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*Strengthening community-mobilisation on HIV and AIDS
in Central and Eastern Europe*

HIV/AIDS in the Czech Republic (a NGO perspective)

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Executive Summary:



Charles Bridge in Prague : so far, on HIV/AIDS, the Czech republic has been going, overall, on the right direction.

Out of the 7 EU accession countries covered in the first phase of the Integration Projects (the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland and Romania), the Czech Republic stands out for the successes encountered so far by its national HIV/AIDS programme: a very limited spread of HIV due to early interventions among drug users and many NGO-led prevention and sexual health programmes, high quality antiretroviral treatment and care provided free of charge to all legal residents, and ongoing relations between the government and civil society through notably the AIDS Forum (although a part of this low prevalence is possibly also due to the geographical location of the Czech Republic).

However, severe and inconsiderate reductions in the National AIDS Budget since the mid 1990s risk weakening the situation: very pertinent NGOs present in the field are not able to pay salaries for months in a row - and as the Czech Republic enters the European Union, opportunities for Czech NGOs to access EU PHARE or international private funds for local field work are dwindling. Furthermore, NGO funding is subject to the state budget cycle, which creates an interval without financing at the beginning of the year (from the middle of December to the end of April), and NGOs working in prevention are also faced with the problem of not being able to utilise state funds for salaries, making employment of professionals difficult (the only exception is for organisations working for/with the disabled, such as the Czech AIDS Help Society). Moreover, the situation faced by recent immigrants, notably from Ukraine, a country with a high and rising HIV prevalence, is most worrisome, evidenced by an exponential growth of new cases of syphilis (as strikingly observed by the NGO Roskos among sex workers). As many immigrants are residing illegally and do not, for the most part, have access to healthcare and treatments, knowledge of their actual health situation is scarce.

At the international level, while on one side, the emergence of strong humanitarian Czech NGOs such as the People in Need Foundation incarnate the global solidarity of Czech society, the commitment of the Czech government has so far remained minimal; for example, zero USD have been donated so far to the Global Fund and Czech donations for international development remain very low: 0.07% of Gross National Income in 2002.



The National AIDS Programme

Epidemiological Data:

The Czech Republic, according to published data, is certainly one of the countries with the lowest HIV prevalence on the planet: 623 cases of HIV have been reported since the beginning of the epidemic (as published in EuroHIV report 69 – December 2003) and about 100 deaths have been attributed to AIDS so far. More than half of the cases of HIV (326) are in Prague, but the northwest region of the country near the German border has a higher than average prevalence which may be related to the high level of prostitution taking place there. The group most affected up to now has been men who have sex with men, although the number of heterosexual transmissions is rising – on the other hand, the number of contaminations among IDUs remains extremely low.

Dr. Jedlička (manager of the Czech national HIV/AIDS Programme) estimates that there may be as many as 4 or 5 times more HIV cases than the number registered, or as many as 2400 or 3000. One alarming trend has been the recent increase of syphilis over the past 3 years among sex-workers, gay men and migrants from Eastern Europe (in the 1960s syphilis was nearly eradicated in the Czech Republic thanks to a wide screening and treatment programme), which reveals that safe-sex practices are not as widespread as they need to be. The incidence of gonorrhoea is decreasing, but there may be a problem with some data not being duly processed (especially outside of Prague) since the privatisation of many health centres.

According to Dr. Jedlička, this very low number of HIV cases in the Czech Republic is due to the following: the Czech Republic has long been an economically strong country and when it was part of the Soviet Union, the Czech nation was kept “protected” (very few trips abroad were taking place) and the education system was good. As soon as it became legal, many NGOs became active in HIV/AIDS prevention; for instance, they started the HIV and AIDS Forum in 1993. Regarding drug users specifically, the Czech Republic started both needle exchange and methadone programmes in 1992 (source EMCDDA), which is really early compared to many European countries. Furthermore, even when the country was still communist, needles and injection equipment were cheap and quite easily accessible. As a result, there have been only 32 cases of HIV infections among drug users in the Czech Republic as of 2003 (EuroHIV 2003).

