



HRVATSKI ZAVOD
ZA JAVNO ZDRAVSTVO



The Croatian example of national strategy on HIV/AIDS prevention

& strategies on hepatitis and tuberculosis

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HIV/AIDS Think Tank
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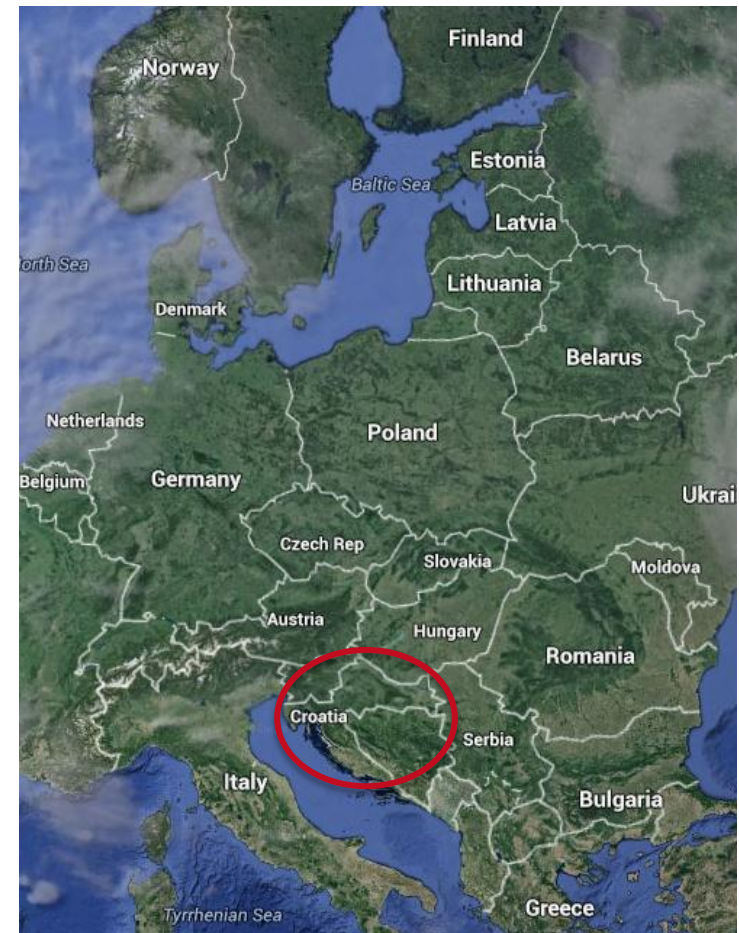


Republic of Croatia:

Population – 4.3 million inhabitants

2015:

- 1321 cumulative HIV/AIDS cases
- 2.7 newly diagnosed HIV cases per 100.000 (n=116)
- ♂ / ♀ 87%/13%
- 817 HIV MSM cases (62% of all cases)
- 27% heterosexuals, 5.5% PWID of all HIV infections
- HIV incidence among MSM is raising (>80 % of new cases)
- 953 HIV/AIDS patients in care





■ Key dates in HIV/AIDS policy

from 1985 - surveillance of HIV/AIDS

1987 - mandatory testing of blood, organs, tissues

1992 - Committee for combating HIV/AIDS was founded by MoH

1993 - first National Programme for HIV/AIDS Prevention

1998 - National HIV/AIDS Reference centre of Ministry of Health was established at University Hospital for infectious diseases

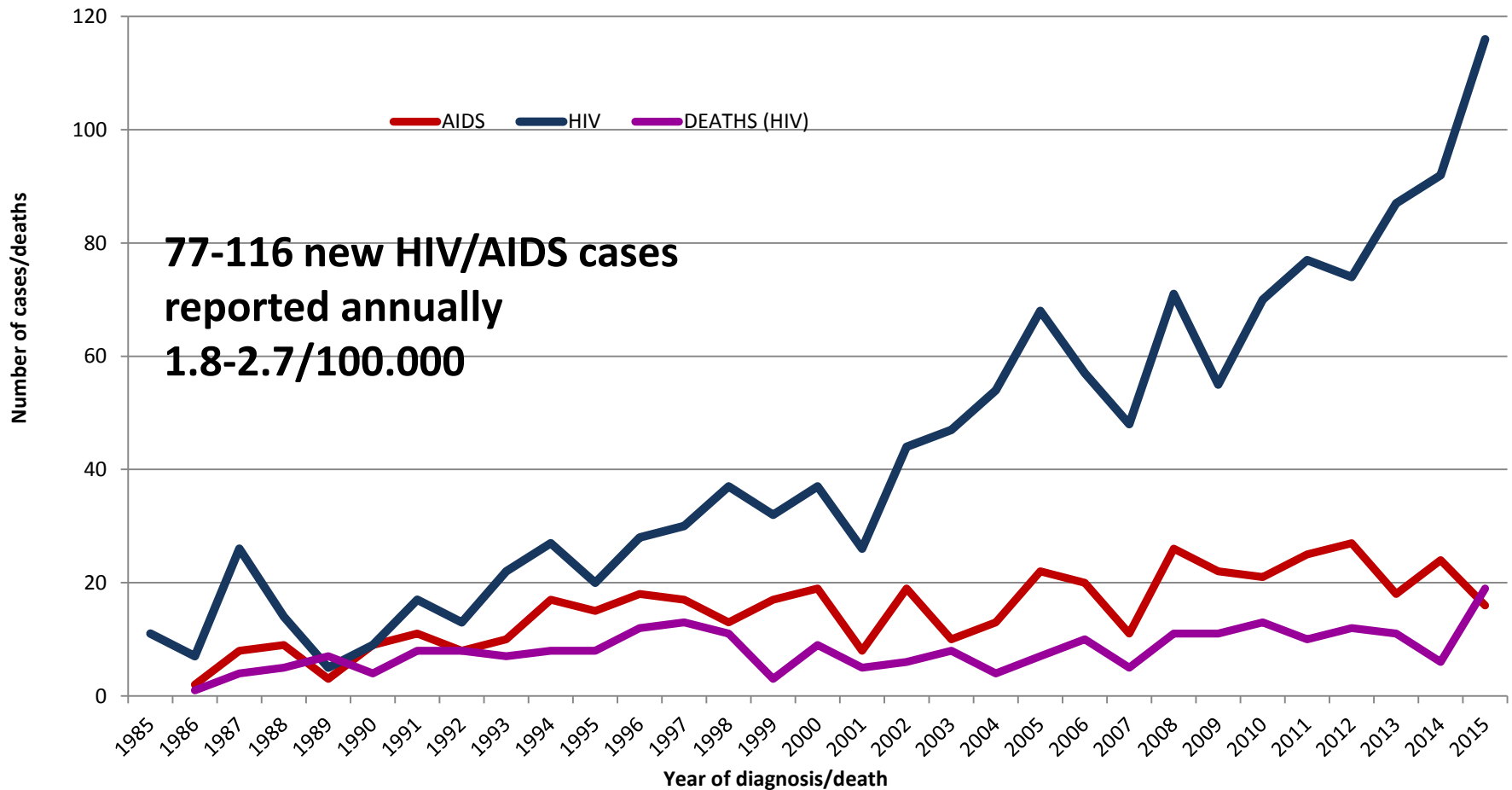
1996 - The Croatian Parliament adopted „Harm Reduction" as a part of the National Strategy for Combating Drug Abuse

