

THE MINISTRY OF HEALTH AND SOCIAL WELFARE

**The National Programme for HIV Prevention and
Care for People
Living with HIV / AIDS
for the Period 1999-2003**

Warsaw, 1999

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INTRODUCTION

The hereby document includes a comprehensive programme referring to the HIV¹ prevention, care offered to people living with HIV and AIDS². It covers the period from 1999 to 2003. The first programme was realised in the years 1996-1998. This proves how significant these issues are for the authorities of the Third Republic of Poland. The biological nature of the infection as well as its specific psychological-social conditions impose a special way of treating this contagious disease. This thesis may be supported with both our national experiments and those conducted in other countries. After reading the analysis of the HIV infection epidemiological situation as well as other chapters, the reader of the National Program will definitely be convinced that the epidemic cannot be stopped without the effort of the whole society.

The democratic structure of Polish society guarantees the co-operation of the legislative, executive and self-government authorities. An important role can also be played by non-governmental organisations, activity of which is one of numerous evidences which show that our society is able to self-organise. This results from the fact that the Republic of Poland is a common interest of all citizens with a constitutionally guaranteed freedom to form and operate civic movements and associations. To adduce the Constitution once again, one should stress that the hereby document proves the principle of human and civil rights inviolability that results from the natural and inalienable dignity of an individual. The protection of this interest falls into the duties of public authorities. Article 32, point 2 of the Fundamental Law states: "No one can be discriminated (...) for any reason". Another point reads as follows: "The Republic of Poland ensures the protection of life to every citizen". The authors of the Program understand the statement above also as the right to protection against contagion, the right of the infected person to receive comprehensive social and medical help, as well as the existence of duties of people living with the virus.

In the introduction to the Program, one should draw his/her attention particularly to the fact that the tasks it includes require the co-operation of different authority structures existing in our country, which may be confirmed by both well-documented Polish and foreign sources as well as practical experience of milieus dealing with HIV/AIDS issues around the world. It

¹ HIV: human immunodeficiency virus

² AIDS: acquired immune deficiency syndrome

would be an unforgivable mistake, if we burdened with these problems only the health service. However, in order to continue the Program in the coming years, we have to draw some conclusions from the execution of the previous one. Unequal involvement of the Programme executors is particularly alarming. Therefore, the new Programme draws a special attention to the need of a team work.

None of the programmes in the area of health protection can be carried out without an adequate mobilisation of financial resources. This has also been discussed in the presented document. One should stress, however, that financial resources cannot replace people's solidarity in the face of dangers to which an individual or society may be exposed. This Program must have a human insight if we do not want it to be only a dead text. The authors hope that they managed to keep appropriate proportions in that respect.

PART I

1. EPIDEMIOLOGICAL SITUATION OF HIV INFECTION IN THE WORLD, EUROPE AND POLAND.

The human immunodeficiency virus has still been spreading around the world, reaching the societies that originally were effected by the epidemic only to an insignificant extend, and intensifying its activity in the areas where AIDS is one of the main causes of deaths among adults.

According to UNAIDS³ and WHO⁴ estimates, at the end of 1998 there were 33.4mln people living with HIV and AIDS in the world, and since the beginning of the pandemic 13.9mln have died. This means that one out of 100 adults at the age of 15 to 49 is HIV positive, but only a small percentage knows they are HIV positive. If the access to the life prolonging treatment is not easier, most of people currently living with HIV will die within 10 years. Because new infections have still been occurring (about 16 000/24h), one should not expect a self-limitation of the infection.

HIV infection is mainly focused in developing countries: more than 95 per cent of HIV positive people live in Subsaharan Africa and in some Asian countries that achieve in total less than 10 per cent of the world product. In the period 1994-1997 a proportional growth of HIV incidence was most rapid in the big areas of Asia, Eastern Europe and South Africa.

Since the beginning of the pandemic till the half of November 1998, WHO noted 1 987 217 AIDS cases. This means a 10 per cent increase in comparison with the incidence reported till November 1997. It is estimated that the cumulated number of reported cases is lesser than the real incidence by 15 per cent. The trends of changes in the AIDS incidence observed in individual regions of the world show significant differences. Unlike developing countries, industrialised countries have observed a decrease in the incidence.

Since the beginning of the pandemic, the AIDS incidence in Europe had decreased for the first time in 1996, and continued to decrease in 1997 (by 27 per cent), reaching the level reported before 1990. A significant fall was observed in the three main groups of infection

³ UNAIDS: HIV/AIDS Programme of the United Nations

⁴ WHO: World Health Organisation

transmission: among homosexual and bisexual men (in 1996 by 22 per cent, in 1997 by 37 per cent), intravenous drug users (in 1996 by 11 per cent, in 1997 by 33 per cent) and persons infected through risky heterosexual contacts (in 1996 by 2 per cent, in 1997 by 22 per cent). Within the infection transmission groups, the decrease was greater among women (in 1997: among intravenous drug users by 33 per cent, infected through risky heterosexual contacts by 27 per cent) than among men (30 and 17 per cent respectively). The incidence of vertically transmitted AIDS – from mother to a child is also smaller (by 33 per cent in 1996 and 6 per cent in 1997). One should remember, however, that the picture of the epidemic in the whole Europe is greatly influenced by the situation in the Western Europe, where 90 per cent of AIDS incidence in Europe reported by WHO is present. Prevention programmes and antiretroviral treatment that delays significantly the development of AIDS, have been widely introduced.

In Eastern Europe, in turn, an increase in HIV and AIDS infection has been observed since 1995. In the former Soviet Union countries, the HIV infections have been spreading rapidly among intravenous drug users. This refers mainly to Ukraine, Russia and Belarus. The incidence of AIDS has also increased: in 1997 in Ukraine by 29 per cent, and in the Russian Federation by 51 per cent.

In Poland, like in other Central European countries, the situation is relatively stable. By the end of January 1999, in total 5 620 infections with HIV and 737 new episodes of AIDS were reported; 415 of AIDS affected patients died. The National Hygiene Institute estimates that the number of people living with HIV is 12 000.