The Response: the National Co-ordination of the Czech AIDS Programme.

The Czech National HIV/AIDS Programme works with about 30 NGOs (which are united in a joint NGO Forum) that all carry out field activities on prevention and support. Dr. Jedlička manages the programme with a communications manager and a secretary. In 2002, the programme’s budget represented 22,5 million Czech Krowns (approx. 750 000 Euros) plus 4 million Krowns (approx. 133 000 Euros) for investments. The overall budget is spent as follows (NGO and institutional programmes for 2002): 12% on prevention, 24% for testing and 63% for care and treatment of People Living with HIV and AIDS (especially to pay for new, not yet registered antiretrovirals, see below). Dr. Jedlička deplores that the budget attributed to HIV/AIDS has kept decreasing over the years (at least -30% since the mid 1990s and the national budget even lost a further 6% between our two AIDES missions in 2003 and 2004!). According to Dr. Jedlička, one major emerging risk concerns sex-workers: many are from Ukraine and Slovakia or are members of the Roma minority. Prostitution is legal in the Czech Republic but proxenetism is not: nevertheless, brothels are visibly flourishing in Prague and in several cities.

Health Care in the Czech Republic:

Czech residents benefit from a strong and performing health care system, which ranks among the best among EU accession countries (source: WHO-Europe Highlights on Health in the Czech Republic, 2001). In terms of performance, the Czech health system ranked 48th out of 191 countries according to the World Health Report 2000 (published by the World Health Organisation). Health insurance is mandatory for all Czech residents – and is granted free of charge to children, the elderly and the unemployed. Health insurance is exclusively managed by the private sector. One emerging issue is that doctors working for the public (state-owned) health services have a relatively low salary. With the entry of the Czech Republic in the EU and the opening of the legal possibility to work elsewhere, retention of qualified health workers may become a problem (on the other hand, the ability for Czech health workers to strengthen their competency through working in other countries could also prove beneficial...).



Michael Goetz (AIDES) with Dr Jedlička, Manager of the Czech AIDS Programme and UNAIDS Focal Point

HIV Testing and the Legal Situation:

Before 2001, about 100 HIV testing centres were operating throughout the country with an additional 50 sites dedicated to drug users where HIV tests were available. In 2002, after privatisation and de-centralisation of health-care took place, only 50 of the 100 previously mentioned HIV testing centres were still operating (Jedlička) and free and anonymous testing is getting harder to find (usual requested fee: 8-10 USD). HIV testing is mandatory only in cases of blood donation and as part of pre-natal care.



Saliva HIV testing (illegal in France) is often proposed by Czech NGOs working in outreach projects

In theory, the Czech Legal Code would consider HIV transmission as a crime but so far, no one has been prosecuted. The legal criminalisation of HIV transmission remains a dangerous practice however, as it could lead to place all responsibility on People Living with HIV, undermining the core principle that prevention should always be a shared responsibility equally involving each partner.

Treatment and Care:

Seven hospitals have the capacity to care for patients with HIV and patients have the right to choose their own practitioners, including from outside the hospitals. The Bulovka Hospital in Prague, where Dr. Stankova directs the section on infectious diseases, benefits from a wider platform of professionals who are knowledgeable on HIV, such as dermatologists or dentists.

Antiretrovirals that have been duly registered are reimbursed 100% by health insurance. Treatments that have not yet been registered are paid for from the national AIDS budget – which is a major concern as the cost of these treatments now represent half the dedicated budget – directly reducing funds available for prevention and NGO support. Dr. Jedlička advocates for a separate specific budget line to be set up to cover the high cost of new, not yet registered antiretrovirals.

