

Annex  
to Resolution no. 156/2016  
of the Council of Ministers  
of 13 December 2016

**Schedule for Implementation of the  
National Programme for Preventing HIV Infections and Combating AIDS  
for 2017-2021**

	<b>FIELDS</b>	<b>GOALS</b>	<b>OBJECTIVES</b>	<b>TASK</b>	<b>TARGET GROUP</b>	<b>INDICATORS</b>	<b>RESPONSIBLE ENTITIES</b>	<b>YEAR OF IMPLEMENTATION</b>
<b>I</b>	<b>P R E V E N T I O N S  O F N E W I N F E C T I O N S  W I T H I N</b>	1. Reduction of the spread of HIV infections	a) increasing knowledge about HIV/AIDS in the general population and changing attitudes, with particular emphasis on responsibility for one's own life and health	1)The organization of media campaigns on HIV/AIDS and other sexually transmitted diseases targeted to selected target groups according to the needs and assessment of the current epidemiological situation, including: -develop a campaign project with its elements, -elaboration and publication of various reference materials and publications, -popularize the campaign message in the media (television, radio, the press and the Internet) and in specialized media, -organization and participation in thematic conferences associated with the campaign, -promotion and implementation of activating and innovative forms of prevention in the campaign, e.g. contests, -organization of information stands for distributing educational materials, -distribution of campaign materials, -other activities associated with the campaign.	<ul style="list-style-type: none"> <li>– the general public,</li> <li>– sexually active people (women and men, hetero-, homo-, and bisexual people),</li> <li>– people before sexual initiation,</li> <li>– youth under 15 years of age,</li> <li>– youth over 15 years of age,</li> <li>– people over 50 years of age,</li> <li>– elementary school pupils,</li> <li>– middle school pupils,</li> <li>– secondary school students,</li> <li>– primary care physicians,</li> <li>– primary care nurses,</li> <li>– gynaecologists/obstetricians,</li> <li>– midwives,</li> <li>– women of reproductive age,</li> <li>– women planning pregnancy,</li> <li>– pregnant women,</li> <li>– partners of women planning pregnancy or who are pregnant,</li> <li>– preventative health care workers,</li> <li>– educational workers,</li> </ul>	<ul style="list-style-type: none"> <li>- number of campaigns,</li> <li>- number of creations,</li> <li>- number of publication titles,</li> <li>- number of conferences,</li> <li>- number of information stands,</li> <li>- number of events,</li> <li>- circulation,</li> <li>- number of distributed materials,</li> <li>- number of innovative forms of protection</li> </ul>	<ul style="list-style-type: none"> <li>-Competent ministers in accordance with the Programme goals,</li> <li>-National AIDS Centre,</li> <li>-National Bureau for Drug Prevention,</li> <li>-Chief Sanitary Inspectorate,</li> <li>-local government bodies,</li> <li>- local government units,</li> <li>- Polish AIDS Academic Society (PTNAIDS),</li> <li>- Polish Gynaecologist Society,</li> <li>- Academic societies,</li> <li>- National Health Fund,</li> <li>- Chamber of Physicians and Dentists and Regional Chambers of Physicians and Dentists,</li> <li>- Chamber of Nurses and Midwives and Regional Chambers of Nurses and Midwives,</li> </ul>	2017–2021

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				<p>2) Activities associated with the commemoration of World Aids Day, including:</p> <ul style="list-style-type: none"> <li>-popularizing information in the media (television, radio, the press and the Internet),</li> <li>-organizing and participating in thematic conferences associated with the campaign,</li> <li>-promoting and implementing activating and innovative forms of prevention in the campaign, e.g. contests,</li> <li>-organizing information stands for distributing educational materials,</li> <li>-distributing campaign materials,</li> <li>-other activities.</li> </ul>	<ul style="list-style-type: none"> <li>– Social workers,</li> <li>– uniformed services,</li> <li>– rescue workers,</li> <li>– government administration and local governments' staff</li> <li>– employees of the National Health Inspection,</li> <li>– national and provincial consultants,</li> <li>– representatives of academic societies,</li> <li>– representatives of universities,</li> <li>– specialists/experts,</li> <li>– media representatives,</li> <li>– representatives of opinion maker environments,</li> <li>– representatives of employers' organizations,</li> <li>– NGOs</li> <li>– Representatives of patients' organizations,</li> <li>– churches and religious associations</li> </ul>	<ul style="list-style-type: none"> <li>– Number of initiatives,</li> <li>– level of social acceptance.</li> </ul>	<ul style="list-style-type: none"> <li>-National consultants of various medical fields,</li> <li>- regional consultants of various medical fields,</li> <li>- non-governmental organizations</li> <li>- others</li> </ul>	
				<p>3) )Educational activities at public events including organizing information stands distributing educational materials.</p>	<ul style="list-style-type: none"> <li>– representatives of institutions or organizations creating and implementing school systems and certification,</li> <li>– psychologists,</li> <li>– therapists,</li> <li>– authors and implementers of educational-preventative</li> </ul>			
				<p>4) Raising the level of social acceptance for people living with HIV/AIDS, their families and relatives by means of initiatives for counteracting against stigmatization and discrimination, promoting attitudes free from prejudice and fear (including work with</p>				

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				people infected with HIV and AIDS, their families and relatives)	programmes – others.			
				5) Counteracting stigmatization and discrimination against people infected with HIV and AIDS, their families and relatives by implementing programmes promoting attitudes free from prejudice.				
			b) developing and strengthening the training and education base targeted at different social and professional groups	1) Training on HIV/AIDS infections and other sexually transmitted diseases, including: - consulting specialists about the content of the training programme, - provide a diploma/certificate at the end of the training, e.g. consultant, VCT advisor, educator, - participation of experts in lectures, seminars, field trips and conferences, - elaborating, publishing and distributing information and educational materials to target groups		– number of training sessions, – number of recipients, – number of consultations, – number of certificates issued, – number of expert lectures, – number of publications, – number of distributed materials.		