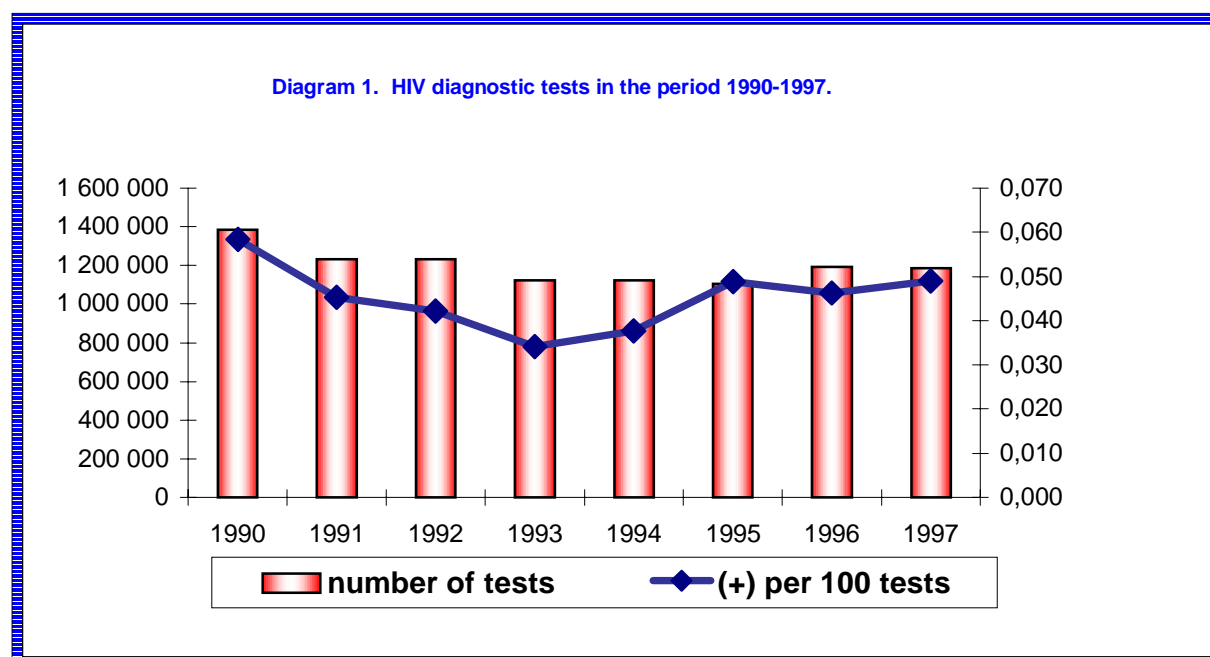
New detected HIV infections are registered by the National Hygiene Institute. So far, the greatest number of newly detected infections has been reported in 1990 (809). In the following years this number was between 384 (1993) and 576 (1997). In 1998, there were 638 reported cases.

For the past eight years over 9.5mln HIV tests have been conducted, which detected more than 4300 infections among Polish citizens. Most of the test (87 per cent – Table 1) was administered in the blood donation centres, but most HIV-positive results (over 70 per cent) was received when examining persons who underwent the examinations due to their risky behaviours. From about 10 per cent of the examined persons (“Others”) no information was

received as for the reasons that induced them to go through the test, and one fourth of positive results was reported among this group.

Table 1. HIV diagnostic test in the period 1990-1997 in the individual groups.

Tested group	Tests in total		seropositive	
	number	percentage	number	percentage
Homosexuals and bisexuals	4 316	0,05%	242	5,6%
Intravenous drug users	57 161	0,60%	2 826	65,3%
Sex-workers	6 150	0,06%	9	0,2%
Blood recipients	97 912	1,03%	7	0,2%
Haemophiliac	2 120	0,02%	1	0,0%
Persons from the groups above in total	167 659	1,77%	3 085	71,3%
Blood, sperm, tissues and organs donors	8 288 154	87,40%	163	3,8%
Others (no data)	1 027 089	10,83%	1 079	24,9%
Polish citizens – in total	9 482 902	100,00%	4 327	100,0%
Foreigners	8 350	0,09%	40	0,9%
Total	9 491 252	-	4 367	-



Prepared based on data collected by the Epidemiology Institute of the National Hygiene Institute, access rendered by W. Szata, Ph.D., MSc

The number of tests that were conducted every year was similar (diagram 1), while the percentage of positive results had decreased from 1990 to 1993, and then increased till 1997. One may assume that an upward trend remained in 1998, when 638 contagions were detected, that is 10 per cent more than in 1997.

In the period 1985-1995 the number of new AIDS incidence registered annually increased. Similar was the case of deaths and mortality. The greatest numbers were reported in 1995. They were 114 and 0.3 per 100 inhabitants and 78 and 0.2 per 100 inhabitants respectively. The incidence and number of deaths in 1996, 1997 and 1998 (109 and 114, 105 and 74, 60 and 46 respectively) may indicate some stabilisation in this area, although one may not exclude late or incomplete reports.

The first period of the HIV/AIDS epidemic in Poland was characterised mainly by newly detected HIV infections among homosexual and bisexual men (diagnosed mainly in the Venereology Institute), and among haemophiliacs, as well as by single new episodes of AIDS. The fact that HIV reached the group of intravenous drug users, observed in 1988, influenced the epidemiological situation in Poland in the following years. Relatively early an increase in the number of intravenous drug users among HIV positive persons (in 1989) and people with AIDS (in 1991) was reported. Moreover, the data showed, among others, a change in the ratio of infected women to infected men (from 1 : 20, 1 : 10 – in the first years of the epidemic, to 1 : 3 – 1 : 5 in the years after 1988), the formation of an over sixty per cent group of the HIV positive at the ages 20 - 29, and births of children that received the anti-HIV antibodies from their mothers. By the end of January 1999, about 150 of such children had been born, 40 of them were diagnosed as HIV-positive. At present, the known number of HIV positive children is around 60. The incidence among drug addicts reached nearly a half of all new AIDS cases reported in the period 1986-1997, and the deaths of drug addicts account for 42 per cent of all deaths. Persons infected with HIV through intravenous drug injections in the period 1985-1998 constituted 66 per cent of all the HIV positive.

Nearly 31 per cent of HIV infected persons in the period 1985-1998 lived in the former capital Warsaw, Gdańsk and Katowice Provinces, 69 per cent in other provinces.

In the period 1985-1995 the AIDS incidence and HIV infections occurred mainly in big urban areas, but at the same time in the yearly 90s, the rate of newly detected infections (per

100.000 inhabitants) was the biggest in the provinces of south-western Poland. The highest rate (nearly 15) was observed in the Jelenia Góra Province in 1990, in 1995 in the Lublin Province (3.2), in 1996 in the Piotrków Province (3.7), in 1997 in the Toruń Province (3.3), and in 1998 in the Wrocław Province (3.3)

Although in the recent years the AIDS incidence has been rather constant, and the number of newly detected infections has remained at the level of a couple of hundreds a year, an unfavourable development of the epidemiological situation is possible. The AIDS incidence will depend on, among others, the availability and quality of social-medical care of HIV positive persons, and the number of new infections – from the frequency of risky behaviours present in the population and, indirectly, from the efficiency of prevention actions realised in different groups of the society.

2. THE ORGANISATIONAL STATUS OF HIV PREVENTION , CARE OFFERED TO PEOPLE LIVING WITH HIV AND AIDS IN POLAND.

In Poland, in order to perform tasks related to HIV prevention, care offered to people living with HIV and AIDS, there are suitable organisational structures with a definite scope of competence.

An important achievement in the area of actions connected with HIV and AIDS problems was the adoption of the first National Programme of HIV Prevention, Care Offered to People Living with HIV and AIDS for the Period 1996-1998 adopted in 1995 by the Parliament of the Republic of Poland. The main co-ordination and executive tasks were charged to the Minister of Health and Social Welfare. Many other institutions were included into the works over the execution of the Programme. In the governmental structure they included the following Ministries: of Education, of Defence, of Interior, of Transport and Maritime Economy, of Labour and Social Policy, of Justice.