Overall, Czech citizens have access to the highest standards in terms of quality of prescriptions for AIDS and monitoring. Foreigners who are applying for asylum are also covered by this system (payment for coverage is then provided by the Ministry for Internal Affairs). On the other hand, for non-documented immigrants with HIV (mostly from Ukraine), their best chance of having access to treatment is by finding a committed doctor willing to both prescribe ARVs and carry out the complex paper work which may lead to access to health coverage. Many HIV+ immigrants are not so lucky however - Dr. Ivo Prochazka (Chairman of the Czech HIV NGO Forum) recounted the situation of an immigrant with no access to health insurance who was forced to buy ARVs in front of a clinic from an HIV+ Czech intravenous drug user because official prices were too high. Dr. Prochazka also knew of a case concerning a Russian immigrant who had lived in the Czech Republic for 10 years whose employer changed his employment status from employee to independent contractor (even though he worked in the same position), causing him to lose his health insurance. When the man tried to obtain insurance again the company asked for an HIV test. Finally, Dr. Prochazka's NGO was able to find another health insurance company that did not ask for an HIV test so the man could continue his ARV treatment. Another problem is the payment of foreigners without health insurance to the health system, which is usually five times more than the payment of a health insurance company for the same care of its client. This is because foreigners are expected to pay more to ease the deficit of the underfinanced state system; however, according to Dr. Prochazka, this can be very expensive for Russians and Ukrainians working in the Czech Republic illegally and who are not very well paid (400 Euros per month).

While in the Czech Republic we also met with Dr. Rozsypal, an epidemiologist at the Bulovka hospital who works in a modern and well equipped setting: in Prague however, not all hospitals have the same standards. 85% of HIV positive patients in the country receive treatment (all current molecules are available) and the remaining 15% are in good clinical condition and therefore do not need ARV prescription. While the 100% coverage of costs for treatment works well for patients with health insurance, medical staff remain reluctant to start prescription of ARVs for non-documented immigrants because of the sentiment that “they may be sent back on short notice to Ukraine or Russia – where they would not have access to treatments, so there is no point starting”. On occasion, undocumented residents find themselves with only “sub-optimal prescription”, presumably bi-therapy. Part of the problem is that hospital support services for immigrants are not available most of the time, which leaves doctors with the need to take care of all the administrative work entailed with opening access to health-care for undocumented immigrants (which sometimes can be paid from the very limited National AIDS Budget). Dr. Prochazka states that especially outside of Prague, small hospitals find it really hard to simply secure the funds needed to provide expensive treatments for undocumented immigrants (such as for syphilis or HIV).

This reluctance to treat non-documented residents, and the practice of expelling foreigners with AIDS back to a country where treatments are not available (mostly to Ukraine but not only) places the Czech Republic in complete breach with the European Convention on Human Rights and Fundamental Liberties. In 1997, the European Court for Human Rights judged that to deport a person with a severe illness to a country where access to adequate care could not be guaranteed was equivalent to torture, and should therefore be banned according to Article 3 of the Convention (Decision D. vs. United Kingdom of May 2, 1997).

Finally, doctors’ views on treatment adherence lead them to divide patients into two categories: the “easy” and the “difficult” - on one side, essentially gay men with a high social or cultural level and on the other, homeless people or drug users who are seen as incapable of properly taking the complex treatment regimen. Clearly, not enough emphasis is placed on adherence support for patients; instead of adopting simple and tested solutions which exist to facilitate good adherence (taking the time to properly explain the prescription, adapting the treatment regimen to the lifestyle of the person, identifying peer supporters, recommending the use of well designed pill boxes...), medical staff are instead quite resigned to the idea that some patients just cannot take their treatment right.



Entrance of the Lighthouse in Prague

Mobilisation of Czech HIV/AIDS NGOs:

The Czech AIDS Society and the Lighthouse

The Lighthouse: a centre for support services for People Living with HIV/AIDS

The Czech AIDS Society (CSAP) runs this centre located near the centre of Prague (3 staff members and about 40 volunteers). The site is very welcoming and nicely arranged (it resembles, both in looks and purpose, the Arc-en-Ciel centre run by AIDES in Paris!). CSAP relies mostly on grants from the Health Ministry and from the city of Prague (private fundraising is marginal). Services provided by the Lighthouse include:

- α Emergency and short-term housing (from 1 day to a few months) is provided in 5 collective bedrooms (capacity for 20 people). Families can also benefit from this service. Volunteers and staff assure round the clock service at the Lighthouse.