1998 - ART became available, financed by the Croatian Health Insurance Fund

2003-2006 HIV Counselling & testing scale up

- anonymous, free of charge
- 2012- community-based testing

Cumulative HIV/AIDS cases Croatia, 1985-2015



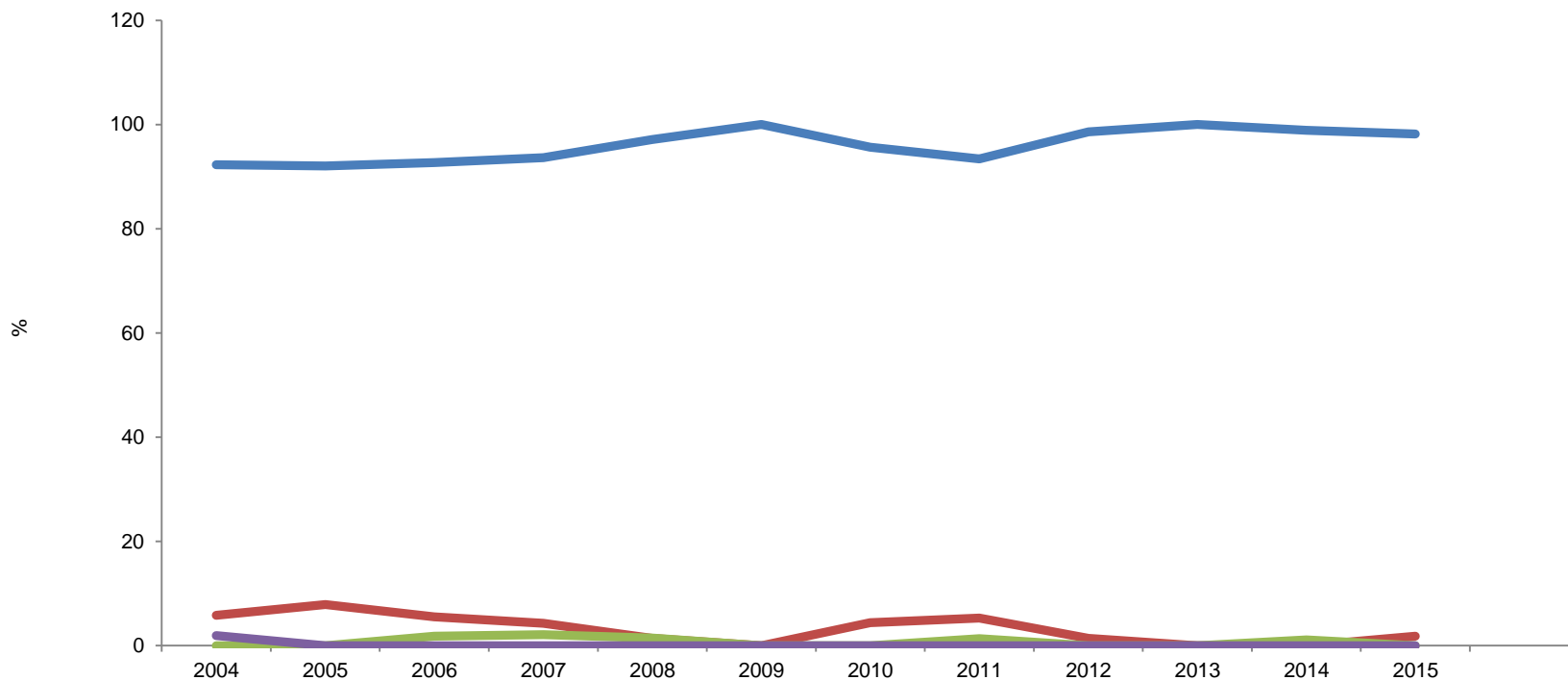
Total number of HIV/AIDS cases N=1321; AIDS cases N=458; Deaths N=246