On behalf of the Ministry of Health and Social Welfare these tasks were performed, among others, by:

- ☐ The National Co-ordination Bureau for AIDS Prevention – the Bureau is supervised by the Advisor of the Ministry of Health and Social Welfare for AIDS and Drug Addiction,
- ☐ Provincial Sanitary-Epidemiological Station – the Departments of Health Education – at the province level, the co-ordinators of the Program are the Province Sanitary Inspectors,
- ☐ The Centre for AIDS Diagnostics and Therapy
- ☐ institutions dealing with treatment of persons living with HIV and AIDS, established at the Clinics of Medical Schools and Province Hospitals,
- ☐ a network of dermatological institutions supervised by the Institute of Venereology.

Within the Sanitary-Epidemiological Council, operating at the Main Sanitary Inspectorate, an AIDS Committee, which performs an advisory function, was established.

An important role in HIV and AIDS prevention and support given to persons living with HIV and AIDS play numerous non-governmental organisations that operate in the whole country. They are financed from central, provincial, self-government and own resources. We should also mark the fact that a co-operation with the United Nations Development Programme (UNDP) has been initiated. The co-operation has borne fruits in the form of signing two international agreements, the execution of which had an enormous influence on the intensification of actions directed at the improvement in the situation of people living with HIV and AIDS.

3. GENERAL EVALUATION OF AND CONCLUSIONS DRAWN FROM THE EXECUTION OF THE NATIONAL PROGRAM OF HIV PREVENTION, CARE OFFERED TO PEOPLE LIVING WITH HIV AND AIDS FOR THE PERIOD 1996-1998.

The evaluation of the National Program for the period 1996-1998 was based on the report and evaluation materials presented by individual executors and worked out in the National Co-ordination Bureau for AIDS Prevention.

In order to do that the following documents have been analysed:

- ☐ Reports of the province co-ordinators of the Program, that is the National Provincial Sanitary Inspectors and managers of the health education departments in the Provincial Sanitary-Epidemiological Stations,
- ☐ Reports on the activities of the National Co-ordination Bureau for AIDS Prevention,
- ☐ Reports of departments on the execution of the tasks assigned in the National Program,
- ☐ Results and conclusions from sociological research on attitudes and behaviours important from the point of view of goals defined by the Program,
- ☐ Epidemiological data.

Opinions and conclusions of non-governmental and of recognised experts in HIV/AIDS were also taken into consideration.

The general evaluation of the National Program implementation is as follows:

- ☐ Most of the actions that were taken met the social expectations in that area,
- ☐ Not all institutions obliged to act by the Program have fully performed their tasks,
- ☐ The definitions of some tasks were too general and postulate-like, and, therefore, too difficult to transform into specific actions,
- ☐ The role of the evaluation and monitoring of the actions was insufficiently brought into prominence,
- ☐ The Program was executed in the most efficient and full way by the Ministry of Health and Social Welfare together with subordinate institutions and non-governmental organisations operating for the good of people living with HIV and AIDS.

Therefore, the following postulates and conclusions have been included in the new National Program for the period 1999-2003:

- ☐ Widely understood public health, which as one of the basic social values, requires the continuation of actions aimed at HIV prevention, offering help to people living with HIV and AIDS,
- ☐ Definitions of aims, directions and detailed tasks should be specific, precise and practical,
- ☐ Expenses for performance of tasks resulting from the National Program of HIV Prevention, Care Offered to People Living with HIV and AIDS for the period 1999-2003 should be planned by the entities executing the Program within the limits of their own financial resources,
- ☐ The Program requires a permanent control over its implementation. This should be based on the evaluation of methods and effects of its implementation. This will enable us to eliminate lack of advertence and quickly define new tasks. This is possible when constant exchange of experience among the institutions executing the Program is present.

PART II

1. GOALS AND DIRECTIONS OF ACTIONS FOR THE PERIOD 1999 – 2003.

Two main goals have been accepted in the present program:

1. LIMIT THE SPREAD OF HIV INFECTION IN POLAND.
2. IMPROVE THE QUALITY AND ACCESS TO THE CARE OF PEOPLE LIVING WITH HIV AND AIDS.

The goals mentioned above will be achieved by the following actions:

GOAL 1: LIMIT THE SPREAD OF HIV INFECTION IN POLAND.

- A) Educate the society, youth in particular.
- B) Carry out prevention actions among people in the groups with a higher risk of contagion with HIV.
- C) Make HIV diagnostic tests.
- D) Control permanently blood and blood-replacing agents safety standards.
- E) Prevent diseases that favour HIV transmission.

GOAL 2: IMPROVE THE QUALITY AND ACCESS TO THE CARE OF PEOPLE LIVING WITH HIV AND AIDS.

- A) Update constantly and introduce uniform standards of the care over people living with HIV and AIDS.
- B) Educate medical workers, social services workers, and therapists in the field of HIV/AIDS.

2. LIST OF INSTITUTIONS⁵ IMPLEMENTING AND SUPPORTING THE NATIONAL PROGRAM OF HIV PREVENTION, CARE OFFERED TO PEOPLE LIVING WITH HIV AND AIDS FOR THE PERIOD 1999-2003.

2.1. Institutions implementing the Program

Institutions executing the national policy, obliged to operate in the National Program.

- ☐ Ministry of Health and Social Welfare,
- ☐ Ministry of National Education,
- ☐ Ministry of the Interior and Administration,
- ☐ Ministry of National Defence,
- ☐ Ministry of Justice,
- ☐ Ministry of Labour and Social Policy,
- ☐ Ministry of Transport and Maritime Economy,
- ☐ Provincial governors,
- ☐ Provincial Health Services,
- ☐ Province, powiat [*an administrative unit in Poland, smaller than a province and bigger than a commune – translator's comment*] and commune governments.

2.2. Institutions supporting the Program.

Institutions, governmental and non-governmental organisations the participation of which in the implementation of selected tasks from the National Program is desirable.

- ☐ Government Representative for Family Matters,
- ☐ The Bureau of the Commissioner for Civil Rights Protection,
- ☐ The Catholic Church and Religion Associations,
- ☐ Non-governmental organisations (associations, foundations, scientific associations, youth organisations, women's organisations, and other),
- ☐ The Scientific Research Committee,
- ☐ The Polish Television Co.
- ☐ The Polish Radio Co.

⁵ the term "institution" is used interchangeably with the term "entity" later in the text.

3. THE PATTERN OF THE ORGANISATIONAL ACTIONS COMPULSORY WHEN EXECUTING THE NATIONAL PROGRAM FOR THE PERIOD OF 1999-2003.

When the performance of the tasks included in the first National Program for the period 1996-1998 was analysed and summarised, it was often stressed that defining goals, directions and detailed tasks, and their approval by the institutions obliged to execute them does not mean their real implementation. Therefore, it is necessary to adapt a pattern of organisational actions that will guarantee the execution of the Program. They are as important as the goals and directions that the Program comprises.

Before we present it, the following terms need to be explained:

☐ **the National Program** – the hereby document;

☐ **detailed programs** – programs, prepared by individual institutions implementing the Program, based on the tasks assigned in the **National Program** for one year.