- ☒ A variety of social and moral support activities (outings, trips, massage, sports centre, bubble-baths...), meals (lunches are prepared everyday on site), support to carry out administrative and legal procedures, and organisation of health services (overseen by a medical practitioner). Dr. Prochaska, a psychologist and sexologist, maintains a regular consultation service there).

- ☒ Phone support service (7 days/7, 24 hours a day): the helpline receives an average of 10 calls per day – more when AIDS is talked about on TV. (The state-run HIV helpline is open only from 1 pm to 5 pm on weekdays.)

- ☒ Anonymous HIV Testing.

- ☒ Regular participation in the Czech National Committee on HIV/AIDS (represented by Dr. Prochaska and Vaclav Strouhal).

The Lighthouse’s objectives include “to work to change public attitudes towards HIV and people living with the virus” and “to draw attention to the issues facing people living with HIV/AIDS”, but advocacy activities are quite limited: is the HIV/AIDS situation that good in the Czech Republic?

The Situation for Gays and Lesbians:

There are a wide variety of gay and lesbian organisations in the Czech Republic, gay bars and nightclubs are well established and well accepted, and CSAP, the Czech AIDS Society, provides HIV prevention and support services targeting specifically gay men.



Vaclav Strouhal
and Ivo Prochazka ,
Czech AIDS Society

An alternative approach: Projekt SANCE

Lazlo Sümegh is the co-ordinator of Projekt SANCE: a NGO providing direct support to male prostitutes. His small, cosy centre (an exuberantly decorated shop very reminiscent of Pedro Almodovar’s films!) operates as a low threshold support centre in the middle of Prague. Mr. Sümegh manages Projekt SANCE with only one colleague (in charge of administration and fundraising). Projekt SANCE receives barely any public funds: in 2002, the grant received from the National AIDS budget was only enough to cover part of the phone bill... Mr. Sümegh on the other hand, has been able to mobilise famous singers in order to raise private funds. The project also runs with volunteer support from medical practitioners and psychologists: apparently, it is one of the few (if not only) projects present in the field at night in Prague – where Mr. Sümegh and his colleagues distribute condoms and flyers and encourage street youth to get tested for HIV, as well as meet at the centre during the day. At the centre, essential services such as access to a washing machine and needle exchange are provided (5000 needles distributed in 2002). Saliva testing for HIV is also possible: out of 200 tests carried out in 2002, only one came out positive (while 14 hepatitis C tests out of 50 were positive).

Lazlo Sümegh also on occasion visits patients in hospitals or inmates in prison (during our interview, the Karlovy Vary Prison called asking Mr Sümegh to visit). In addition, the local media often contacts Projekt SANCE, but is seeking mostly sensational news which Mr. Sümegh does not appreciate.

Mr. Sümegh is clearly tremendously personally committed to his health projects: all the better since the young men he reaches are altogether ignored by the government and the rest of society. The standard attitude is more like “let them be, they will die anyway”. Mr. Sümegh deplores that mainstream Czech society would rather ignore problems related to prostitution, drugs or the development of the mafia. Unfortunately, Mr. Sümegh also considers that some of the better-established NGOs and governmental social and health services are ill equipped to provide the support young male prostitutes need.



Inside the Projekt SANCE center



Lazlo Sümegh and
volunteer - Projekt Sance

Male Prostitution: the Main Issues According to Projekt SANCE

Police repression against male prostitution has sharply increased over the past few years, which Lazlo Sümegeh believes has caused more troubles than good: for instance, prostitutes have been less accessible for health work (Projekt SANCE carried out half as many HIV tests in 2002 than the year before). As a result of the police repression, the close knit peer support community was led to disperse due to fear of the police, which has led to greater vulnerability to street violence or to substance abuse.