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		2. Ensuring adequate access to information, education and services related to HIV/AIDS prevention	a) extending the range of information tailored to the needs of individual recipients	<p>1) Continuation and development of training activity (education and prevention) aimed at target groups in accordance with the needs and assessment of the current epidemiological situation, including:</p> <ul style="list-style-type: none"> <li>- information sessions, e.g. workshops, talks, conferences, seminars, fora and lectures,</li> <li>- activities, e.g. competitions, theatrical plays, staging, and pre-health events</li> <li>- promotion and implementation of innovative preventative projects.</li> </ul>		<ul style="list-style-type: none"> <li>- Number of educational activities,</li> <li>- Number of recipients,</li> <li>- Level of knowledge.</li> </ul>		
				<p>2) Extending access to information regarding issues related to HIV and AIDS and sexually transmitted diseases by employing selected media of communication, e.g.</p> <ul style="list-style-type: none"> <li>- promotion, creation and updating webpages,</li> <li>- hotlines,</li> <li>- extending info line services</li> <li>- providing an on-line advice centre</li> <li>- elaborating and distributing information brochures,</li> <li>- use of social media sites, communicators and mobile applications, etc.,</li> </ul>		<ul style="list-style-type: none"> <li>- Level of access to information,</li> <li>- Number of sites/number of views,</li> <li>- Number of calls/number of conversations,</li> <li>- Number of topic areas,</li> <li>- Number of publications,</li> <li>- Number of distributed materials,</li> <li>- Number of social media sites used.</li> </ul>		

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				<ul style="list-style-type: none"> <li>- other media of communication,</li> <li>- elaboration, publishing and distribution of various reference materials and publications to target groups (social and professional).</li> </ul>				
				3) Support and organization of stationary and non-stationary VCT centres.		<ul style="list-style-type: none"> <li>– Number of information/consultation centres,</li> <li>– Number of recipients,</li> <li>– Number of consultations.</li> </ul>		
			b) improvement of care for women of reproductive age or pregnant.	1) Promotion of information on the obligation to suggest to all pregnant women that they take an HIV test among doctors, gynaecologists and midwives.		<ul style="list-style-type: none"> <li>– Number of recipients,</li> <li>– Number of initiatives,</li> <li>– Level of success.</li> </ul>		
				2) Training for gynaecologists and midwives on specialized care during pregnancy, childbirth, puerperium of HIV (+) pregnant women.		<ul style="list-style-type: none"> <li>– Amount of training,</li> <li>– Number of recipients,</li> <li>– Level of knowledge.</li> </ul>		

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				3) Promoting information on the possibility of testing for HIV infections and sexually transmitted diseases among women of reproductive age and their partners.		<ul style="list-style-type: none"> <li>– Number of recipients,</li> <li>– Number of initiatives,</li> <li>– Number of tests conducted in VCT</li> <li>– Number of conducted tests financed with public money (NFZ).</li> </ul>		
				4) Elaborating and distributing reference and educational materials on issues pertaining to HIV/AIDS and other sexually transmitted diseases prepared for women and their partners.		<ul style="list-style-type: none"> <li>– Number of publications.</li> <li>– Number of distributed materials.</li> </ul>		
				5) Monitoring of the implementation of the obligation of suggesting HIV tests by gynaecologists by authorized entities, collecting and analysing information on the number of tests provided to pregnant women in medical centres.		<ul style="list-style-type: none"> <li>– Number of conducted tests financed with public money (NFZ),</li> <li>– Number of inspected entities.</li> </ul>		
			c) increasing access to anonymous and free HIV tests	1) Expanding the network of centres providing anonymous and free HIV tests and expanding diagnostic tests for sexually transmitted diseases.		<ul style="list-style-type: none"> <li>– Number of VCT,</li> <li>– Number of VCT clients,</li> <li>– Number of tests conducted.</li> </ul>		

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				2) Promotion of anonymous and free tests and counselling.				
			d) increase and integrate activities aimed at preventing HIV and other sexually transmitted diseases.	1) Strengthening of implementation efforts in preventing HIV/AIDS and sexually transmitted diseases and sexual education as part of the basic curriculum at all educational levels.		<ul style="list-style-type: none"> <li>– Number of activities/initiatives,</li> <li>– Number of recipients.</li> </ul>		
				2) Educational activities promoting health in particular, sexual abstinence, mutual fidelity, safer sexual techniques such as the use of condoms and lubricants.				
				3) Promotion and implementing activating and innovative forms of prevention.				
				4) Creating policies at the provincial level by: <ul style="list-style-type: none"> <li>- establishing teams for implementing programmes,</li> <li>- elaborating and distributing information on the provincial groups' activities in order to improve the co-operation of entities implementing the Programme,</li> <li>- analysis of activities conducted in various provinces regarding the epidemiological</li> </ul>		<ul style="list-style-type: none"> <li>– Number of teams,</li> <li>– Number of entities represented at the provincial level by members of the Teams,</li> <li>– Number of reports/analysis,</li> <li>– Level of needs,</li> <li>– Number of team initiatives,</li> <li>– Number of specific</li> </ul>		