The following pattern of organisational actions for the implementation of the National Program has been adopted:

1. The **National Program** for the period 1999 – 2003 is the main document defining the strategy of the Republic of Poland for the HIV prevention, care offered to people living with HIV and AIDS.
2. The Co-ordinator of the National Program is the Minister of Health and Social Welfare, authorised to supervise and evaluate detailed programs executed by individual entities.
3. The year 1999 is the initial phase of the program which is composed of two stages:
 - ☐ preparation of the main National Program document, consultation within departments, among departments and presentation of the final document to the Parliament
 - ☐ preparation of the first **detailed program** for the year 2000 by each of the institutions executing the Program and its presentation to the Co-ordinator of the National Program by the end of June 1999.
4. Based on the **National Program**, each of the entities implementing the Programme is obliged to:
 - ☐ learn all the tasks that are assigned to a given entity in the **National Program**,
 - ☐ work out an action strategy for the period 1999-2003, bearing in mind its own priorities, need and possibilities, but none of the tasks defined in the **National Program** can be omitted,
 - ☐ write out tasks planned to be performed for particular years,
 - ☐ prepare in 1999 a **detailed program** for 2000.
5. **Detailed Program** worked out by individual institutions executing the programme will constitute the appendices to the **National Program**.
6. Every **detailed program** should include:
 - ☐ list of tasks that will be performed or co-performed by a given entity,

- ☐ specify the tasks by defining:
 - methods of their performance,
 - the group of recipients,
 - executors,
 - ways of evaluating the efficiency of the actions taken,
 - responsible units,
 - a yearly timetable,
- ☐ financial resources assigned to each tasks.

7. Annual ***detailed program*** for the following years should be presented by May of the following year in order they could be included in the draft of the budget plan of the given entity.
8. Each of the entities is obliged to secure in its own budget financial resources for the execution of ***detailed program*** – it is also necessary that these financial resources constitute a separate chapter.
9. The executors of the ***detailed programs*** are obliged to present an annual report by the end of February of the following year; this means that the earliest report for 2000 should be presented by the end of February 2001.
10. Annual reports on the execution of ***detailed programs*** will constitute a part of the annual report on the execution of the **National Program**.
11. The Annual report on the execution of the **National Program** worked out by the Minister of Health will be presented to the Council of Ministers by the end of April of the following year.
12. In 2003 there will be works conducted on the evaluation of the execution of the National Program for the period 1999-2003 and the initial stage of the next Program preparation will start.
13. In 2004 the following reports should be prepared:
 - ☐ annual reports of individual entities on the execution of ***detailed programs***;
 - ☐ four-year – comprehensive report of individual entities on the execution of ***detailed programs*** with an evaluation of the tasks performance;
 - ☐ four-year – comprehensive report of the **National Program** Co-ordinator based on the four-year reports on the execution of ***detailed programs***, which will be presented to the Council of Ministers.

4. TASKS INCLUDED IN THE NATIONAL PROGRAM OF HIV PREVENTION, CARE OFFERED TO PEOPLE LIVING WITH HIV AND AIDS FOR THE PERIOD 1999-2003.

GOAL 1

LIMIT THE SPREAD OF HIV INFECTION IN POLAND.

A. Educate the society, youth in particular.

Education in the scope of HIV/AIDS is definitely more beneficial than bearing social and economic costs that result from the treatment, care and help offered to the infected, and people with AIDS and their close.

It is necessary to continue the educational actions in selected groups of recipients, taking into consideration different needs and forms of effect in the scope of HIV/AIDS prevention.

The system of training in HIV/AIDS is of a cascade character. The Ministry of Health and Social Welfare, and the Ministry of National Education organise trainings of trainers, which offer certificates authorising a given person to carry out training at a lower level (according to the diagram below). The Ministry of Health and Social Welfare, and the Ministry of National Education are responsible for the preparation of educational materials and teaching aids for the trainings.

	Institutions executing and supporting the Programme
<p>1. Educational actions that comprise the following groups:</p> <p>1.1. Society as a whole, with a special attention to women at the procreation age, and parents of children at the age of adolescence.</p> <p>1.1.1. Promotion-educational actions aimed at shaping the attitudes of responsibility for own health, avoiding the situations that favour the contagion, and contagion prevention.</p> <p>1.1.2. Promotion of attitudes connected with the acceptance of people living with HIV and AIDS.</p>	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of Labour and Social Policy • Polish Television • Polish Radio • Governmental Rep. for Family Matters • Non-governmental organisations
<p>1.2. Youth at schools (the level of the 8th form of the previously eight-form primary schools, gymnasiums, secondary schools, and colleges) and staff responsible for their education.</p> <p>1.2.1. Continuous and cascade training of the personnel responsible for the education of youth.</p> <ul style="list-style-type: none"> ❑ include HIV/AIDS and STD⁶ issues in the standards for training organised for teachers within the framework of pedagogical studies, qualification tests, and post-graduate studies, ❑ continue the training programs of trainers in HIV/AIDS prevention, ❑ implement the training at lower levels. <p>1.2.2. Implement HIV/AIDS prevention programmes at the level of 8th grade of previous eight-year primary schools, in the reformed schools at the level of gymnasium, and in all kinds of secondary schools into the lectures on “Family life education”.</p> <p>1.2.3. Within the confines of addiction prevention – run an anti-drug campaign in the context of HIV and AIDS infection.</p> <p>1.2.4. Prevention of risky behaviours among groups of youth gathered in such places as pubs, discos, and festivals.</p>	<ul style="list-style-type: none"> • Ministry of National Education • Ministry of Health and Social Welfare • Governmental Rep. for Family Matters • Polish Television • Polish Radio

⁶ STD: sexually transmitted disease

	Institutions executing and supporting the Programme
<p>1.3. Health service employees:</p> <p>1.3.1. Training in the latest reports on HIV/AIDS problems, the latest methods and forms of work with people living with HIV and AIDS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> research workers at medical schools and teachers of medical schools, and social workers schools, <input type="checkbox"/> teachers of hygiene, <ul style="list-style-type: none"> <input type="checkbox"/> physicians, <input type="checkbox"/> dentists, <input type="checkbox"/> residents, <input type="checkbox"/> management of medical institutions <input type="checkbox"/> personnel of the higher level (especially doctors of basic health service), <input type="checkbox"/> assistance personnel, <input type="checkbox"/> social workers, therapists, <input type="checkbox"/> employees of Provincial Sanitary-Epidemiological Stations – Health Education and Epidemiological Departments. 	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of National Defence • Ministry of Interior and Administration • Ministry of National Education • Ministry of Labour and Social Policy
<p>1.4. Intervention-rescuing services (the police, municipal police, fire brigades, ambulance service)</p> <p>1.4.1. Shape adequate working habits (that is, treat each person as a potentially infected) that ensure safety in extreme situations, e.g. lifesaving, property salvage, and the like.</p> <p>1.5. The army (conscripts, professional soldiers, personnel and soldiers taking part in international peace missions abroad)</p> <p>1.5.1 Train military milieus, taking into consideration a specific situation connected with living in barracks and partial separation from family and the close.</p>	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of Interior and Administration • Ministry of National Defence • Ministry of Interior and Administration
<p>1.6. Correction institutions and juvenile detention centres and their inhabitants.</p> <p>1.6.1. Train staff of correction institutions and detention centres for minors in HIV/AIDS issues.</p> <p>1.6.2. Education of minors.</p> <p>1.6.3. Carry out educational programs in HIV/AIDS prevention in therapeutic wards and in medical correction institutions.</p>	<ul style="list-style-type: none"> • Ministry of Justice

