic.

Immigrants

In 2015, 27.8 % of newly diagnosed cases were represented by “residents” – foreigners with permanent or long-term residence (74 residents in 2015). For trends in new cases in the Czech Republic, see Figure 8.

NEW HIV CASES IN THE CZECH REPUBLIC BY COUNTRY OF ORIGIN

(Czech citizens and residents)

Relative data for
1.1.1995 - 31.12.2015

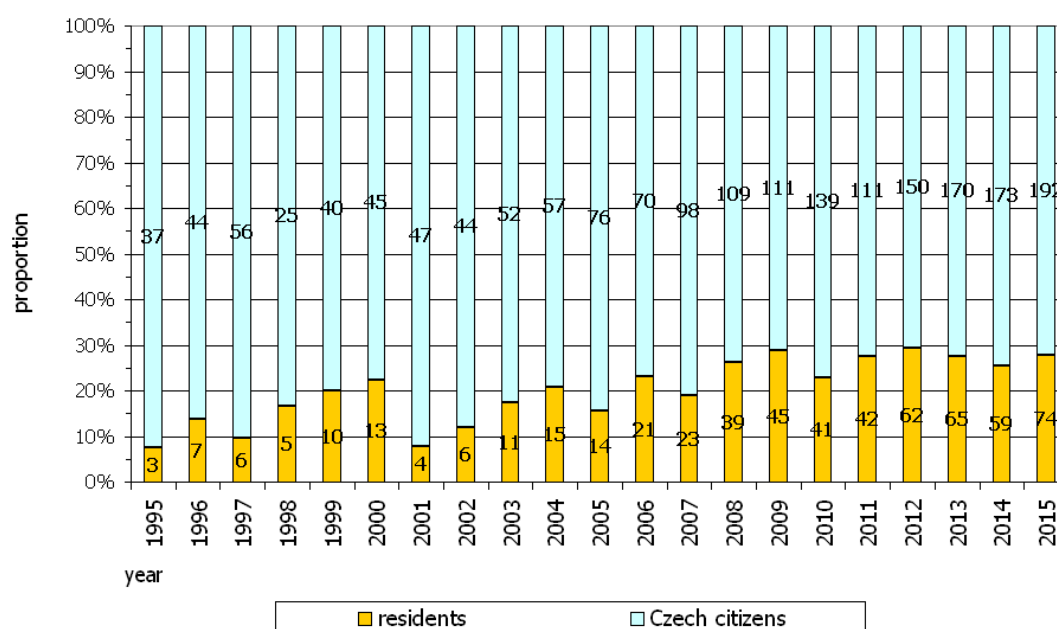


Figure 8: New HIV cases by country of origin

Immigrants often have a lower general knowledge about HIV/AIDS compared with Czech inhabitants. For them HIV/AIDS could be a higher stigma than among other populations. Because of language barriers and cultural differences, these groups have more barriers to reach for HIV/AIDS prevention and medical care. Specific group is undocumented: immigrants – foreigners staying in the Czech Republic illegally. Fear of deportation may limit illegal immigrants’ access to HIV/AIDS prevention, testing, counselling and treatment.

Mother-to-child transmission (MTCT)

By the end of 2015, 171 newborns has been born to HIV positive mothers in the Czech Republic. Due to mother-to-child HIV transmission, four of them are HIV positive. Three other registered HIV positive children were born in abroad and came later to the Czech Republic with their families.

In 2015, totally 117 779 HIV screening tests of pregnant women were performed with 5 new cases of positivity revealed. Time trends in pregnant women testing are shown in Figure 9.

In 2015, fifteen HIV positive mothers gave birth to 16 children, 10 of mothers knew about their positivity at time of conception. All mothers and infants received ARV prophylaxis and all deliveries were caesarean sections except for 2 cases. For all other infants born in 2015 final confirmation of HIV infection status cannot be made before 18 months of age.