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				<p>situation, preparing conclusions and recommendations for implementing the Programme (i.e. diagnosis of needs and resources),</p> <p>- preparation of detailed annual timetables and reports on accomplished tasks by provincial teams.</p>		<p>group meetings.</p>		
				<p>5) Establishing and supporting existing expert/advisory teams dedicated to AIDS and other sexually transmitted diseases, including:</p> <p>- prevention of HIV infections in the MSM population – advisory team operating at the National AIDS Centre,</p> <p>- prevention of sexually transmitted diseases – advisory team operating at the National AIDS Centre,</p>		<ul style="list-style-type: none"> <li>– Number of groups established,</li> <li>– Number of members,</li> <li>– Number of recommendations elaborated by the Teams,</li> <li>– Number of initiatives,</li> <li>– Number of meetings.</li> </ul>		
		3. Updating the law in effect in the field regarding HIV/AIDS	a) Adjustment of the current legal status of HIV/AIDS to international and EU obligations adopted by Poland	<p>1) Review and analysis of the law in effect.</p> <p>2) Legislative initiatives on HIV/AIDS resulting from the epidemiological situation and recommendations of international organizations (WHO, UNAIDS, ECDC and others).</p>		<ul style="list-style-type: none"> <li>– Number analyses,</li> <li>– Number of initiatives/activities,</li> <li>– Number of legal acts,</li> <li>– Number of amendments.</li> </ul>		

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			b) adopting legislative initiatives aiming at creating and updating legal provisions concerning HIV/AIDS	1) Review and analysis of the law in effect. 2) Legislative initiatives on HIV/AIDS. 3) Adjustment of legal regulations to the needs of the epidemiological situation.				
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<b>II</b>	<b>P R E V E N T I O N  O F  H I V  A</b>	1. Reducing the spread of HIV infections	a) increasing the level of knowledge about HIV/AIDS in order to reduce risky behaviour	1) Education concerning the protection against sexually transmitted diseases or those transmitted by blood (including those caused by the use of psychoactive substances by injection), with particular emphasis on HIV.	– People undertaking risky behaviour*, in particular: • Men having sex with other men, • People using psychoactive substances (presently or in the past), • People providing sexual services or using such services, • People who have had sexually transmitted diseases, • Partners of infected people, – People sexually active with people taking psychoactive	– Employing innovative methods of education, – Number of projects, – Number of recipients, – increase in the level of knowledge confirmed by evaluation, – Number of distributed materials.	– Ministers responsible according to Programme objectives and subordinate unites, – National AIDS Centre, – National Bureau for Drug Prevention, – Chief Sanitary Inspectorate, – Local government units, – Local government administrative bodies, – NGOs, – Healthcare	2017–2021
		2. Expanding the network of VCTs that perform anonymous and free HIV testing and counselling	a) improving the quality and availability of diagnosis of HIV infection among those exposed to HIV	1) Support (financial and non-financial) of VTCs that perform anonymous and free HIV testing and counselling according to the standards of the National AIDS Centre.		– Number of VCT, – Number of VCT clients, – Number of consultations, – Number of tests		

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	<b>MONG PEOPLE UNDER TAKING RISKY BE</b>				<ul style="list-style-type: none"> <li>substances,</li> <li>– People deprived of freedom,</li> <li>– rape victims,</li> <li>– people having several sexual partners,</li> </ul>	<ul style="list-style-type: none"> <li>provided,</li> <li>– Level of satisfaction of VCT clients,</li> <li>– Waiting time for consultation and test results.</li> </ul>	<ul style="list-style-type: none"> <li>institutions,</li> <li>– Academic societies,</li> <li>– Research institutions,</li> <li>– Employer's organizations,</li> <li>– Private sector,</li> <li>– others.</li> </ul>	
				2) expanding of VCT diagnostics to include other sexually transmitted and haematogenous infections.	<ul style="list-style-type: none"> <li>– key populations,</li> <li>– migrants,</li> <li>– people with mental disorders,</li> <li>– people in an irregular socio-legal situation (people uninsured, the homeless),</li> </ul>	<ul style="list-style-type: none"> <li>– Number of VCT offering diagnostics for sexually transmitted diseases,</li> <li>– Various diagnostic services.</li> </ul>		
				3) Development of specialized counselling at the VCT including services of a: <ul style="list-style-type: none"> <li>- venereologist,</li> <li>- gynaecologist,</li> <li>- psychologist,</li> <li>- sexologist,</li> <li>- psychiatrist,</li> <li>- social worker,</li> <li>- lawyer.</li> </ul>	<ul style="list-style-type: none"> <li>– VCT clients, their families and relatives,</li> <li>– VCT staff,</li> <li>– social workers,</li> <li>– family assistance programs and foster care staff,</li> <li>– family assistants,</li> <li>– foster care coordinators,</li> <li>– foster care parents,</li> <li>– employees of care institutions for children under 3 years of age,</li> <li>– rescue workers,</li> <li>– healthcare workers,</li> <li>– uniformed services,</li> <li>– employees of</li> </ul>	<ul style="list-style-type: none"> <li>– Number of VCT providing a catalogue of extended services/consultations,</li> <li>– Various services.</li> </ul>		
			b) improving epidemiological data collection on the manner of HIV infection and risky behaviour.	1) expanding information necessary from the epidemiological point of view about factors increasing the risk of HIV infection including particularly sexually and haematogenous diseases.		<ul style="list-style-type: none"> <li>– Number of new factors confirmed by epidemiological data.</li> </ul>		