Low-level epidemic

Data from Croatian HIV/AIDS Register

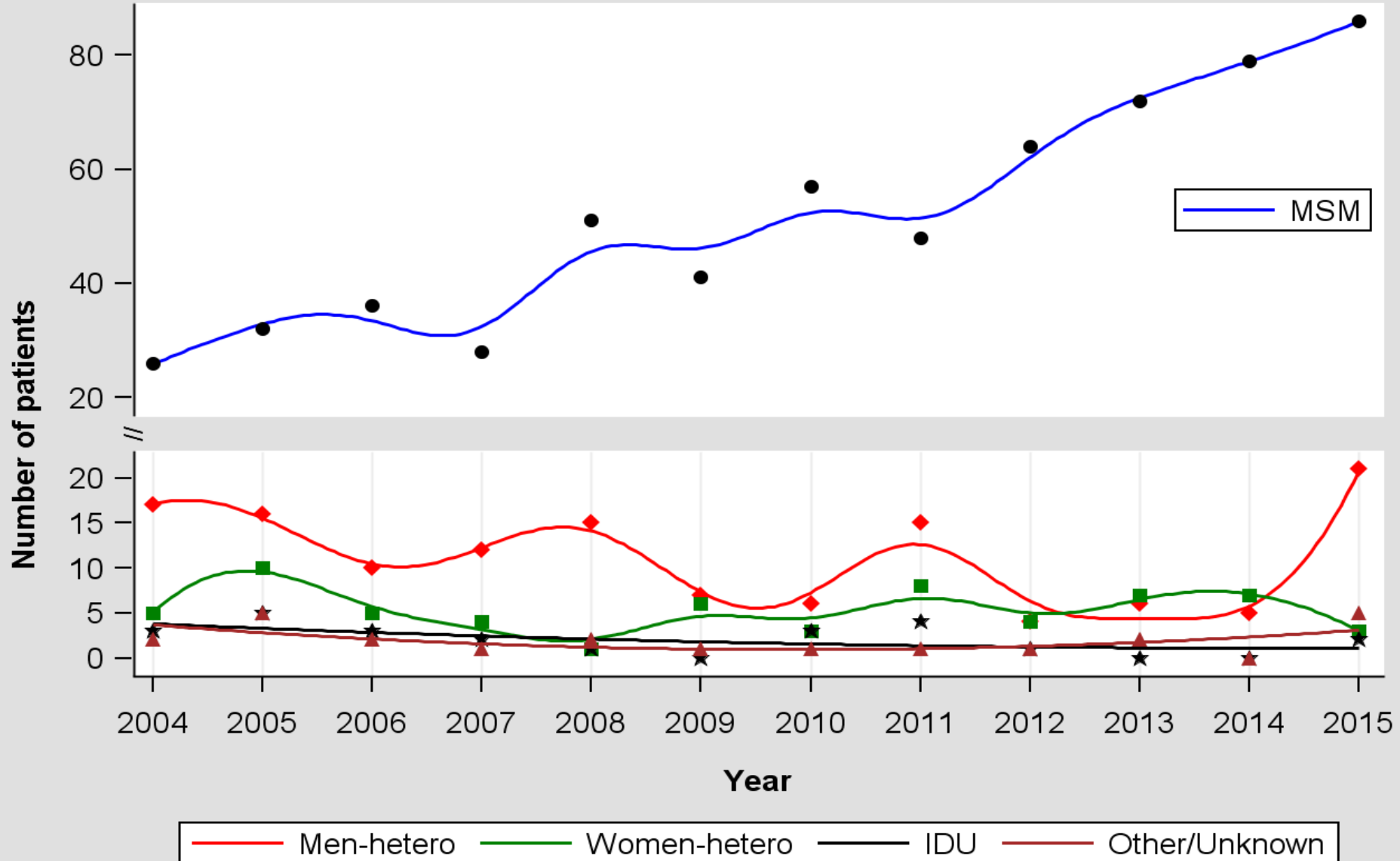


HIV/AIDS in Croatia - Mode of transmission



- Sexual HIV transmission (% of newly diagnosed with HIV)
- HIV transmission through IDU (% of newly diagnosed with HIV)
- Vertical HIV transmission (% of newly diagnosed with HIV)
- HIV transmission through unsafe blood or blood products (% of newly diagnosed with HIV)

Newly HIV diagnosed persons according to mode of transmission, Croatia, 2004-2015





HIV/AIDS National Action plan 2011-2015

Overarching goal:

- strengthening the national response to HIV/AIDS epidemic in Croatia with the goal of maintaining a low level epidemic and decreasing the risk of infection and HIV/AIDS spread in the future
- To reduce/keep low yearly HIV incidence (below 20 per 1 mil.)

Linked to:

*National strategy of combating drug abuse 2012-2017.
National strategy of development of health 2012-2020
Strategic plan of development of public health,
National strategy for Youth 2013-2017...*