People living with HIV/AIDS (PLWHA)

Owing to a higher incidence of newly diagnosed HIV cases and thanks to antiretroviral therapy, the numbers of persons living with HIV/AIDS are rising sharply in the Czech Republic.

Highly Active Anti-Retroviral Therapy (HAART) was introduced in the Czech Republic in 1996 and is available free of charge for all HIV-positive patients. The treatment is paid by health insurance companies. Immigrants without health insurance face obstacles in accessing treatment. Thirty-two newly diagnosed cases of AIDS were reported in 2015. Trends in numbers of people living with HIV and AIDS can be seen in Figure 10.

**ROUTINE HIV TESTING IN PREGNANT WOMEN IN THE CZECH REPUBLIC
IN INDIVIDUAL YEARS**
(Czech citizens and residents)
Absolute numbers by
1.1.1990 - 31.12.2015

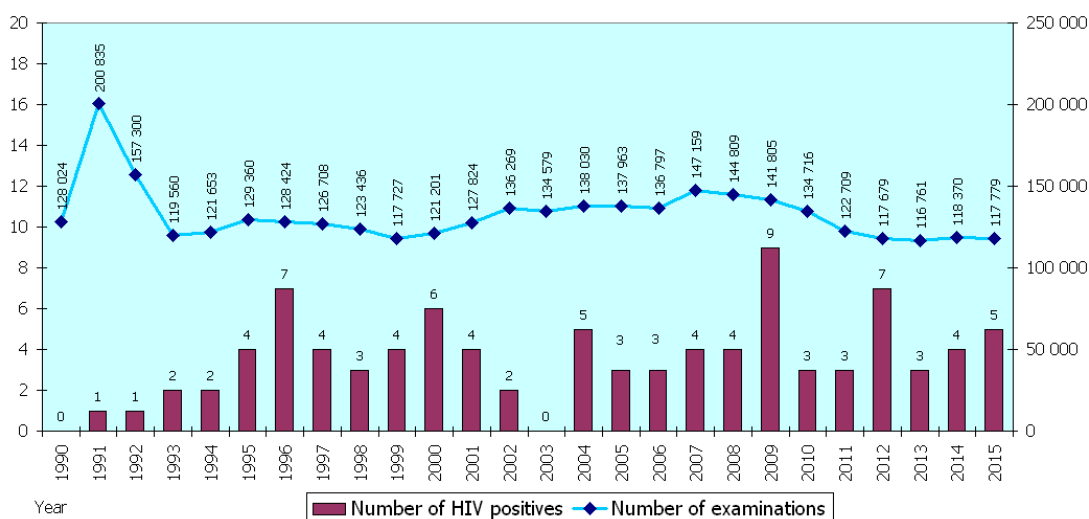


Figure 9: Numbers of examinations and positive results in pregnant women

PEOPLE LIVING WITH HIV/AIDS IN THE CZECH REPUBLIC

(Czech citizens and residents)