	Institutions executing and supporting the Programme
<p>1.7. The personnel of correction institutions and juvenile detention centres</p> <p>1.7.1. Train the personnel of correction institutions and juvenile detention centres in HIV/AIDS issues.</p> <p>1.7.2. Educate minors.</p> <p>1.7.3. Carry out educational programmes in HIV/AIDS prevention.</p>	<ul style="list-style-type: none"> Ministry of National Education
<p>1.8. Press</p> <p>Organise press conferences aimed at giving reliable information on HIV/AIDS issues.</p> <p>Encourage journalists to join the generally understood prevention campaign through mass media.</p>	<ul style="list-style-type: none"> Ministry of Health and Social Welfare Polish Television Polish Radio
<p>1.9. Hairdressers, barbers, beauticians and employees of tattoo studios.</p> <p>1.9.1. Include the HIV/AIDS prevention in the programs of schools preparing for the professions.</p> <p>1.9.2. Continue and extend educational actions, taking into consideration the specificity of these professions.</p>	<ul style="list-style-type: none"> Ministry of Health and Social Welfare Ministry of National Education
<p>1.10. Persons travelling abroad.</p> <p>1.10.1. Prepare information-educational materials promoting responsible behaviours.</p> <p>1.10.2. Distribute the materials in travel agencies, boarder checkpoints.</p>	<ul style="list-style-type: none"> Ministry of Health and Social Welfare Ministry of Interior and Administration Ministry of National Defence Ministry of Transport and Maritime Economy
<p>1.11. Students of seminars and religion teachers.</p>	<ul style="list-style-type: none"> Ministry of National Education Catholic Church and Religion Associations Non-governmental organisations

	Institutions executing and supporting the Programme
<p>1.12. Immigrants and refugees</p> <p>1.12.1. Prepare and distribute information-educational materials on HIV/AIDS prevention and sexually transmitted diseases, in their mother language, taking into consideration cultural and moral specificity of the groups to which they are addressed</p>	<ul style="list-style-type: none"> • Ministry of Interior and Administration • Ministry of Health and Social Welfare • Ministry of Transport and Maritime Economy
<p>1.13. Non-governmental organisations and volunteers.</p> <p>1.13.1. Include in the educational network on HIV/AIDS issues existing non-governmental, religion, women's organisations, homosexuals and bisexuals, organisations dealing with the environments of addicts, and other.</p>	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of National Education • Non-governmental organisations
<p>1.14. People living with HIV and AIDS.</p> <p>1.14.1. Continuous education in shaping the attitudes of responsibility (including this resulting from legal regulations binding in the Republic of Poland) for own behaviours and actions that may lead to infecting other people with HIV.</p> <p>1.14.2. Educate the milieu living with HIV and AIDS in the access of and observance of the drug treatment therapy, prevention of opportunistic diseases, principles of social welfare centres operation, safe behaviours.</p>	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Non-governmental organisations

	Institutions executing and supporting the program
2. System sexual education of the society.	
2.1. Work out educational programs addressed to parents, which will help to give sexual education in a family,	<ul style="list-style-type: none"> • Ministry of National Education • Ministry of Health and Social Welfare • Government Rep. for Family Matters
2.2. Continue constant training of teachers and lecturers with documented qualifications, who pass on knowledge on sexual education in relation to HIV and AIDS.	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of National Education
2.3. Provide counselling for family planning that includes the elements of HIV/AIDS and STD prevention.	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Government Rep. for Family Matters • Catholic Church and Religion Associations
2.4. Prevent sexual violence and pornography with the use of children and minors.	<ul style="list-style-type: none"> • Ministry of National Education • Ministry of Interior and Administration • Government Rep. for Family Matters • Polish Television • Polish Radio
2.5. Implement sexual education programs in the environments of psychoactive agents addicts, and persons providing sexual services.	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of Interior and Administration • Ministry of National Education
2.6. Train therapists working with addicts in the field of basic knowledge on sexology.	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of National Education
2.7. Train systematically persons from non-governmental organisations who co-ordinate local programs of risky behaviours prevention.	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Non-governmental organisations

B. Prevention in groups with a higher risk of HIV infection.

	Institutions executing or supporting the program
1. Persons with a high level of risky behaviours.	
1.1. Homosexuals (women and men) and bisexuals:	<ul style="list-style-type: none"> Ministry of Health and Social Welfare Non-governmental organisations
1.1.1. Work out information-educational materials aimed at prevention in the homosexual and bisexual environments.	
1.1.2. Promote safer sexual behaviours in homosexual and bisexual environments.	
1.2. Persons providing sexual services.	<ul style="list-style-type: none"> Ministry of Health and Social Welfare Non-governmental organisations
1.2.1. Educate systematically on HIV/AIDS and other sexually transmitted diseases prevention, taking into consideration the street working method ⁷ .	
1.2.2. Use mass media to:	<ul style="list-style-type: none"> Ministry of Health and Social Welfare Non-governmental organisations Polish television Polish radio
<input type="checkbox"/> inform on programs of help and education offered to persons providing sexual services, <input type="checkbox"/> change social attitudes towards prevention in this environment	
1.2.3. Work out and publish information-educational materials on	<ul style="list-style-type: none"> Ministry of Health and Social Welfare Non-governmental organisations
<input type="checkbox"/> safer sexual behaviours in the context of HIV/AIDS and STD prevention, <input type="checkbox"/> programs of help offered to this group.	
1.2.4. Promote safer sexual behaviours.	<ul style="list-style-type: none"> Ministry of Health and Social Welfare Non-governmental organisations
1.2.5. Support the programs of non-governmental organisations that provide free counselling:	<ul style="list-style-type: none"> Ministry of Labour and Social Policy Ministry of Health and Social Welfare
<input type="checkbox"/> medical, <input type="checkbox"/> psychological, <input type="checkbox"/> social.	
1.2.6. Promote the programs of street work in the environment.	
1.3. Psychoactive agents addicts:	<ul style="list-style-type: none"> Ministry of Labour and Social Policy Ministry of Health and Social Welfare Non-governmental organisations

⁷ the method of working in a street in a given environment

	Institutions executing or supporting the program
1.3.1. Educate drug addicts on the ways of avoiding risky behaviours.	
1.3.2. Make the access of the addicted to medical and social care easier.	
1.3.3. Initiate contacts with the environment of addicts. <ul style="list-style-type: none"> <input type="checkbox"/> promote the programs of street work in the environment, <input type="checkbox"/> organise social care for addicts, <input type="checkbox"/> ensure medical care for addicts not included in a social insurance, <input type="checkbox"/> co-operate and support non-governmental programs addressed to addicts, <input type="checkbox"/> extend the already existing base of detoxification and rehabilitation centres, taking into particular consideration the needs of minors . 	<ul style="list-style-type: none"> • Ministry of Labour and Social Policy • Ministry of Health and Social Welfare • Non-governmental organisations
1.3.4. Actions directed at changing social attitudes towards addicts focused on: <ul style="list-style-type: none"> <input type="checkbox"/> good understanding of the nature of addiction, <input type="checkbox"/> social acceptance of the reduction of damages⁸ related to addictions. 	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of National Education • Polish Television • Polish Radio
1.3.5. Carry out programs of damages reduction in the environments of heavy addicts: <ul style="list-style-type: none"> <input type="checkbox"/> exchange needles and syringes for free, <input type="checkbox"/> inform on the principles of safer drug taking, <input type="checkbox"/> support the existing and organise new programs of treatment with methadone. 	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of Labour and Social Policy • Non-governmental organisations • Provincial Governors
2. Medical service employees.	