National response to the HIV/AIDS epidemic - Strategic priorities

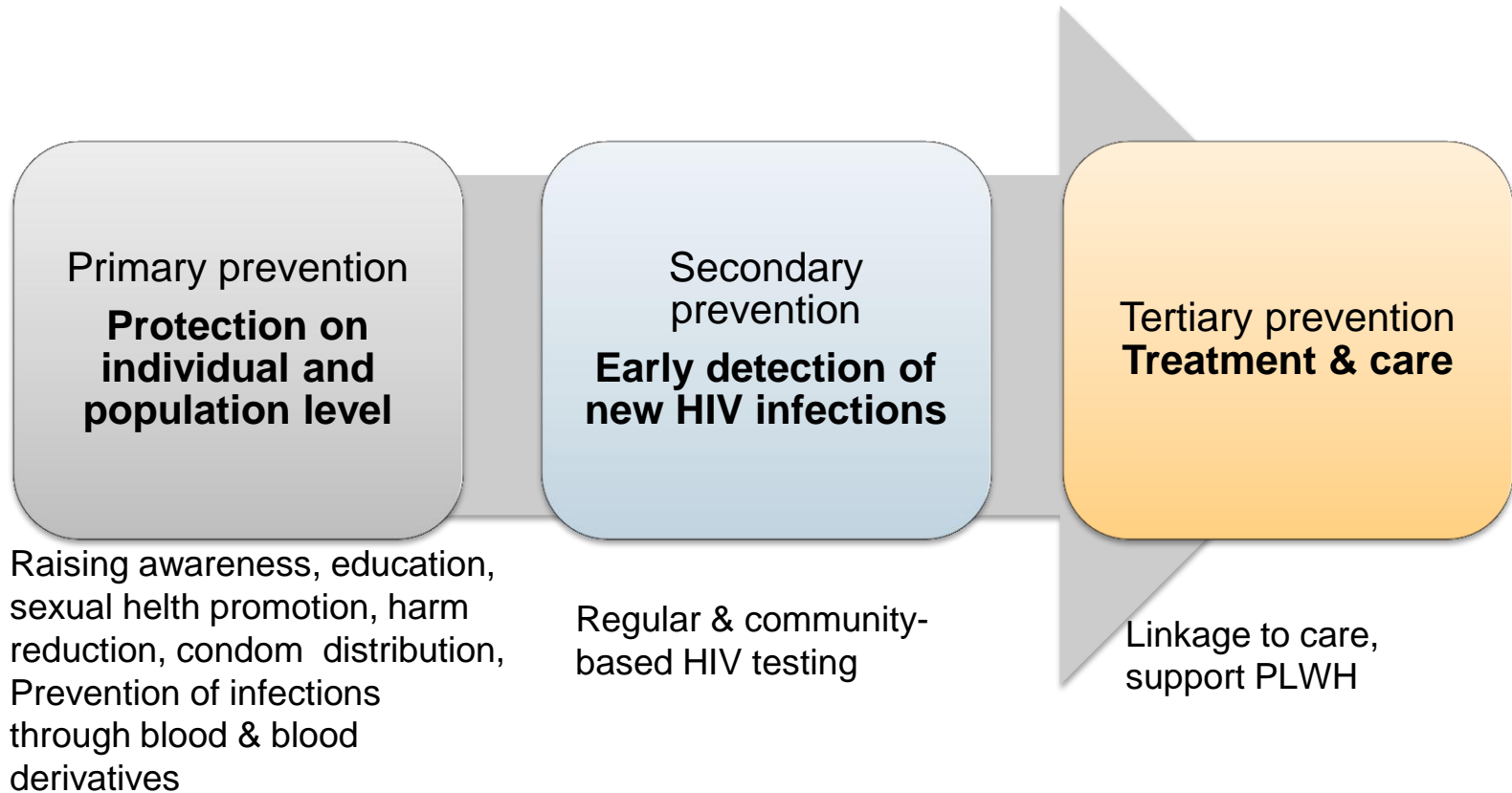
- To maintain continuity of universal access to treatment & care for PLWHA
- To increase the level of protective behaviours among youth
- To implement targeted interventions for populations at heightened risk
- To ensure the safety of blood and blood products



National HIV/AIDS program- objectives

1. To strengthen surveillance (HIV/AIDS, STI, drug abuse)
2. Prevention among populations (key populations, general populations)
3. To increase access to HTS (early diagnosis)
4. To ensure continuity of treatment & care for PLWH including decreasing stigma and discrimination
5. Implementation of standard protection measures
6. Keep blood & blood products safe
7. To maintain good coordination among stakeholders

HIV prevention and control program in Croatia



Structural changes

Decreasing stigma and discrimination, decreasing barriers to access health care, improvement of health system through partnerships, education and advocacy.