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	<b>H A V I O U R S</b>	3. Ensuring appropriate access to information, education and prevention services related to HIV/AIDS	a) expanding the informational and educational offer tailored to the needs of individual recipients	<p>1) Expanding the access to information and education tailored to the needs of target groups including:</p> <ul style="list-style-type: none"> <li>- electronic media,</li> <li>- hotlines, info lines,</li> <li>- informational and educational materials.</li> </ul>	<p>government administration and local governments' staff, Chief Sanitary</p> <ul style="list-style-type: none"> <li>- Inspector employees,</li> <li>- Representatives of academic societies,</li> <li>- Representatives of research institutes/centres,</li> <li>- others.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of channels of access,</li> <li>- Number of website views,</li> <li>- Number of counselling sessions, circulation,</li> <li>- Number of recipients,</li> <li>- Number of publications,</li> <li>- Number of distributed materials,</li> <li>- Number of campaigns,</li> <li>- Number of condoms, latex tissues and lubricants distributed,</li> <li>- level of campaign effectiveness,</li> <li>- satisfaction with campaign based on evaluation,</li> <li>- number of projects/programme,</li> <li>- level of effectiveness of activities undertaken.</li> </ul>		
				2) Educational and informational campaigns directed to target groups with distribution of condoms and lubricants.				
				3) Activities in specific environments directed to target groups including distribution of condoms and lubricants.				
			b) supporting activities aimed at health related harm reduction	<p>1) Development of harm reduction and social programmes with a particular emphasis on:</p> <ul style="list-style-type: none"> <li>- programmes with an element of condom and lubricant distribution,</li> </ul>		<ul style="list-style-type: none"> <li>- Number of programmes,</li> <li>- Number of recipients,</li> <li>- Number of masculine and feminine condoms,</li> </ul>		

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				<ul style="list-style-type: none"> <li>- needle and syringes programme,</li> <li>- substitution treatment programmes,</li> <li>- outreach programmes (streetworking, partyworking etc.),</li> <li>- psychological assistance programmes,</li> <li>- peer action programmes,</li> <li>- social re-adaptation programmes.</li> </ul>		<ul style="list-style-type: none"> <li>latex tissues and lubricants provided,</li> <li>– Number of accessories for taking psychoactive substances provided,</li> <li>– Number of persons using substitutional treatment,</li> <li>– Number of available medication in substitutional programmes,</li> <li>– Number of issued and distributed informational and educational materials,</li> <li>– Complexity of harm reduction programmes,</li> <li>– Programme innovativeness,</li> <li>– Number of people who have met the goals of the re-adaptation programme,</li> <li>– Change of lifestyle in terms of undertaking risky behaviour.</li> </ul>		
				2) Creating, supporting and promoting testing for HIV and		– Number of testing centres,		

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				other sexually transmitted diseases in target group environments.		<ul style="list-style-type: none"> <li>– Number of clients,</li> <li>– Type of material taken,</li> <li>– Level of client satisfaction,</li> <li>– Compliance with recommendations of PTNAIDS and the National AIDS Centre.</li> </ul>		
				3) Promotion of rapid tests with proper certificates (rapid tests) in diagnostics of infections of HIV and other sexually transmitted diseases.		<ul style="list-style-type: none"> <li>– Number of rapid tests conducted,</li> <li>– Number of positive test results,</li> <li>– Compliance with recommendations of PTNAIDS and the National AIDS Centre,</li> <li>– Observation of laboratory diagnostic principles,</li> <li>– Number of places where rapid tests can be taken,</li> <li>– Number of rapid test promotion campaigns.</li> </ul>		
				4) Education on pre-exposure prevention.		<ul style="list-style-type: none"> <li>– Number of counselling sessions,</li> <li>– Number of centres offering pre-exposition prevention,</li> <li>– Number of information/campaign.</li> </ul>		

\* risky behaviour: sexual contact without the use of a condom, sharing equipment for taking narcotics and tattooing, and contact with the mucous membrane, open wounds with blood or sexual secretions of another person.