A condition for safe medical and laboratory procedures is strict observance of medical procedures related to the work with infectious material. These actions are included in the control of hospital infections, and are also of fundamental importance when ensuring safety to patients and personnel.

To achieve this aim it is necessary to:

⁸ Programs the aim of which is social interest and help offered to addicts. They include both the therapy of addictions, as well as supporting persons incapable of giving out the addiction.

	Institutions executing or supporting the program
2.1. Update and alternatively extend the detailed medical and laboratory procedures.	<ul style="list-style-type: none"> Ministry of Health and Social Welfare
2.2. Implement these procedures on a wide scale in the units of medical service.	<ul style="list-style-type: none"> Ministry of Health and Social Welfare
2.3. Supervise and exact the observance of the procedures by the employees of medical service.	<ul style="list-style-type: none"> Ministry of Interior and Administration
2.4. Continuous training of medical personnel and the management of medical centres which includes:	<ul style="list-style-type: none"> Ministry of National Defence Ministry of Transport and Maritime Economy Provincial and communal self-governments
2.4.1. Observing the general precaution principles by all medical service employees.	
2.4.2. The principles of general hygiene, disinfection and sterilisation of equipment, observance of the sterilisation requirements, ways of destroying infectious wastes.	
2.4.3. Procedures after the exposure to the infection while performing professional duties.	
2.5. In case of an exposition to infection, implement adequate procedures to prevent the development of HIV infection: unspecific-routine, specific-the application of antiretroviral drugs with the consent of the infection victim.	
2.5.1. It is necessary to organise a uniform system of procedures after an exposition in all places of work.	

C. HIV diagnostic tests.

Everyone who is interested in undergoing an HIV diagnostic test should have such a possibility. Each test has to be combined with counselling before and after the test. These tests identify infected persons, enable the evaluation of the epidemiological situation in the country, and are a great opportunity to supplement educational actions.

Due to stigmatisation of HIV positive patients, everyone interested in taking the test should have a possibility to undergo the test anonymously..

	Institutions executing and supporting the Program
1. Establish in each province at least one centre of carrying out anonymous HIV diagnostic tests.	<ul style="list-style-type: none">• Ministry of Health and Social Welfare• Provincial Governors• Non-governmental organisations
2. Suggest, as a routine procedure, undergoing the HIV diagnostic tests to:	<ul style="list-style-type: none">• Ministry of Health and Social Welfare
2.1. Pregnant patients.	
2.2. Patients coming to the dermal-venereological outpatient clinic.	
2.3. Detainees and persons put in penal institutes, as well as minors in correction and juvenile detention centres.	<ul style="list-style-type: none">• Ministry of Justice
2.4. Conscripts	<ul style="list-style-type: none">• Ministry of Interior and Administration
3. General implementation of principles to be observed when making an HIV diagnostic test.	<ul style="list-style-type: none">• Ministry of Health and Social Welfare
3.1. Continue the training of persons taking part in the HIV diagnostics.	
3.2. Train the doctors of basic health service.	
3.3. Prepare information given to a patients before making a test.	
4. Continuous monitoring :	<ul style="list-style-type: none">• Ministry of Health and Social Welfare• Provincial Governors• Provincial Health Services
4.1. List institutions providing counselling before and after the test, and laboratories carrying out screening tests.	
4.2. Define the number of counselling and tests given.	
4.3. Evaluate the content-related preparation of the institutions.	
4.4. Evaluate periodically and provide expertise supervision of centres carrying out HIV diagnostic tests and of the quality of medical services and counselling they provide.	

	Institutions executing and supporting the Program
4.5. Supervision over the laboratory application of tests approved by the National Hygiene Institute and listed on the list which is published and updated by the Centre of AIDS Diagnostics and Therapy.	

D. Continuous control of blood and d-replacing agents safety standards.

	Institutions executing and supporting the Program
1. Blood donation and transfusion.	
Examinations of a blood donor carried out by a doctor on each of occasion of donating blood is compulsory in Poland. It is also necessary to have the blood tested in case of blood donating. The present system of supervision over blood and blood-related agents should remain, and should be supplemented with actions resulting to the latest scientific achievements in the world and in Poland. <i>Therefore, it is necessary to:</i>	
1.1. Keep the existing system of supervision. 1.1.1. The health requirements referring to blood donors, which have been worked out by the Institute of Haematology and Transfusion, should be strictly observed. 1.1.2. Create an efficient information system for blood donors who are diagnosed as HIV positive when donating blood. 1.1.3. Introduce new serological diagnostic techniques.	<ul style="list-style-type: none"> Ministry of Health and Social Welfare
2. Keep the register of blood donors who are disqualified during their examination or resigned.	<ul style="list-style-type: none"> Ministry of Health and Social Welfare
3. Transplantology.	
3.1. Transplantology and artificial fertilisation centres are obliged in each case to take the history of a patient, and carry out physical examination of tissues, organs and sperm donors for HIV presence, according to the principles included in the collection of valid regulations issued by the Ministry of Health and Social Welfare and the Institute of Haematology and Transfusion.	

E. Prevention of diseases that favour HIV transmission.

Scientific research and clinical observations have shown that all infectious changes near sexual organs favour HIV transmission. In order to prevent the spread of sexually transmitted diseases (STD), including HIV, a continuous co-operation of the dermatological, gynaecological and urologic departments is required.

To carry out the HIV and other sexually transmitted diseases prevention actions, one should

	Institutions executing and supporting the Program
1. Initiate actions aimed at keeping the existing network of dermal-venereological outpatient clinics, together with their epidemiological supervision.	<ul style="list-style-type: none">• Ministry of Health and Social Welfare• Provincial and communal self-governments
2. Promote among the society members (within the confines of health education) the information on a relationship between the spread of HIV and STD infections.	<ul style="list-style-type: none">• Ministry of Health and Social Welfare
3. Lead to a tight co-operation among dermal-venereological outpatient clinics and sanitary-epidemiological stations when working out and implementing HIV and STD prevention programmes.	<ul style="list-style-type: none">• Ministry of Health and Social Welfare• Ministry of Interior and Administration
4. Lead to a tight co-operation among the dermal-venereological outpatient clinics and outpatient clinics for addictions when working out and implementing the HIV and STD prevention programs in the environment of addicts.	<ul style="list-style-type: none">• Ministry of Health and Social Welfare
5. Work out and implement the programs of training for doctors, paying a special attention to doctors of basic health service, in the area of sexually transmitted diseases, pointing out the relationship between the spread of HIV and STD infections.	<ul style="list-style-type: none">• Ministry of Health and Social Welfare
6. Promote the use of condoms. Ensure an easy access to condoms for people performing risky behaviours.	<ul style="list-style-type: none">• Ministry of Health and Social Welfare

GOAL 2

IMPROVE THE QUALITY AND ACCESS TO THE CARE OFFERED TO PEOPLE LIVING WITH HIV AND AIDS.