Male prostitutes are most often young (17 years old on average). The triggering factors leading to prostitution are likely to be financial difficulties and rejection from one's family. Prostitution can appear as an easy short-term solution for a young man seeking to emancipate himself – but many find it hard to stop. While the vast majority are Czech citizens, the number of foreigners (Slovaks, Ukrainians and Hungarians) is increasing constantly and many originate from the Roma community.

R-R: Rozkos: “Bliss without risk” – reaching out to commercial sex-workers.

During our mission we met with Dr. Hana Malinova, the very pro-active director of Rozkos, a Czech NGO founded in 1992 to outreach to commercial sex workers (CSW) mostly in the northwest part of the country, where prostitution is flourishing (with many clients from Western Europe). Rozkos, which includes Dr. Malinova, a nurse and a social worker, manages both a bus that is fully equipped for gynaecological examinations on site, as well as a 3-room centre in the centre of Prague, which also includes a medical examination room. Rozkos's core principle is to make its services a reliable resource for commercial sex workers, taking fully into account the specificity of their situation (“Often”, Dr. Malinova describes, “we'd have some mafia guy telling us clearly that we should not spend more than 20 minutes with the girls because they must go back to work...”). Rozkos must therefore carefully negotiate with the managers of brothels in order to be able to reach the women. Also, while hospital services are available only during specific times (“They tell us, bring in the women in the morning, but they will never go in the morning: that's when they sleep!”), Rozkos provides health services on site and in the time frame that matches the situation of the women. More than half of the CSWs reached by Rozkos are Czech nationals: the remaining women are from at least 13 countries, mostly Ukraine and Slovakia.



The Rozkos Bus (with the exam. setup inside)

The Syphilis Crisis:

Rozkos proposes a wide selection of tests for sexually transmitted diseases: most worrisome, the number of positive results for syphilis is increasing exponentially among CSWs from Ukraine: with 6 cases in 2001, 17 in 2002, and 47 in 2003. Overall, Ukrainians are the most affected, “All of a sudden we found ourselves with one new case of syphilis per week!” While treatment for syphilis is mandatory by Czech law, Rozkos sees that in practice, access to treatment for undocumented immigrants remains difficult.

The number of cases of HIV among Rozkos's service recipients is still extremely low (3 positive cases out of about 1000 tests carried out in 2003): Dr. Malinova explained that many of the women from Ukraine were not originally sex-workers back home (where HIV prevalence among CSWs is already very high): they had regular jobs as teachers or secretaries so were less likely to have been exposed to HIV before their arrival in the Czech Republic.

Rozkos must rely on the National AIDS Budget for funds because now, the EU PHARE programmes for accession countries are being phased out and many international private funds (notably from the Open Society Institute) are less available to new EU member countries (on the assumption that EU membership will give access to significant new resources, which have yet to be distributed however). “We are like an abandoned calf, still trying to reach up for milk but our mama-cow has moved to the East!” Rozkos has tried to raise private funds for its work but private businesses “do not want to be seen as being associated with sex work...” Nevertheless, Rozkos maintains daring initiatives for private fundraising: in February 2003, Rozkos set up the first Czech production of the famous play the “Vagina Monologues”, and Rozkos is now mobilising artists to produce miniature versions of the Prevention Bus (including the gynaecological chair!), which will be sold to raise money. As state-grants are attributed on a yearly basis and involve a lot of “committee meetings and bureaucratic steps...”, Rozkos finds itself with no funds whatsoever from November to at least March or April... This administrative Kafkaesque mess is most detrimental to the continuity of NGO fieldwork!

Outreaching all the way to... Zimbabwe:

After an extensive field visit to Zimbabwe in 1999, Hana Malinova linked up with local partners there (notably Gwapa: a Zimbabwean NGO for women) and is now very committed to supporting the HIV response in this country plagued both by an authoritarian regime now isolated from the international community and a generalised HIV/AIDS pandemic. With resources acquired through great difficulty from the Czech Ministry of Foreign Affairs, Dr. Malinova organised a visit to Prague for Zimbabwean representatives and is now designing a robust, fully equipped bus to be used in the field for prevention among sex workers in Zimbabwe.