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III	S U P P O R T  A N D  H E A L T H C A R E  F O R  H I V	1. Quality of life improvement in the psychosocial sphere of HIV people suffering from AIDS, their families and relatives	a) improving the quality of life and functioning of persons living with AIDS, their families and relatives	1) activities aimed at raising the level of knowledge concerning HIV/AIDS directed to HIV positive persons, people suffering from AIDS, their families and relatives.	<ul style="list-style-type: none"> <li>– HIV positive persons,</li> <li>– Family and relatives of HIV positive persons,</li> <li>– Key populations,</li> <li>– People undertaking risky behaviour in particular: <ul style="list-style-type: none"> <li>• Men having sex with other men,</li> <li>• People using psychoactive substances (presently or in the past),</li> <li>• People providing sexual services or using such services,</li> <li>• People who have had sexually transmitted diseases,</li> <li>• Partners of infected people,</li> </ul> </li> <li>– rape victims,</li> <li>– migrants,</li> <li>– people in an irregular legal situation</li> </ul>	<ul style="list-style-type: none"> <li>– Number of training sessions,</li> <li>– Number of campaigns/information,</li> <li>– Number of recipients,</li> <li>– Level of knowledge of training participants.</li> </ul>	<ul style="list-style-type: none"> <li>– Ministers responsible in accordance with the objectives of the Programme,</li> <li>– National AIDS Centre,</li> <li>– National Bureau for Drug Prevention,</li> <li>– Commissioner for Children's Rights,</li> <li>– Commissioner for Civil Rights Protection,</li> <li>– Commissioner for Patient's Rights,</li> <li>– Commissioner for Equal Status,</li> <li>– The Medical Centre of Postgraduate Education,</li> <li>– Local governmental administrative bodies,</li> <li>– Local government units,</li> <li>– Chamber of Physicians and Dentists and</li> </ul>	2017–2021
				2) Continuing and expanding the range of programmes for HIV positive persons in shaping attitudes of self-acceptance, understanding and acceptance among loved ones.	<ul style="list-style-type: none"> <li>– women of reproductive age,</li> <li>– women planning pregnancy,</li> <li>– pregnant women</li> <li>– children born to</li> </ul>	<ul style="list-style-type: none"> <li>– Number of programmes/initiatives,</li> <li>– Number of implementing entities,</li> <li>– Number of recipients,</li> <li>– Evaluation of greater self-acceptance.</li> </ul>		
				3) Implementation of professional activation programmes.		<ul style="list-style-type: none"> <li>– Number of programmes/initiatives,</li> <li>– Number of implementing entities,</li> <li>– Number of recipients,</li> </ul>		

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	P O S I T I V E  P E R S O N S  A N D  P E R S O N S  S U F F E R				mothers living with HIV, – children under 18 years of age infected with AIDS, – persons treated with ARV, – HIV infected persons entering adulthood, – Legal guardians, – Healthcare workers, – Educational workers, – Social workers, – Family assistance and foster care staff, – Family assistants, – Foster care coordinators, – employees of care institutions for children under 3 years of age, – uniformed services, – rescue workers, – employees of government administration and local governments' staff, – Chief Sanitary Inspector employees, – Representatives of employers' organizations, – Representatives of NGOs	– Increase in personal and professional aspiration, – Extending professional activity.  – Number of newly formed organizations – Number of active organizations.  – Number of campaigns/information, – Number of interventions, – Number of training sessions, – Number of recipients, – Increase in level of knowledge.  – Number of programmes/initiatives, – Number of	Regional Medical Chambers, Chamber of Nurses and Midwives and Regional Chambers of Nurses and Midwives, National consultants from various medical fields, Provincial consultants from various medical fields, – Treatment entities, – Academic societies, – NGOs, – Patient organization, – Employers' organizations, – others.	
				4) Supporting the emergence of new and development of existing non-governmental organizations, associating people infected with HIV and suffering from AIDS, their families and relatives acting in favour of a target group. 5) Raising the legal awareness of HIV infected people and suffering from AIDS, their families, relatives and legal guardians. 6) collaboration, advocacy and assistance in respecting the rights of people infected with HIV and suffering from AIDS, their families and relatives by the government, local government and the media. 7) supporting other activities and programmes for persons infected with HIV and suffering from AIDS, their				



No.	FIELDS	GOALS	OBJECTIVES	TASK	TARET GROUP	INDICATORS	RESPONSIBLE ENTITIES	YEAR OF IMPLEMENTATION
	I N G  F R O M  A I D S			families and relatives.	<ul style="list-style-type: none"> <li>Representatives of academic societies, National and provincial consultants,</li> <li>Representatives of research institutes/centres,</li> <li>Media representatives,</li> <li>Opinion makers,</li> <li>Representatives of universities/colleges,</li> <li>others.</li> </ul>	recipients.		
				8) developing, publishing, distribution of information and educational materials concerning issues related to HIV/AIDS by using all available forms of media directed those infected with HIC and suffering from AIDS, their families and relatives.		<ul style="list-style-type: none"> <li>Number of publications,</li> <li>circulation,</li> <li>number of views on webpages.</li> </ul>		
			b) increasing the level of social acceptance of people living with HIV/AIDS, their families and relatives	1) Supporting activities and programmes designed to help people living HIV and suffering from AIDS, their families and relatives.		<ul style="list-style-type: none"> <li>Number of programmes/initiatives,</li> <li>Number of recipients.</li> </ul>		
		2. Improving the quality and access to diagnostics and health care for people infected with HIV and suffering from AIDS and those vulnerable to HIV	a) improving the existing health care system for people living with HIV/AIDS.	1) Providing HIV positive persons with access to ARV treatment and its continuity according to international standards.		<ul style="list-style-type: none"> <li>Number of institutions providing ARV treatment,</li> <li>Number of recipients,</li> <li>Increase in patients' satisfaction with the treatment system.</li> </ul>		
				2) Providing ARV treatment to immigrants and people in an irregular legal situation.		<ul style="list-style-type: none"> <li>number of recipients.</li> </ul>		
				3) Periodic update of ARV treatment standards.		<ul style="list-style-type: none"> <li>Number of updates,</li> <li>Number of procedures,</li> </ul>		