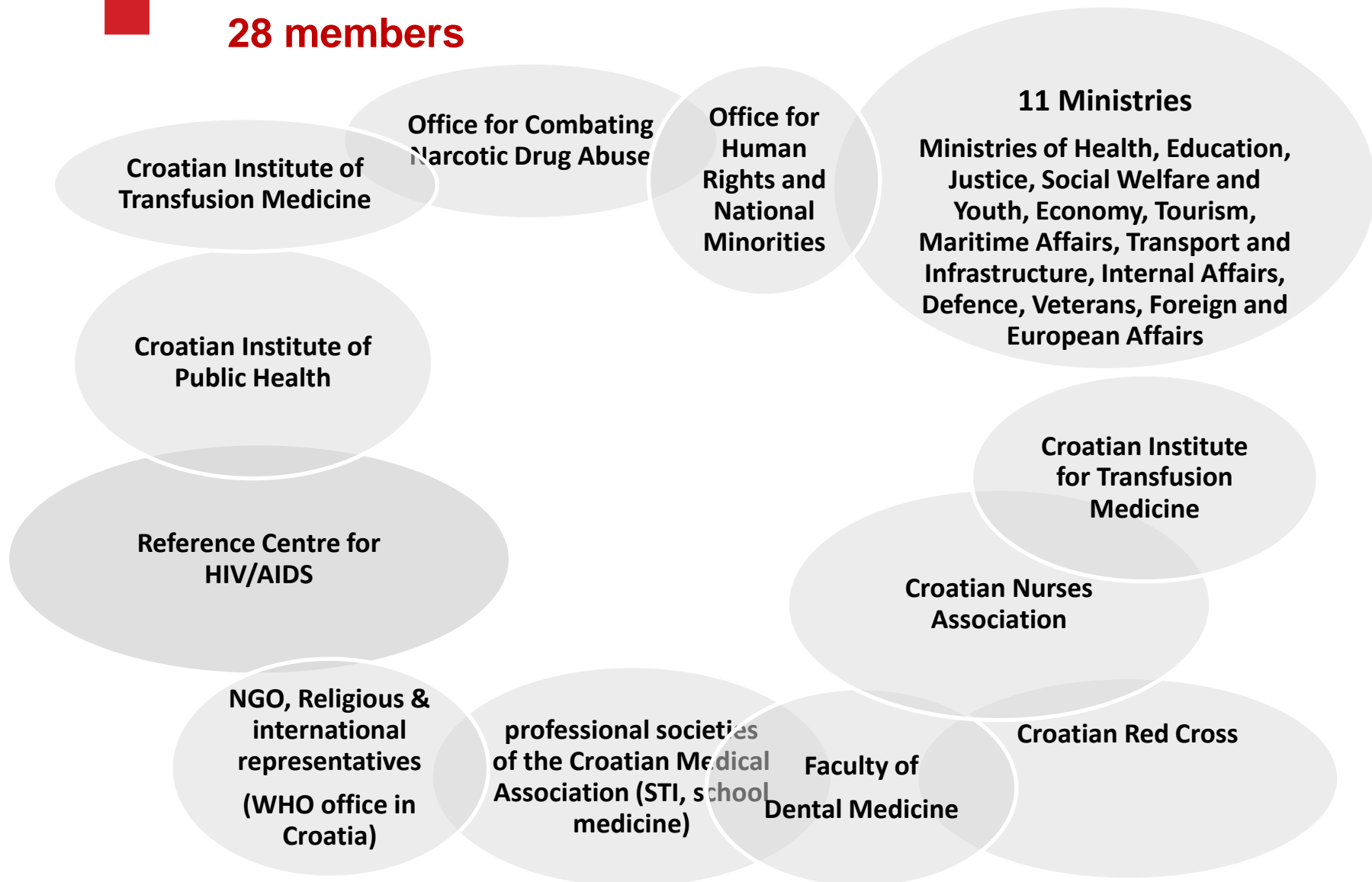
Target, key populations

- Most at risk populations, general population
 - ✓ Men who have sex with men
 - ✓ Drug users
 - ✓ Commercial sex workers
 - ✓ Mobile groups, work migrants
 - ✓ Prison inmates
 - ✓ Youth
 - ✓ General population
 - ✓ PLWHA



COMPOSITION OF COMMISSION FOR HIV/AIDS PREVENTION

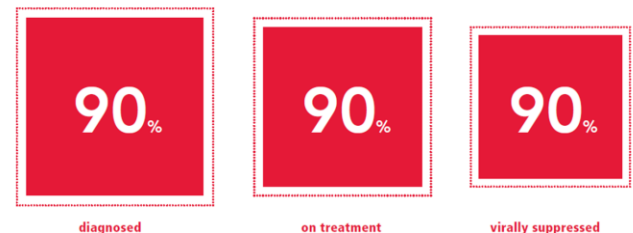
28 members





2016-2020 Updated National HIV/AIDS Program steps taken to create and adopt this document

- Discussed and agreed at meeting of Commission for HIV/AIDS prevention in 2015
- Commission work group revised old program and make draft of new National HIV/AIDS Program 2016-2020 (concept and structure remained the same, content is updated)
 - Targets 90-90-90 to be included
 - PrEP is included as consideration depending on evidence&possibilities
- Online consultation completed
- Currently in the final stage of being adopted





Legal framework

- Health Care Protection Act
- Health Insurance Act
- Act on the protection of the population from infectious diseases and its Regulations
- Health Care Measures Program
- Personal data protection act, Act on protection on patient's wrights
- Yearly plan of statistical research
- and others...



Financial framework

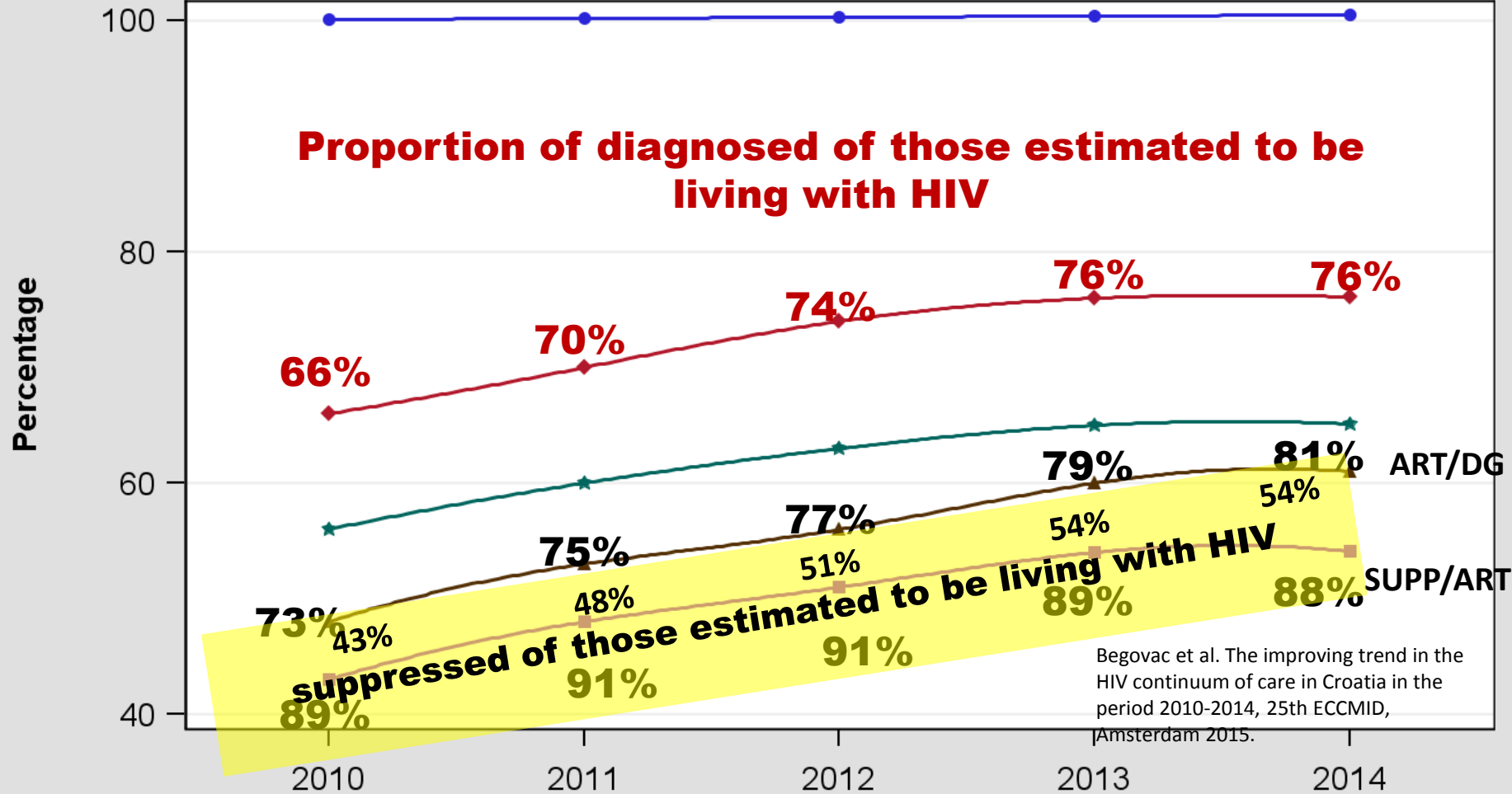
- Sources: **state budget** (MoH, Lottery Act), local communities (**not much, rarely**), health insurance fund (treatment), private sector (**very little**), international projects and donations
- **Average total finances for HIV/AIDS prevention, treatment, M&E, research for the 2010-2013: 64.500.000 HRK (cca 8.6000.000 EUR)**