Monthly data for
1.1.1986 - 31.12.2015

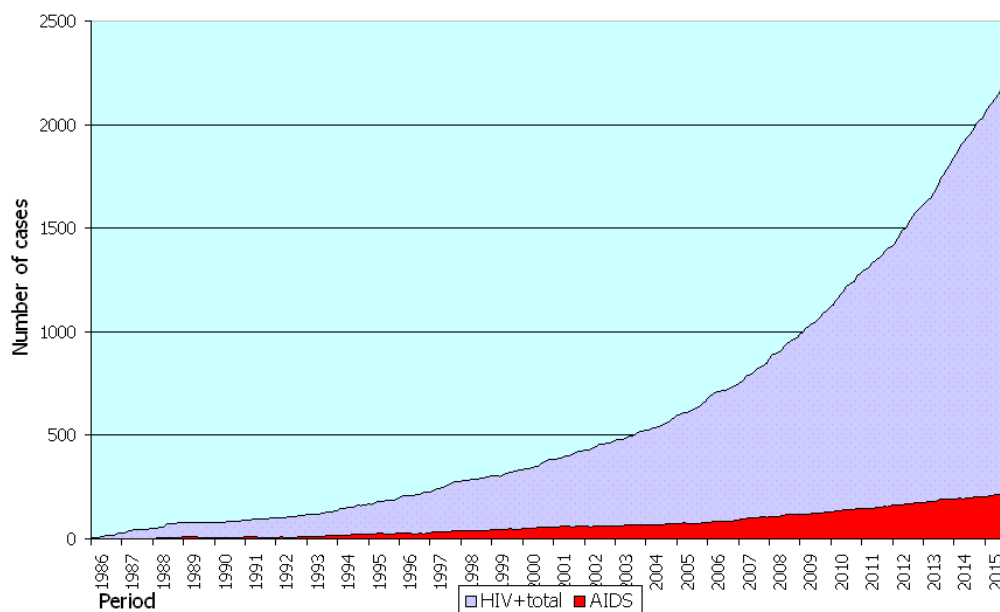


Figure 10: Cumulative numbers of PLWHA

SECTION THREE: NATIONAL RESPONSE TO THE HIV/AIDS EPIDEMIC

The response of the Czech Republic to HIV/AIDS epidemic involves government and majority of ministries, regional governments, civil societies and voluntary sector, the public health sector, clinicians and researchers. The Ministry of Health in cooperation with National AIDS Programme Manager coordinates this multi-sectoral response.

The adoption of the National HIV Programme for 2013–2017 provides the national vision, goals, objectives and broad strategies to guide the country's response.

The National HIV/AIDS Programme 2013–2017 identifies following goals:

1) stop HIV infection

- prevention of transmission HIV infection through sexual intercourse, blood transmission and mother-to-child transmission,
- targeted health promotion and prevention with involvement of groups at increased risk, including PLWHA,
- well-timed diagnosis and treatment of HIV infection,
- support of preventive programmes and interventions based on surveillance data

2) minimization of undesirable impact if HIV infection on individuals and society

- support for AIDS centres and voluntary counselling and testing,
- prophylaxis of mother-to-child transmission,
- social support and support of hospices for PLWHA,

- support for NGO,
- monitoring of stigmatization and discrimination PLWHA.

High priority is given to the **reduction of mother-to-child HIV transmission risk**. From 2001, HIV tests for all **pregnant women** are mandatory, with the aim to administer free specific antiretrovirus prophylaxis to all HIV-positive women. All the **donated blood** units are mandatory screened for HIV since 1985.

One of the key priorities of the Programme is a particular focus to groups at increased risk - **men who have sex with men, injecting drug users, sex workers, prisoners, residents and migrants whose origins are in high prevalence areas, youth at risk and people who are living with HIV infection**. Communication and collaboration with all vulnerable groups is fundamental for further action.

The Programme activities in area of prevention and health promotion are implemented in the framework of cooperation between governmental and national health organisations with a variety of organisations involved in combating HIV/AIDS, including key NGOs. Both types of organisations are eligible for the governmental funding.

Nation-wide preventive activities are organised by the **National Institute of Public Health** in Prague (www.szu.cz and www.prevencehiv.cz). Specialised programmes are provided by NGOs that are targeted at specific communities. For example: the **Czech AIDS Help Society (ČSAP)** delivers HIV prevention programmes that target the most at risk populations – MSM. It also provides community based HIV testing services, and care and support services for anyone affected by HIV. ČSAP leads on national advocacy, policy advice and coordination of the Czech HIV and AIDS NGO Forum.

An effective prevention is based on a widely accessible voluntary HIV testing and pre- and post-test counseling. **The Community-based voluntary counselling and testing (CVBCT)** services are recognized as a good model to improve access to most-at-risk populations by promoting its early HIV diagnosis.

The Czech Republic also pays close attention to the care availability and quality of the treatment of **people living with HIV/AIDS** in 7 clinical AIDS centres. The majority of resources to cover treatment-related expenses comes from the budgets of health insurance companies.