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARET GROUP	INDICATORS	RESPONSIBLE ENTITIES	YEAR OF IMPLEMENTATION
				4) measures to provide access to diagnosis and treatment of opportunistic infections according to international standards.		– Number of recommendations.		
				5) developing recommendations regarding testing for HIV and other sexually transmitted diseases.				
				6) Providing standardized specialized diagnostics performed by certified laboratories monitoring HIV infections, conducting antiretroviral therapy and diagnostics of coexisting diseases.		– Number of examinations carried out.		
				7) Improving access to palliative care and long-term care.		– Number of recipients, – Number of entities.		
				8) Providing access to services tailored to the needs of people living with HIV including early prevention, diagnostics and treatment within the mental health protection system.		– Number of institutions providing care, – Number of patients covered by care.		
				9) increasing access to procreative health services.		– Number of pregnancies, – Number of babies		

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARET GROUP	INDICATORS	RESPONSIBLE ENTITIES	YEAR OF IMPLEMENTATION
			b) improving the care system for people that have been exposed to HIV infections.			born.		
				10) conducting scientific and clinical research on HIV/AIDS.		<ul style="list-style-type: none"><li>– Number/list of tests,</li><li>– Test results.</li></ul>		
				1) development, implementation and information on standardized procedures related to exposure to HIV infections.		<ul style="list-style-type: none"><li>– Procedure development,</li><li>– Number of institutions,</li><li>– Number of expositions,</li><li>– Amount of training,</li><li>– Number of recipients.</li></ul>		
				2) Continuation of training in post exposure procedure for healthcare professionals and other professional groups.				
				3) Development and implementation of information concerning systemized pre-exposure prevention to HIV infections.				
		3. Vertical infection prevention	a) improving the care of women of reproductive age, pregnant or breastfeeding	1) update of standards for the treatment of women planning to get pregnant, men at a reproductive age and pregnant women living with HIV/AIDS,	<ul style="list-style-type: none"><li>– Number of recipients,</li><li>– Number of updates carried out,</li><li>– Number of pregnant women living with HIV/AIDS,</li><li>– Number of institutions providing antiretroviral</li></ul>			
				2) Implementation of standards in the procedures concerning pregnant women living with HIV/AIDS.				

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						treatment programmes for pregnant women.		
			b) improving the care system for children living with HIV and born to mothers living with HIV	1) improvement of specialized care for children infected with HIV and born to mothers living with HIV, in particular through HIV diagnostics and the implementation of an individual programme of immunization.		<ul style="list-style-type: none"> <li>– Number of children delivered by mothers living with HIV,</li> <li>– Number of children infected vertically,</li> <li>– Number of children in care,</li> <li>– Number institutions/entities.</li> </ul>		
				2) Creating and promoting a system of specialized care for people entering adulthood.		<ul style="list-style-type: none"> <li>– Number of recipients,</li> <li>– Number of institutions/entities.</li> </ul>		

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARET GROUP	INDICATORS	RESPONSIBLE ENTITIES	YEAR OF IMPLE MENTA TION
No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	RESPONSIBLE ENTITIES	YEAR OF IMPLE MENT ATION
IV	I N T E R N A T I O N A L  C O O P E R A T I O N	1. Development of international co-operation	a) expanding international co-operation concerning HIV/AIDS	1) Undertaking international initiatives concerning HIV/AIDS and sexually transmitted diseases including the implementation of measures aimed at supporting existing knowledge and experience in Central and Eastern European regions.	<ul style="list-style-type: none"> <li>- General public,</li> <li>- People living with HIV/AIDS,</li> <li>- Key populations,</li> <li>- People undertaking risky behaviour in particular: <ul style="list-style-type: none"> <li>• Men having sex with other men,</li> <li>• People using psychoactive substances (presently or in the past),</li> <li>• People providing sexual services or using such services,</li> <li>• People who have had sexually transmitted diseases,</li> <li>• Partners of infected people,</li> </ul> </li> <li>- rape victims,</li> <li>- People deprived of freedom,</li> <li>- migrants,</li> <li>- local communities located near borders,</li> <li>- Healthcare workers,</li> </ul>	<ul style="list-style-type: none"> <li>- Number of activities,</li> <li>- Number of initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>- Ministers proper according to the Programme goals,</li> <li>- Units subjected to or supervised by ministers,</li> <li>- National AIDS Centre,</li> <li>- Chief Sanitary Inspectorate,</li> <li>- Commissioner for Civil Rights Protection,</li> <li>- Local governmental bodies,</li> <li>- Local governmental units,</li> <li>- Academic societies,</li> <li>- NGOs,</li> <li>- Experts/specialists,</li> <li>- International partners,</li> <li>- others.</li> </ul>	2017–2021
				2) Implementation of international projects concerning HIV/AIDS and sexually transmitted diseases including implementation of measures aimed to support existing knowledge and experience in Central and Eastern European regions.		<ul style="list-style-type: none"> <li>- Number of projects/activities,</li> <li>- Number of recipients,</li> <li>- Number of international partners,</li> <li>- Number of national entities.</li> </ul>		
				3) Polish participation in international academic, social and media events.		<ul style="list-style-type: none"> <li>- Number of events in which Polish representatives participated,</li> <li>- Number of participants from Poland.</li> </ul>		

