NATIONAL PROGRAMME
FOR THE PREVENTION
AND CONTROL
OF HIV/AIDS

2007-2010
A COMMITMENT TO THE FUTURE

March 2007

Our thanks each and every one of you.

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1. INTRODUCTION

Human Immunodeficiency Virus [HIV] infection and Acquired Immunodeficiency Syndrome [AIDS] have been, for the last twenty five years, a fundamental cause of illness and death across the globe, mainly in young adults. They have had a profound effect on the demographic and social development of poorer populations, mainly in Africa, and represent a global threat to development, to international equilibrium and to security.

In Portugal, ever since the identification of the first cases, the prevention of the infection in all its dimensions has proved to be an extraordinary challenge. Epidemiologic and social markers have placed Portuguese society in a worrying position within the hierarchy of West European countries, requiring effective and integrated responses. The HIV infection was thus deemed in the Programme of the 17th Constitutional Government as an area to be prioritised and is therefore entered into the National Health Plan. This option recognizes the high social and economic impact of the infection on each individual, his/her family and society. It assumes that only a coherent public policy can be effective in reducing the transmission of the infection and in mitigating its impact.

Part of the High Commission for Health, the Coordenação Nacional para a Infecção VIH/sida [the National Coordination for the HIV/AIDS Infection] is responsible for coordinating infection prevention activities in the country. Part of its remit is the preparation the National Programme for the Prevention and Control of the HIV/AIDS Infection for 2007-2010, a document developing a strategy for guiding and coordinating the national effort in the fight against the infection during the next four years.

The document contains general information on the national and international dynamics of the epidemic, becoming, within the limitations of the quantity and quality of available information in Portugal, a point of reference for assessing the impact of favoured options and measures to be taken.
Globally, the Programme tries to give form to proposals made by the National Health Plan, integrating them into a more general national strategy for the prevention of transmissible diseases, within the framework of guidelines originating in the *Millennium Declaration*¹, The Declaration of Commitment on HIV/AIDS [Special Session of the General Assembly of the United Nations, 2001]², The *Dublin Declaration*³ and the *Vilnius Declaration*⁴.

Internally, with direct respect to the Health Sector and according to the groundwork laid down by the State Central Administration Restructuring Programme (PRACE)⁵, the Programme focuses clearly on the decentralisation of response to the infection, with the programme’s regional operation and monitoring falling to Regional Health Authorities. The process will involve the re-evaluation of the network of Counselling and Diagnostics and of District Commissions in the Fight against AIDS, the composition and attributes of which should reflect the new framework legislation of the Ministry of Health.

The current version of the Programme endeavours to incorporate a large number of contributions (published on the www.sida.pt) made by assorted institutions in response to its presentation for public discussion. As such space is given to the broadest and desired commitment of society with the intention of changing the course of an infection that remains one of the greatest threats of our time. Within the Programme’s title, beside reference to various preventative approaches, which naturally includes pharmacological treatment, there remains this idea of control. We know that the word and the concept surrounding it do not apply here as with other infections in the past. There is no cure or vaccine. The path to take is one of infection and disease management in its chronic development. There is therefore a future that we need to start preparing for now.

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¹ Adopted by the UN General Assembly at its 55th Session in September 2000.
National Programme for the Prevention and Control of HIV/AIDS Infection
Ministry of Health
2. STATE OF THE EPIDEMIC IN PORTUGAL

The first case of AIDS in Portugal was diagnosed in October 1983. By December 31, 2006, 30,366 cases of HIV/AIDS infection were brought to the attention of the Communicable Disease Surveillance Centre, of which 45% refer to injection drug users, 37.5% considered associated with heterosexual transmission, 11.9% homosexual transmission and 5.6% other means of transmission. Of the amassed total of 13,515 AIDS cases, 17.7% are women, 84.6% occur within the 20-49 age group, 3.4% correspond to HIV2 infections and 1.4% carry HIV1 and HIV2 simultaneously. The evolution of the epidemic has apparently yet to stabilise.

In 2005, the incidence of the infection in Portugal was of 251.1 cases per 1,000,000, corresponding to 2,635 new cases, placing Portugal in second in the European context [53 countries], just after Estonia [467 cases per 1,000,000]8. Around 1000 people die of AIDS in Portugal annually. The death rate from the infection continued to rise until 1996, at which point it stabilised. This stabilization, taking into account that we have at our disposal universal, free access to the best treatments, compels us to question the effectiveness and impartiality of our investment in care provision.

According to estimates for Portugal made by the Joint United Nations Programme on HIV/AIDS [UNAIDS], the country contains around 32,000 infected people within the 15-49 age group9. The EU average of 30% non-diagnosed infected is assumed for this calculations.