HIV/AIDS spending category	2015 HRK	2014 HRK
Prevention of sexual transmission	760.000	884.406
Prevention for PWID (Harm-reduction programmes)	3.055.600	2.715.900
Synergies with development sector	16.265.711	14.171.299
Stigma reduction	100.000	170.000
Universal access (ART, HIV testing, support and retention)	50.064.508	59.337.729
TOTAL	70.245.819	77.279.334



■ **Monitoring & evaluation**

- **Continuous data collection** of national key indicators (HIV/AIDS register, UNAIDS GARPR reporting)
- **Bio-behavioral periodic surveys** among key populations (MSM, PWID)
- **Treatment cascade**, including estimate of total PWLH and proportion of undiagnosed cases
- **Evaluation of National program** for HIV/AIDS prevention (qualitative evaluation) <http://www.hzjz.hr/wp-content/uploads/2013/11/Evaluacija-programa-za-HIV.pdf>



Begovac et al. The improving trend in the HIV continuum of care in Croatia in the period 2010-2014, 25th ECCMID, Amsterdam 2015.

Category	2010	2011	2012	2013	2014
Estimated	1058	1087	1129	1197	1315
Diagnosed	698	766	831	908	996
In care	590	651	706	781	859
On ART	510	572	637	720	804
< 400 c/ml	455	520	579	644	704

The trend in the cascade of care in Croatia in the period 2010-2014



Achievements

- **Good epidemiological school and surveillance**
- **Early and continuous** prevention and control
- **GF Project “Scaling up HIV/AIDS Response in Croatia”** (2003-2006) as an integral part of the National HIV/AIDS Prevention Programme -significant contribution to HIV prevention
- **Mobilization of NGOs**
- **Sucessful transition from GF to domestic funding** (continuity/sustainability)
- **Integration of HBV, HCV and TB and STI measures (second generation surveillance)**
- Low level of HIV epidemic, relative favoruable epidemiological situation
 - less than 1% of PWID is infected and the trend among them is stable
- **Improvements in the cascade of care** in the period 2010-2014
 - increase of the proportion of patients on ART and of those being suppressed
 - proportion of undiagnosed was reduced



■ Challenges

- **MSM** most affected, need to **intensify prevention**
- **Increase testing coverage:** early HIV-diagnosis and reducing the number of persons who do not know that they are HIV infected
- More **attention to the evaluation of preventive programmes**
- **Improving quality in HIV prevention** (JA Quality Acton)
- **Combat still existing prejudice** towards the HIV/AIDS
- **To improve implementation of health education** (sexual education) **within the school** curriculum and for general population as comprehensive approach to HIV prevention (health literacy)



Some goals for upcoming period actions to take

- To finish the process of **adopting a new HIV/AIDS prevention program 2016-2020**
- Organize **ECDC country visit** (plan September 2016)
- To finalize **guidelines for the management of exposures to HIV, HBV and HCV** (Croatian Epidemiology Society of the Croatian Medical Association)
- To finish development and implementation of **improved electronic HIV information system** for new revised ECDC protocol (now in testing phase)



SWOT ANALYSIS

Strengths

- Good epidemiological school, continuity, sustainability in control and prevention
- Network and common goal of stakeholders
- Inclusiveness into IS ECDC/WHO
- Collaboration of GO and NGO institutions
- Innovation, networking, motivation (enough motivated people)

Weaknesses

- Insufficient coordination
- Regional networks not equally strong
- Insufficient implementation of health education in schools
- Lack of human resources

Opportunities

- Support from EU projects
- Lobbying, advocacy
- Inclusion into global partnerships, projects
- Better use of intersectoral collaboration
- Exchange of experience and information through regular communication with professionals from other countries and from the ECDC, WHO and EC meetings (Think Tank)

Threats

- Limited finances
- In state budget for 2016 less funds for line allocated to HIV prevention
- Changes in the health system

Evaluation of the GF project 2007; Survey 2015 (qualitative evaluation)

Evaluation of the National Programme for HIV / AIDS, UN Theme Group on HIV/AIDS, 2009

Strategic Development Plan of Public Health from 2013 to 2015, CIPH 2013

Towards Domestic Financing of National HIV Responses- Lessons Learnt from Croatia, UNDP, 2015

National strategies on hepatitis and tuberculosis



HEPATITIS

- **The National Hepatitis Strategy is in its preparatory phase. It is based on a National Consensus Conference held for the third time in February 2013 and Resolution on fight against viral hepatitis adopted by Croatian Parliament in 2009.**