SECTION FOUR: BEST PRACTICES

In this section, we would like to share results from the first national study of Czech primary school attendent's knowledge and attitudes towards HIV positive people. The survey was conducted in a representative sample of 1627 respondents from the 7th–9th grade who filled in an anonymous questionnaire, where some of the GARPR indicators were used.

The study has revealed:

- more than 90 % of respondents know that even a healthy looking man can be HIV positive, HIV is transmitted sexually, by blood, drug injection and that HIV is not transmitted via hugging,
- gap in knowledge could be seen in determination of the right time when get tested, what PEP is,
- less than one third of respondents would buy fresh vegetable from a HIV vendor and approximately one half of respondents agree that HIV positive children should attend school together with HIV negative children,
- one third of respondents thinks that they have enough information on HIV/AIDS,
- school has been reported as the most important source of information together with internet.

SECTION FIVE: MAJOR CHALLENGES AND REMEDIAL ACTIONS

As a result of united efforts, **increase of budget for preventive activities of the Ministry of Health was achieved from 3 million Czech crowns to 6 million.** Thanks to support of the Ministry of Health, **network of testing centres was extended.** Different subjects were involved in Joint action on Prevention of HIV and co-infection. **New health educational materials were published** including materials in foreign languages for migrants and seminars for HIV counsellors were organized. For the second time, the Czech Republic participated on the European HIV testing week at national level. There could be seen a progress in treatment as a prevention approach regarding preparation of new guidelines on treatment.

Challenges that we were facing to can be summarized as follows:

- to continue in **increased financig** corresponding to needs of primary and secondary prevention of HIV infection,
- performing **behavioral and population based studies,**
- improving the offer and uptake of **voluntary and confidential HIV testing and counselling,**
- to integrate other STI services among HIV prevention,
- improving prevention and **health promotion for migrants** especially from countries with generalized epidemic,
- **reducing late diagnosis of HIV** and improving HIV health outcomes especially among migrants and other marginalized vulnerable groups,
- involving vulnerable groups and people at higher risk, especially people newly arrived in Czech Republic in **dialogue and collaboration with other actors and institutions in the area of HIV/AIDS prevention,**
- expanding **services for men who have sex with men:** expanded voluntary counselling and testing and **discuss new possibilities (prophylaxis)**

We would like to achieve these targets through following planned activities:

- to continue to **expand services for voluntary testing** (new testing places and also offer tests for other STI) and to continue in education of providers of preventive activities including HIV testing,

- to **prepare/conduct behavioral survey**,
- to negotiate with health insurance companies medical treatment and prophylaxis coverage,
- to prepare a draft of **new National Programme**.

SECTION SIX: SUPPORT FROM THE COUNTRY'S DEVELOPMENT PARTNERS

This section is not applicable.

SECTION SEVEN: MONITORING AND EVALUATION ENVIRONMENT

Monitoring and evaluation is carried out by the Office of the National AIDS Programme Manager and National Reference Laboratory on AIDS in the National Institute of Public Health. AIDS-related preventive activities are monitored by the Ministry of Health in cooperation with the National Institute of Public Health, the Working Group for HIV/AIDS and STI Surveillance, Public Health Units, The Czech National Monitoring Centre for Drugs and Drug Addiction, Czech HIV/AIDS NGO Forum and other stakeholders and institutions.

A monitoring and evaluation framework has been established by the National HIV/AIDS Programme for 2013 – 2017. Evaluation of the National HIV/AIDS Programme is published in the **National AIDS Programme Yearbook** with a 2-year period. Last yearbook for 2013–2014 period is available at: <http://www.prevencehiv.cz/materialy/rocenky/2013/rocenka-2013.pdf>.

During the reporting period, the HIV/AIDS Programme for 2013–2017 evaluation was carried out. It revealed inequalities in fulfilling activities of the National HIV/AIDS Programme: biological surveillance is well established in contrast to quantification of preventive activities and behavioral surveillance. Integrative approach involving other STI prevention is lacking. However, solution of these issues is being vehemently discussed and concrete steps are proposed.