According to the classification adopted by the World Health Organization/UNAIDS, the Portuguese epidemic is of the concentrated type. Prevalence within the general Portuguese is inferior to 1%, but in at least two vulnerable

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groups [injecting drug users and prison inmates] – it is superior to 5%. In the case of patient groups resorting in 2004 to drug addiction treatment, HIV positive percentages vary between 12% and 28%.

The relative proportion of modes of transmission of the infection has undergone change in our country. Injecting drug users represented, since the start of the epidemic and until 1999, the greatest proportion of those infected. Currently, in reported cases, heterosexual transmission [51.5%] is higher than parenteral transmission [36.4%]. The progressive decrease in the importance of this mode of transmission can be explained by the effective increase in cases of heterosexual transmission, and also by the success of risk reduction and harm minimisation strategies and by changes in consumption patterns.

In Portugal, 16.5% of heterosexual transmission cases occur in individuals that originate from countries where the epidemic is generalised.

It has been estimated that in 11.5% of cases, transmission happened between men who have sex with men, but recent data indicate an increase in the incidence of infection in this population.

Portugal displays the third highest rates within the European Union in terms of HIV/AIDS and tuberculosis coinfection, behind Spain and France, with HIV/AIDS infection present in 15% of tuberculosis cases.

Mother-to-child transmission has dropped, with the current rate below 2%, thanks to early infection detection and to the implementation of necessary prevention means. Transmission associated with blood and organ donation is practically nonexistent, given the blood safety policy adopted in the country.

Prison inmates constitute a vulnerable population, with a very high prevalence of HIV and other sexually transmitted infections, hepatitis B, hepatitis C and tuberculosis. Recent data on prison populations show a prevalence of HIV

13 Ibidem.
infection of 10% [10% in men and 7% in women], a prevalence of hepatitis C of 29% [30% in men and 9% in women] and a prevalence of HIV/ hepatitis C coinfection of 6%, which means that 57% of the infected with HIV are also infected with the hepatitis C virus. The estimated incidence of tuberculosis in the prison population is over 800 per 100.000, more than 25 times the national level [30 per 100.000 inhabitants per year].

To understand how individuals and society see the infection and the infected represents a much needed asset for choosing the right strategies to be followed in order to decrease the propagation of the infection and for a full social acceptance of those infected. Studies of the population in general and of vulnerable populations as to knowledge, attitudes and behaviour when dealing with the HIV/AIDS infection are scarce. However, available information shows high levels of misunderstanding concerning the infection, modes of transmission and means of prevention, frequently coexisting with discriminatory attitudes.

In our country, 68% of the population perceives its risk of infection as high, 48% consider themselves at greater risk than the population in general and 37% have been afraid that they had become infected. Fear of infection comes from its being incurable [28%] and from the high risk of becoming infected when visiting health services [32%]. As for sexual behaviour, 39% of men confirm paying for sex and of these 58% did not use a condom the last time they paid for sexual intercourse. Only 22% of the respondents mentioned consistent use of condoms during the last year, and 20% used a condom when they last had sexual intercourse.

As for discrimination, around 38% of respondents think that those infected should suffer some sort of isolation, 22% do not want children infected with the AIDS virus to attend the same school as other children and 14% do not agree to people living with HIV working in the same workplace.

According to the Eurobarometer, Portugal is not well placed when compared to other European countries in many matters related to the infection,

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even though there has been a positive evolution in the level of knowledge concerning it. The level of misunderstanding concerning transmission, which surfaced in another Portuguese survey, is worrying: 30% think that the infection is passed on by kissing, 30% when using a toilet, 30% through an insect bite, 23% via coughing and sneezing, 18% through food and cutlery and 5% through handshaking.

Among the Portuguese school population, aged 15-19 years, only 15% had a correct knowledge of the HIV modes of transmission. About 30% declared not having used a condom when they last had sexual intercourse\textsuperscript{17}.

\textsuperscript{17} Matos, M.G. \textit{et al.}, \textit{A Saúde dos Adolescentes Portugueses [quatro anos depois]}, Relatório Português do Estudo HBSC 2002.
National Programme for the Prevention and Control of HIV/AIDS Infection

Ministry of Health
The National Programme for the Prevention and Control of HIV/AIDS Infection – 2007/2010 proposes sharing a vision, adopts a set of values, defines orientations and goals and makes a collective commitment to the future, guaranteed by a mission which gives us responsibility.

3.1 The vision

The programme develops from a vision in which an end to the epidemic is predicted. For Portugal it anticipates a time when the incidence of the infection is under control and when the best care is assured for people living with the infection and for their families. In this future, I] the various dimensions of the infection and its causes will be well known, II] interventions of every section of society will be well defined and will be coordinated at a national level, in a perspective of efficiency and effectiveness, III] health service routines will guarantee an early diagnosis, adequate referral and treatment, IV] the people living with the infection will have access to quality continuous care and to social support, and will see their rights respected, protected and promoted, without being the object of stigma or discrimination and will use their right to an active participation in the defining of policies and programmes.