Activities: The outputs of the Consensus Conference was special issue of Acta Medica Croatica journal, with recommendations on prevention, screening, diagnosing, control, and treatment of viral hepatitises with **recommendation to adopt a comprehensive National Hepatitis Strategy**

- conferences, round tables, press conferences with stakeholders, meetings of the working group

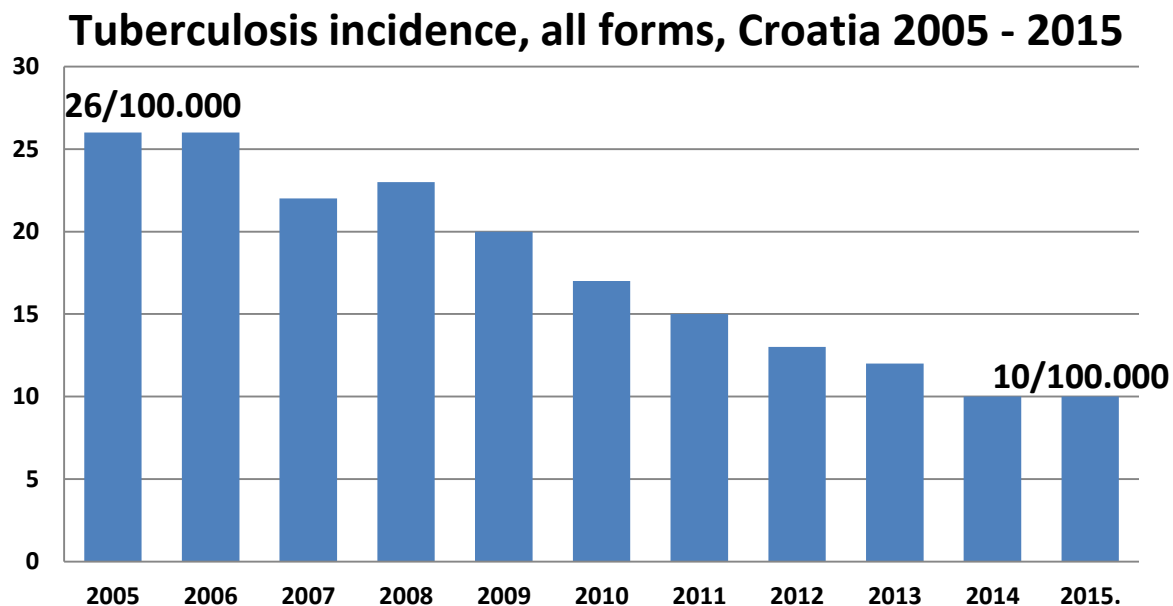
- **No national strategy or plan exclusively or primarily on the prevention and control of viral hepatitis.**

The control and prevention of hepatitis in Croatia is **integrated and implemented within the control and prevention measures for all infectious diseases** that is under surveillance in Croatia which is regulated by Act on the Protection of Population from Infectious Diseases, Health Care Act, Health Care Measures Program and linked to other related strategies (the same situation is with STI)



TUBERCULOSIS

- Prevention and control of tuberculosis in Croatia is framed by National Guidelines for prevention and control of tuberculosis (Official Gazette No. 150/08, 71/10, 139/10, 22/11, 84/11, 12/12, 35/12 and 70/12)
- Includes coordination and collaboration between HIV/AIDS and TB prevention and control measures



Selected activities from HIV prevention programme in Croatia



World AIDS day activities

WAD 2015, Zagreb



National Campaign

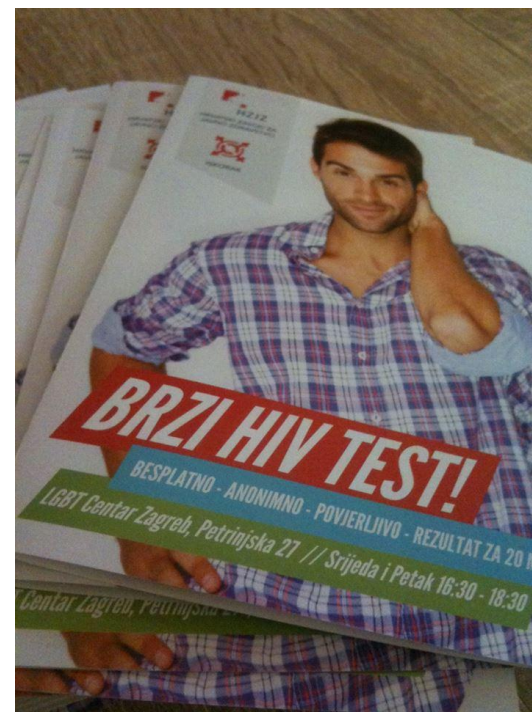
wide national campaign on promotion HIV prevention
summer (beaches), winter (public transport, health facilities)
posters, leaflets, TV& radio spots