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARET GROUP	INDICATORS	RESPONSIBLE ENTITIES	YEAR OF IMPLEMENTATION
			b) Polish participation in planning, creating and coordinating international policies concerning HIV/AIDS	<p>1) Developing and evaluating international legal acts, guidelines and other documents, in particular those pertaining to HIV/AIDS and other sexually transmitted diseases.</p> <p>2) Implementing international guidelines regarding HIV/AIDS and sexually transmitted diseases including those concerning human rights and the improvement of lives of people living with HIV.</p>	<ul style="list-style-type: none"> <li>– Educational workers,</li> <li>– Uniformed services,</li> <li>– Social workers,</li> <li>– Rescue workers,</li> <li>– employees of governmental administration and local governments' staff,</li> <li>– Representatives of patients' organizations,</li> <li>– Representatives of NGOs</li> <li>– Representatives of academic societies,</li> <li>– Specialists/experts,</li> <li>– Media representatives,</li> <li>– Opinion makers,</li> <li>– Representative of employers' organizations,</li> <li>– Representatives of churches religious associations,</li> <li>– others.</li> </ul>	<ul style="list-style-type: none"> <li>– Number of activities,</li> <li>– Number of initiatives,</li> <li>– Number of events in which Polish representatives participated.</li> </ul>		
						<ul style="list-style-type: none"> <li>– Number of published recommendations in Polish,</li> <li>– Number of implemented recommendations .</li> </ul>		
			c) Polish participation in the work of international institutions and organizations	<p>1) Ensuring Polish participation in international institutions and organizations on HIV/AIDS and other sexually transmitted diseases.</p>		<ul style="list-style-type: none"> <li>– Number of participants involved in content related work in/for institutions/organizations,</li> <li>– Number of people working in institutions or organizations as coordinators and managers.</li> </ul>		
				<p>2) Reporting to international institutions and circulating data.</p>		<ul style="list-style-type: none"> <li>– Number of reports,</li> <li>– Number of publications,</li> </ul>		

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARET GROUP	INDICATORS	RESPONSIBLE ENTITIES	YEAR OF IMPLEMENTATION
			d) extending international cooperation with regards to improving quality of life of people infected with HIV/AIDS, their families and relatives	1) International cooperation on the part of Polish NGOs in particular organizations of people living with HIV or working on their behalf and aimed at the improvement of the quality of life of people living with HIV/AIDS and their relatives.		<ul style="list-style-type: none"> <li>– Number of institutions and organizations.</li> <li>– Number of activities,</li> <li>– Number of initiatives,</li> <li>– Number of organizations,</li> <li>– Number of recipients.</li> </ul>		
No.	FIELDS	GOALS	OBJECTIVES	TASK	TARGET GROUP	INDICATORS	RESPONSIBLE ENTITIES	YEAR OF IMPLEMENTATION
V	M O N I T O R I N G	1. Improving the monitoring of the epidemiological situation and activities and tasks related to HIV/AIDS	a) improving the detectability of epidemiological surveillance of HIV infections, AIDS incidence and mortality of people living with HIV/AIDS and other sexually transmitted diseases including the standardization of the notification system.	1) Developing a system for improving the collection and reporting of epidemiological data concerning HIV/AIDS and other sexually transmitted diseases and its dissemination by: - creating a team to develop a system of quality of collecting and reporting epidemiological data, - analyzing existing systems	<ul style="list-style-type: none"> <li>– The general public,</li> <li>– People living with HIV/AIDS,</li> <li>– Key populations,</li> <li>– Healthcare workers,</li> <li>– Representatives of the Minister of Health,</li> <li>– Representatives of the National Institute of Public Health – National Institute of Hygiene,</li> </ul>	<ul style="list-style-type: none"> <li>– number of meetings,</li> <li>– number of documents/recommendations,</li> <li>– number of recipients,</li> <li>– number of entities/institutions.</li> </ul>	<ul style="list-style-type: none"> <li>– Competent Ministers according to Programme objectives,</li> <li>– Units subject or supervised by Ministers,</li> <li>– National AIDS Centre,</li> <li>– National Bureau for Drug Prevention,</li> <li>– National Institute of</li> </ul>	2017–2021