After our first encounter with the NGO Rozkos, we set up a visit from December 3 to 7, 2003, in Bordeaux, France (where AIDES manages an outreach project for sex-workers called Luciole), for Hana Malinova and Lucie Sidova – which was highly mutually beneficial: the French team learned from Rozkos’s aptitude in reaching CSWs originating from many Central and Eastern European countries (an increasing number of CSWs in France are from these regions), while Rozkos found out about AIDES’s work with CSWs from sub-Saharan Africa (“A population”, Dr. Malinova predicts, “that will also arrive in the Czech Republic some day”).

SPRSV’s Ongoing Commitment toward Sexual Health

(the Czech Family Planning and Sexual Health Association):

The SPRSV was founded in 1991 (it first operated with one secretary and volunteers: many of whom were young school teachers). Today, SPRSV headquarters are in the centre of Prague, where it runs a phone line information service and an Internet site and publishes a variety of brochures on sexual health. There is one local branch in Brno, in the south of the country. The SPRSV is partly funded by the Ministry for Social Affairs.

Its core activity is on sexual education in the school system, which is carried out through its wide network of school teachers. On the whole, the SPRSV is very welcomed by school administrators. As a matter of fact, when the Czech Republic and the – very catholic – Slovakia separated, SPRSV’s work became easier – on the other hand, the Slovak branch of this NGO had to remove the terms “sexual education” from its name in order to continue its work in catholic Slovakia...

One major change taking place in the Czech Republic with regard to sexual health is the sharp reduction in the number of abortions (from 100 000 in 1993 to 40 000 in 2002:



Radim UZEL with colleagues at the Czech Family Planning Headquarters (showing the World AIDS AIDS Fundraising tins !)

abortion was very easily accessible in communist times). Increased access to contraceptive pills (which are covered by health insurance) and the information work carried out by NGOs like the SPRSV are to be credited for this change.

On December 1, 2002, SPRSV with other NGOs staged the first public events in the Czech Republic related to World AIDS Day, which included direct fundraising carried out by volunteers in the streets.

Why are there so few cases of HIV among Drug Users?

The early implementation of Harm Reduction by Czech NGOs

We arranged with Jiri Richter, director of ANO, the Czech NGO Platform on Drugs, to meet with Tomáš Nedved, a member of the outreach team of SANANIM, the largest Czech NGO in the fields of harm reduction and support for drug users. The first needle exchange project started in 1992 and the first outreach team became operational in 1995. Tomáš Nedved pointed out that although HIV among intravenous drug users remains rare, the rate of hepatitis C is very high (between 30 and 50% among IDUs). SANANIM offers a full spectrum of services: including outreach in the streets (1955 clients met and 213 000 syringes distributed in 2003), a contact centre (2069 clients met and 359 771 syringes distributed in 2003), therapeutic communities in the countryside where drug users who want to stop using drugs can get support (one long term residence hosts 15 patients), and even follow up care of patients who went to the therapeutic communities to make sure they continue to get support once they are back in the real world.

The injecting equipment distributed includes all the components that have now become standard in Europe (syringes, sterilised water for the mix, disinfectant, cotton filters and condoms). No cups are included however, in spite of the high hepatitis C prevalence. On the other hand, SANANIM just started to experiment by distributing syringes with a safe retractable needle (1 MI Fixed Needle BakSnap Brand, produced by www.duopross.com), which may prove a great innovation in terms of safety (and to reassure neighbours of needle exchange projects who often worry they may get contaminated from discarded needles).

While many NGOs like SANANIM are present across the Czech Republic making clean injection equipment easily accessible to drug users, many pharmacies, including in Prague, remain very reluctant to sell needles to drug users (some sell the needles at an outrageous price on purpose).

Like many Czech NGOs, SANANIM depends upon yearly grants: if overall harm reduction has been consistently funded by the Czech government over the year, it remains impossible for SANANIM to make long term plans.