Educational and promotional materials



Flyer „Knowledge wins”- promoting HIV testing



European testing week activities

ETW 2015
Community rapid
testing

4 cities:
Zagreb, Rijeka,
Split, Osijek



Community-based rapid HIV testing @ LGBT centre Zagreb



Started in Oct 2013

Rapid HIV tests

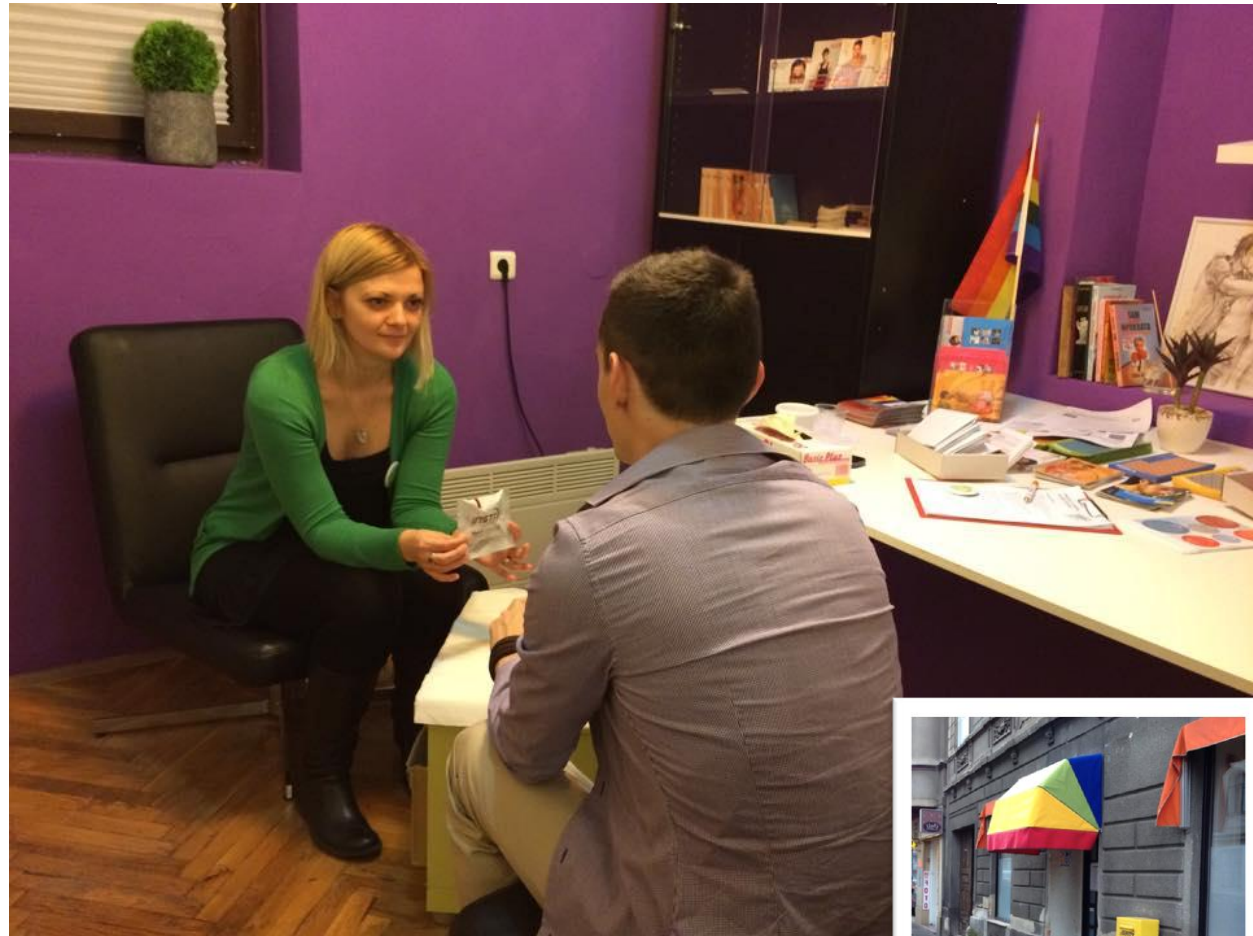
Free & anonymous

Centre of the town

A few minutes from most
gay venues in Zagreb

About 500 people tested
per year with 2% positivity
rate

Partnership with Public
Health Institute



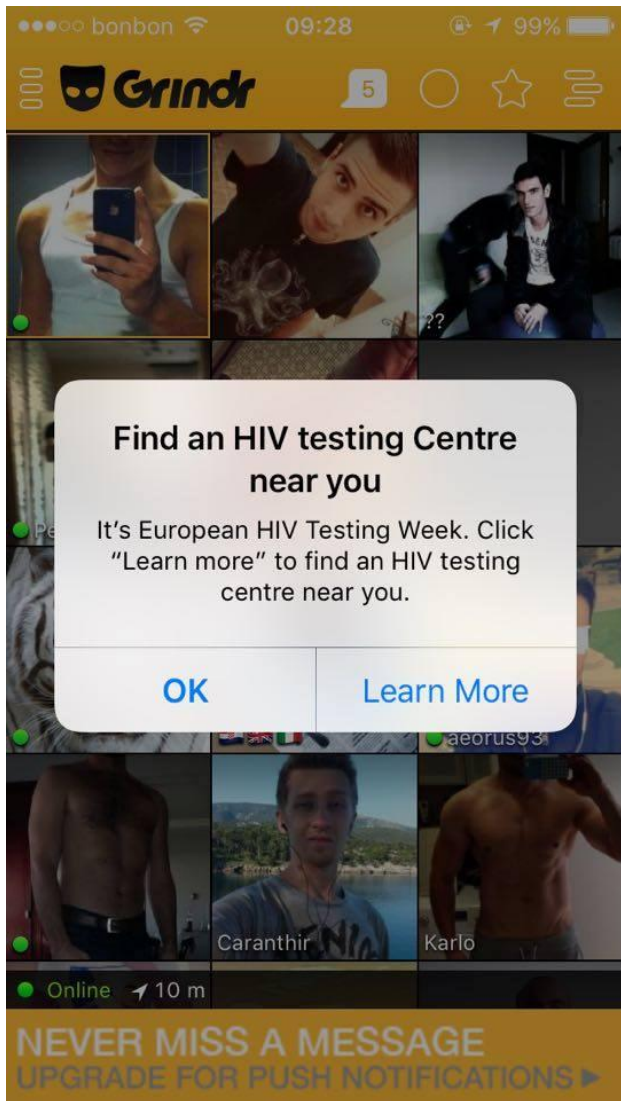
Use of media and new tech

Facebook

National LGBT website: gay.hr

Netreach and ads on dating sites/apps

EU MSM App Action





THANK YOU