A. Continuous updating and implementation of uniform standards of care offered to people living with HIV and AIDS.

	Institutions executing and supporting the Programme
<p>1. Improve the present system of medical care offered to people living with HIV and AIDS.</p> <p>1.1. Ensure an equal access of people living with HIV and AIDS to methods of AIDS prevention, consistent with binding recommendations, as well as to antiretroviral treatment, and treatment of opportunistic infections, tumours and other diseases connected with HIV infection.</p> <p>1.1.1. This problem requires special regulations concerning certain groups of people, e.g. detained and put in penal institutes and juvenile detention centres.</p> <p>1.2. Lead to equal standards of care in reference centres named by the Minister for Health and Social Welfare.</p> <p>1.3. Extend the access of HIV positive opiate addicts to methadone programs to ensure their comprehensive treatment.</p>	<ul style="list-style-type: none">• Ministry of Health and Social Welfare• Ministry of Justice• Ministry of Interior and Administration• Provincial Governors• Non-governmental organisations• Provincial Health Services

2. Improve the system of care offered to HIV positive women.

The aim is to decrease the prevalence of HIV vertical transmission, and to decrease the prevalence of dysplasia and cervical carcinoma with HIV positive women.

In order to achieve the assumed aims it is necessary :

- 2.1. Work out and distribute recommendations for the medical workers at the level of basic medical care in the scope of:
 - 2.1.1. Care and treatment offered to HIV positive pregnant woman.
 - 2.1.2. Preventing HIV vertical transmissions.
 - 2.1.3. Diagnosing and treating HIV positive children.
 - 2.1.4. Diagnosing and treating dysplasia and cervical carcinoma.
 - 2.1.5. Diagnosing and treating HPV⁹ infection.
- 2.2. Suggest, as a routine procedure, HIV diagnostic tests, together with counselling, to all pregnant women and women planning to get pregnant.
- 2.3. Ensure access of women living with HIV to the obstetric-gynaecological care.
- 2.4. Apply the standards of HIV vertical infection prevention.
- 2.5. Create a comprehensive system of diagnosing and treating dysplasia and cervical carcinoma with HIV positive women.
- 2.6. Cytological examination, as a routine procedure, of all HIV positive women, according to the national recommendations.

- Ministry of Health and Social Welfare
- Non-governmental organisations
- Provincial Health Services

⁹ HPV: human papillomavirus.

	Institutions executing and supporting the Program
<p>3. Ensure psychological and social support to people living with HIV and suffering from AIDS.</p> <p>Persons living with HIV and their close need a comprehensive and continuous psychological and social support. HIV positive patients and their families will be able to participate in the social life better if one ensures them a better functioning in the spheres mentioned above.</p> <p><i>In order to do that, the following actions have to be taken:</i></p> <p>3.1. Ensure psychological care to people living with HIV:</p> <p>3.1.1. Comprehensive care before and after the HIV diagnostic test.</p> <p>3.1.2. Psychological support for HIV positive patients and their close (e.g. support for the hospitalised persons, a possibility to participate in an individual, group, marital, family therapy or support groups).</p> <p>□ special attention drawn at HIV positive children and children living in families with HIV/AIDS problems.</p> <p>3.1.3. Psychological support for families and the close after the death of an HIV positive person.</p> <p>3.2. Ensure social support to people living with HIV.</p>	<ul style="list-style-type: none"> • Ministry of Labour and Social Policy • Ministry of Health and Social Welfare • Government Rep. for Family Matters • Non-governmental organisations • The Church and Religion Assoc.
<p>4. Improve the way of treating people living with HIV and AIDS.</p> <p>4.1. Promote the attitudes of tolerance and acceptance that favour the counteraction against social isolation of people living with HIV and AIDS</p>	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of National Education • Government rep. for Family Matters • Bureau of the Commissioner for Civil Rights Protection • Non-governmental organisations

5. Respect for human rights in relation to people living with HIV and AIDS.

The human rights and fundamental freedoms of people living with HIV and AIDS are the same as for the general public. Due to cases of intolerance that have been observed, special attention should be paid to respecting the right to privacy, the right to express a conscious consent, and protection of these persons against discrimination.

5.1. Inform people living with HIV and AIDS about a possibility to report the infringement of human rights.

- Ministry of Health and Social Welfare
- Ministry of Interior and Administration
- Ministry of Labour and Social Policy
- Ministry of Justice
- Bureau of the Commissioner for Civil Rights Protection
- Non-governmental organisations
- Government Rep. for Family Matters

B. Educate medical and social services workers, and therapists in HIV/AIDS issues.

	Institutions executing and supporting the Program
1. Work out or update the program recommendations, and implement or continue training in HIV/AIDS issues for students of higher medical schools, of vocational medical studies, of social workers training centres, and psychology and sociology students.	<ul style="list-style-type: none">• Ministry of Health and Social Welfare• Ministry of National Education
2. Work out or update the program of training in post-graduate education offered to medical workers, sociologists and psychologists.	<ul style="list-style-type: none">• Ministry of Health and Social Welfare• Ministry of National Education

PART III

MONITORING AND EVALUATION OF THE PERFORMANCE OF ACTIONS INCLUDED IN THE NATIONAL PROGRAM OF HIV PREVENTION, CARE OFFERED TO PEOPLE LIVING WITH HIV AIDS FOR THE PERIOD 1999-2003.

Each of the entities executing the National Program of HIV Prevention, Care Offered to People Living with AIDS and AIDS for the Period 1999-2003 is obliged to monitor and evaluate the actions taken and present annual reports to the Ministry of Health and Social Welfare which is obliged to present a comprehensive report to the Council of Ministers.

EVALUATION OF THE NATIONAL PROGRAM IN THE SCOPE OF LIMITING THE SPREAD OF HIV INFECTION THROUGH THE ANALYSIS OF THE FOLLOWING ISSUES:

- 1. Increase the knowledge on HIV/AIDS and change attitudes among the groups mentioned in the programme.**
 - 1.1 Work out indicators for the evaluation and research tools.
 - 1.2 Evaluate the training carried out at the central and lower levels .
- 2. Access to different forms of counselling, with a special attention drawn at youth.**
- 3. Change in the dynamics of HIV infections in selected groups with a high level of risky behaviours.**

EVALUATION OF THE NATIONAL PROGRAM IN THE SCOPE OF IMPROVING THE QUALITY AND ACCESS TO THE CARE OFFERED TO PEOPLE LIVING WITH HIV AND AIDS THROUGH THE ANALYSIS OF THE FOLLOWING ISSUES:

- 1. Characteristics of the AIDS incidence among persons living with HIV**
- 2. The quality of life among people living with HIV and AIDS.**
- 3. The quality of medical and social services.**
- 4. Respecting the rights of persons living with HIV and AIDS.**