The clients of SANANIM's outreach team are mostly Czech (including many members of the Roma minority), while the foreigners served are most often Russian speakers. Most clients are between 20 and 25 years old (70% are men). A very surprising development took place over the past 2 years: the most common substance injected by SANANIM's clients in the streets switched from heroin to... SUBUTEX (Buprenorphine). Most of the Subutex available in the streets obviously comes from France (France is by far the largest prescriber in Europe with now more than 80 000 people taking Subutex. Prescriptions can be quite easily obtained from any doctor in France; the French Health Insurance covers the cost and a street market has emerged, visible across the European continent...). Until recently all Czech doctors could prescribe Subutex but few ever did because it involved a complex administrative process. Now only doctors who specifically work on drug use are allowed to prescribe it. The situation right now is "total

chaos" says Mr. Nedved, because Subutex is now harder to find in the streets so there are huge waiting lines to get a legal prescription.

After heroin (which is still around), another commonly used substance is Petvitin (a methamphetamine). Furthermore, methadone prescription remains a quite controversial practice in the Czech Republic: there are supposedly around only 200 patients taking methadone in the country (mostly in Prague), according to Dr. Prochaska.

The Czech International Commitment on HIV/AIDS:

As AIDES in France is an NGO fully committed to all forms of international mobilisation on HIV/AIDS (AIDES African and European programmes started in 1995), we also took the opportunity to visit the Czech People in Need Foundation (PINF), the largest Czech development NGO. PINF is already carrying out programmes specifically on HIV/AIDS: including an ongoing presence in the field in the war-torn Russian region of Chechnya, where due to extreme conditions "the people are engaging in extreme behaviours with regard to sex and drugs" (Jan Plesinger, PINF Intl. Liaison Officer), and a recently initiated (2003) project to strengthen the socio-economic capacity of families affected by HIV in the eastern district of the Karas region in Namibia. Originally launched in close proximity with a leading Czech TV station, PINF has been able to play a leading role in raising the awareness of the Czech public concerning ongoing major developmental issues.

On the governmental side?

At the United Nations Special Session on HIV/AIDS in June 2001, Czech Minister of Health Bohumil Fiser asserted: "We recognise that the epidemic has outgrown the control of individual countries, however rich and large. The only possible way out of this situation is to mobilise the reserves in the area in international co-operation, science and preventive activities". So, to what extent has the Czech government mobilised its own reserves? One indicator: as of February 2004, the Czech Republic has so far made no donation whatsoever to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) – whereas, based on its Gross Domestic Product, the equitable contribution to be expected from the Czech Republic should be 4 226 457 USD for 2004 and 9 699 177 USD for 2005 (based on the funding needs of the GFATM as calculated by AIDSPAN – www.aidspace.org – for the Fund the Fund Campaign). Globally, the Czech contribution to international development remains extremely low: 45 million USD in 2002, or only 0.07% of the Gross National Income (source: OECD Development Assistance Committee).

Clearly, while on one side the Czech Republic is fortunate that strong and very professional humanitarian NGOs such as PINF have been able to rapidly emerge over the past ten years, the Czech government needs to vastly increase its commitment to international action on AIDS and development.

(This report is based on exchanges with the HIV/AIDS activists and co-ordinators mentioned in the text, taking place notably at the AIDSFONDS conference on HIV/AIDS in Europe near Amsterdam, the Netherlands, in February 1999; the inter-NGO meeting "Facing enlargement together" set up by CHANGE in Athens, Greece, in February 2002; at the first Joint Meeting of the Partners of the INTEGRATION Projects in Riga, Latvia, in April 2003; the Conference on European Policies on Drugs on September 17, 2003, at the European Parliament as well as during 2 missions to the Czech Republic in February 2002 by Michael GOETZ and Arnaud W SIMON and in February 2004 by A. W. SIMON).

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(A complete list of Czech HIV/AIDS NGOs can be easily obtained from Dr Jedlicka or Dr Prochazka)

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