No.	FIELDS	GOALS	OBJECTIVES	TASK	TARET GROUP	INDICATORS	RESPONSIBLE ENTITIES	YEAR OF IMPLEMENTATION
				<p>and the possibility of harmonizing source data,  - elaborating a document concerning epidemiological supervision according to European and international guidelines,  - adapting national systems of data collection to international reporting requirements.</p> <p>2) Epidemiological supervision of HIV/AIDS by means of routine reportability including:  - obtaining, collecting and sharing epidemiological information,  - implementation of recommendations/standards for improving the quality of collecting and reporting epidemiological data including training for healthcare workers involved in a system of epidemiological supervision,  - ongoing evaluation of data quality,  - creating studies with the objective of evaluating specific HIV/AIDS epidemic problems.</p>	<ul style="list-style-type: none"> <li>- Representatives of the National AIDS Centre,</li> <li>- Employees of the Chief Sanitary Inspectorate,</li> <li>- Employees of governmental and local governmental administrations,</li> <li>- Laboratory workers,</li> <li>- Employees of institutions conducting tests,</li> <li>- Clients of institutions, VCT clients, their families and relatives,</li> <li>- VCT Staff</li> <li>- Representatives of provincial groups,</li> <li>- Entities implementing the Programme,</li> <li>- Representatives of academic societies,</li> <li>- Representatives of NGOs,</li> <li>- Representatives of universities/colleges,</li> <li>- Representatives of research institutions,</li> <li>- Representatives of academic societies,</li> <li>- Media representatives,</li> <li>- Opinion makers,</li> </ul>	<ul style="list-style-type: none"> <li>- number of HIV tests conducted,</li> <li>- number of people detected with an HIV infection,</li> <li>- number of people detected with AIDS,</li> <li>- number of people who have died as a result of AIDS,</li> <li>- number of people detected with sexually transmitted diseases,</li> <li>- number of training sessions,</li> <li>- number of recipients,</li> <li>- number of reports/documents.</li> </ul>	<p>Health – National Institute of Hygiene,</p> <ul style="list-style-type: none"> <li>- Chief Sanitary Inspectorate,</li> <li>- National Consultant on Laboratory Diagnosis,</li> <li>- National consultants from various medical fields,</li> <li>- Academic societies,</li> <li>- Local governmental administrative bodies,</li> <li>- Local governmental units,</li> <li>- Provincial groups,</li> <li>- NGOs,</li> <li>- Research institutes,</li> <li>- others.</li> </ul>	



No.	FIELDS	GOALS	OBJECTIVES	TASK	TARET GROUP	INDICATORS	RESPONSIBLE ENTITIES	YEAR OF IMPLEMENTATION
				3) Monitoring data obtained from VCT centres including: - conducting and updating an electronic data base, - analysis of data obtained from questionnaires filled out at consulting and diagnostic centres and sharing the results.	- Representatives of international organizations, others.	- number of people taking HIV tests at VCTs, - number of people infected with HIV detected at VCTs, - number of questionnaires, - number of reports.		
			b) improving supervision of activities and tasks related to HIV/AIDS	1) Monitoring the implementation of the Programme, operating an electronic data base and sharing information with Programme implementers.		- Report/database information.		
				2) Collection and analysis of conducted activities at the provincial level with regards to reducing HIV infections, support and healthcare for people living with HIV/AIDS.		- List of conducted activities in provinces, - number of analyses.		
				3) Development and consolidation of provincial monitoring by: - consultations and training for provincial representatives, - development and extending		- number of training sessions/meeting, - number of provincial representatives,		

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				local monitoring, - development and implementation of indicators at the provincial level.		<ul style="list-style-type: none"> <li>– number of documents,</li> <li>– number of studies at the provincial level.</li> </ul>		
				4) IT data base adjustment (aimed at acquiring data from the entities implementing the Programme) to the needs of provincial analysis.		<ul style="list-style-type: none"> <li>– Number of modifications.</li> </ul>		
			c) information support in implementing the HIV/AIDS Prevention Programme	1) Obtaining, collecting and sharing information on the phenomenon of HIV/AIDS including reports, studies, analyses, research (own, research units, research companies and others).		<ul style="list-style-type: none"> <li>– Number of publications.</li> </ul>		
				2) Monitoring the media.		<ul style="list-style-type: none"> <li>– number of publications/articles.</li> </ul>		
				3) Evaluation of key (selected) elements of the implementing the National Programme.		<ul style="list-style-type: none"> <li>– Evaluation reports,</li> <li>– Recommendations.</li> </ul>		
				4) Conducting tests with the assistance of selected target groups including: - research on knowledge and social attitudes and behaviours regarding HIV/AIDS and other		<ul style="list-style-type: none"> <li>– number of tests,</li> <li>– number of reports,</li> <li>– test results,</li> <li>– recommendations /applications.</li> </ul>		

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				sexually transmitted diseases, - research on the quality of life of people living with HIV/AIDS, - other research (in key populations, age cohorts, etc.) tailored to the needs of Programme implementation.				
			d) information support for ARV treatment implementation.	1) Monitoring the functioning of the system of medical care for people living with HIV/AIDS by operating an IT data base in the area of antiretroviral treatment delivery.		<ul style="list-style-type: none"> <li>– number of people receiving ARV treatment,</li> <li>– number of expositions,</li> <li>– number of pregnant women living with HIV/AIDS,</li> <li>– number of children delivered by mothers living with HIV,</li> <li>– number of children with vertical infections,</li> <li>– number of children receiving ARV treatment,</li> <li>– number of entities/institutions.</li> </ul>		