PART IV

TASKS SUPPORTING THE PROGRAM

	Institutions executing and supporting the Program
<p>1. Organisation and financing of epidemiological examination referring to:</p> <p>1.1. The prevalence of HIV infections, morbidity and deaths from AIDS of the population and the characteristics of AIDS incidence.</p> <p>1.2. The prevalence of sexually transmitted diseases.</p> <p>1.3. The dynamics of HIV infections incidence in groups with a high level of risky behaviours.</p>	<ul style="list-style-type: none">• Ministry of Health and Social Welfare• Scientific Research Committee
<p>2. Co-ordination of actions and co-operation within the confines of existing health programmes, such as:</p> <p>2.1. The National Health Program.</p> <p>2.2. The National Program of Drug Addiction Prevention.</p> <p>2.3. Antivenereal Action.</p> <p>2.4. The Program for Eliminating Hospital Infections.</p> <p>2.5. Other.</p>	<ul style="list-style-type: none">• Ministry of Health and Social Welfare
<p>3. Strengthen the role of the National Co-ordination Bureau for AIDS Prevention as a main executor and co-ordinator in the implementation of the National Program through:</p> <p>3.1. Changing its organisational structure.</p> <p>3.2. Establish the National HIV and AIDS Information-Training Centre at the National Bureau.</p> <p><i>The centre will have the following tasks:</i></p> <p>3.2.1. Collect, analyse and distribute current information on HIV/AIDS.</p> <p>3.2.2. Establish a central multimedia library.</p> <p>3.2.3. Publish information bulletin.</p> <p>3.3. Continuous co-operation with mass media.</p> <p>3.4. International co-operation with similar institutions in the world</p>	<ul style="list-style-type: none">• Ministry of Health and Social Welfare

	Institutions executing and supporting the Program
4. The institutions executing the National Program are obliged to appoint a representative of their department for the National Program of HIV Prevention, Care Offered to People Living with HIV and AIDS.	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare • Ministry of Interior and Administration • Ministry of National Defence • Ministry of Justice • Ministry of Labour and Social Policy • Ministry of National Education • Ministry of Transport and Maritime Economy
5. Include the group of department co-ordinators responsible for the execution of the Program into the works of the AIDS Committee which operated within the confines of the Sanitary-Epidemiological Council of the Ministry of Health and Social Welfare.	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare
6. Establish youth centres that will deal with: counselling on the problems of the adolescence age, family planning, addiction prevention, as well as HIV/AIDS and STD prevention, that will operate at the psychological-pedagogical guidance services.	<ul style="list-style-type: none"> • Ministry of National Education
7. Appoint Province Co-ordinators for AIDS and Drug Addiction, with the co-ordination of province governors and Province Parliament Speakers.	<ul style="list-style-type: none"> • Ministry of Health and Social Welfare
8. International co-operation with governmental and non-governmental organisations.	<ul style="list-style-type: none"> • Ministry of Interior and Administration • Ministry of National Defence • Ministry of Justice • Ministry of Labour and Social Policy • Ministry of National Education • Ministry of Health and Social Welfare • Ministry of Transport and Maritime Economy • Scientific Research Committee • The Bureau of the Commissioner of Civil Rights Protection • Polish Television • Polish Radio • The Church and religion associations

Institutions executing and supporting the Program

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| <ul style="list-style-type: none">• Government Rep. for Family Issues• Non-governmental organisations• Province Governors |
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PART V

FINANCIAL RESOURCES FOR THE IMPLEMENTATION OF THE PROGRAMME.

The condition for the implementation of the National Programme of HIV Prevention, Care Offered to People Living with HIV and AIDS for the Period 1999-2003 is to ensure financial resources for this purpose by all entities taking part in its execution.

In the recent years 90 per cent of budget resources, from the chapter no. 8534 – HIV/AIDS prevention and control, which are at the disposal of the Minister for Health and Social Welfare, were allocated to prevention actions. At the same time, centres dealing with diagnosis, treatment, as well as taking care of people living with HIV and AIDS indicated significant shortages in financing their operations.

It is intentional to keep the finance priority from chapter 8534, referring to prevention actions, including at the same time possibilities of temporary financing of the centres carrying out reference examinations and treating ill patients.

The epidemiological and clinical situation allows us to expect that with the next five years the AIDS prevalence will reach 1.500 – 2.000 persons. The average cost of treating an HIV positive patient who requires a therapy will amount from 4.000 to 5.000 zlotys a month.

The expenditure for the execution of tasks resulting from the National Program of HIV Prevention, Care Offered to People Living with HIV and AIDS for the period 1999-2003 should be planned by the entities executing the Program using their own financial resources.

Table 2. ESTIMATED COSTS OF THE IMPLEMENTATION OF THE PROGRAMME BY THE MINISTRY OF HEALTH AND SOCIAL WELFARE FOR THE PERIOD 1999-2003 IN POLISH ZLOTYS

Main tasks	1999	2000	2001	2002	2003
Central purchase of medicines	30.000.000	37.000.000	47.000.000	50.000.000	50.000.000
Programs executed by the Province Sanitary-Epidemiological Stations	3.000.000	3.500.000	4.000.000	4.000.000	4.000.000
Additional financing of prevention-therapeutic programmes	2.720.000	3.300.000	3.700.000	4.000.000	4.000.000
Education	1.500.000	2.000.000	2.500.000	2.500.000	2.500.000
Publications	1.223.279	2.000.000	2.500.000	3.000.000	3.000.000
Financing of anonymous diagnostic test centres	0	1.000.000	2.000.000	3.000.000	3.500.000
Financing of supporting tasks	659.000	800.000	1.000.000	1.000.000	1.000.000
Financing of the Centres of AIDS Diagnostics and Therapy, and of the National Co-ordination Bureau for AIDS Prevention	4.883.721	6.000.000	4.000.000	4.000.000	4.000.000
TOTAL	43.986.000	55.600.000	67.700.000	71.500.000	72.000.000

- the budgeted financial resources for 1999 result from the budget law for 1999.
- the resources budgeted for 2000-2003 are the estimated amounts that may change when detailed annual programs for the following years are worked out.
- It is planned that the HIV/AIDS Information-Training Centre will initiate its operation in 2000.
- Five new anonymous diagnostic test centres are planned to start their operation in 2000, and during the execution of the program 16 ones.
- The central purchase of medicines is included on the list of highly specialist procedures.

Table 3. ESTIMATED COSTS OF THE PROGRAM IMPLEMENTATION DIVIDED INTO INDIVIDUAL DEPARTMENTS

No.	Responsible	Total costs in each year: (in zlotys)				
		1999	2000	2001	2002	2003
1	2	3	4	5	6	7
1.	Ministry of Health and Social Welfare	43.986.000	55.600.000	67.700.000	71.500.000	72.000.000
2.	Ministry of National Education	94.000	240.000	260.000	280.000	300.000
3.	Ministry of Interior and Administration	0	3.000.000	3.400.000	3.600.000	3.700.000
4.	Ministry of National Defence	1.605.000	2.720.000	2.915.000	4.495.000	4.595.000
5.	Ministry of Justice	210.000	250.000	300.000	3.500.000	350.000
6.	Ministry of Labour and Social Policy	1.487.576	917.986	918.886	919.886	920.976
7.	Ministry of Transport and Maritime Economy	0	60.000	60.000	60.000	60.000