3.2 The mission

The mission of the National Programme for the Prevention and Control of HIV/AIDS Infection – 2007/2010 is instrumental to the realization of this vision. In practice, and in light of legal provisions, it should deal with infection prevention, namely I] promoting the coordination of efforts of all those

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18 The National Commission in the Fight Against AIDS has the following mission [no.3 of the Resolution of the Council of Ministers no. 121/2003]: “Define, coordinate and manage the National Programme in the Fight Against AIDS and assume as primary goals the significant reduction, to levels close to those of Europe, to HIV positive prevalence figures, taking into consideration its specific characteristics and the progressive development of the concept of AIDS – chronic illness, integrally supporting those infected, and combating discrimination through judicious information.”
involved, with particular emphasis on the Health Sector\textsuperscript{19, 11} promoting the creation, integration and availability of knowledge concerning the infection, III] encouraging the development of intervention of civil society and its organisations, IV] monitoring national effort and evaluating results and V] advocating the rights of those living with the infection, namely in the fight against stigma and discrimination and for access to quality health care.

The participation of all sections of Portuguese society, with special emphasis on people living with the infection, will be promoted in accordance with internationally recognized good practices, in the conviction that this is crucial to Portugal’s success. There is, however, scarce awareness that the infection represents a serious problem for the country, that AIDS is a real and grave danger in Portugal. Therefore, in conclusion, we will have to be able to I] develop programmes by sectors and II] establish an inter-ministerial body where consensus can be reached as to objectives and action orientation, essential to the design and to the implementation of a national programme, which would, by definition, be multisectorial.

3.3. Values and principles

The programme and, continuing its mission, the \textit{Coordenação Nacional para a Infecção VIH/sida}, [The National Coordination for the HIV/AIDS Infection], follow the values and principles that we have made plain. The first give priority to human rights in the preparation of the programme and it expects all partners and beneficiaries within its sphere to do the same. These rights, set out in The Universal Declaration of Human Rights, and incorporated into the Constitution of the Republic, represent a reference template for Portuguese society, not only as an independent state, but also as a member of the European Union. By this we mean, namely, the right to work, the right to non-discrimination [the principle of equality], the right to a good name and reputation, the right to the privacy of private and family life, the right to freedom and security, the right to the confidentiality of computerised personal data\textsuperscript{20} and, in the specific case of HIV infection, to sexual and reproductive rights,

\textsuperscript{19} Order no. 19 871/2005 [2.a série]; 3 — Coordination covers the entire health system (public and private), not being restricted to the National Health Service (SNS).
\textsuperscript{20} Articles 13,26,27 and 35 of the Constitution of the Portuguese Republic.
to rights of minorities, of migrants, of refugees and of displaced persons\textsuperscript{21}. In the specific field of health these values are crucial to progress in health and justice.

The guiding principles of the programme and of the projects and actions for the prevention and control of HIV that result from this include:

**Leadership**
A national instrument that sets guidelines for prevention policy and practice;

**Responsibility**
As this is a commitment, it is responsible for its proposals and asks the various participants to assume their own responsibilities towards the country;

**Transparency**
It demands that activities and financing be clear to all organisations and partners and for the general public;

**Effectiveness**
It accepts the evaluation of its actions with the aim of determining its efficiency and effectiveness and requires all partners to do likewise;

**Action based on evidence**
It is based on good practices deriving from the best available and cutting-edge scientific knowledge and state of the art at any given time;

**Collaboration**
It defines a series of guidelines within the field of prevention and control of the HIV/AIDS infection which implies collaboration at central, regional and local levels, in the public and private sectors, either profit and non-profit.

**Systemic vision and integration**
It presupposes a systemic vision of intervention and action integrated into the various levels of need: those of individuals, of specific groups, of society in general, favouring a multi-faceted methodology for the prevention of the infection.

Participation
It implies the participation of all identified participants in decision making in the various phases of the processes.
Colaboração
Define um conjunto de orientações no âmbito da prevenção e controlo da infecção Vih/sida que implica a colaboração a nível central, regional e local, nos sectores público, privado com e sem fins lucrativos;
Visão sistémica e integração
Pressupõe uma visão sistémica da intervenção e uma acção integrada aos diferentes níveis de necessidades: individuais, de grupos específicos, da sociedade em geral, preconizando uma metodologia de vertentes múltiplas para a prevenção da infecção;
Participação
implica a participação de todos os intervenientes identificados, nas várias fases dos processos necessários à tomada de decisão.
4.

THE STRATEGY

4.1 Strategic direction

The programme ensues from the National Health Plan and is developed according to three strategic, internationally defined directives.\(^\text{22}\)

1 – Reduce infection risk [slow down the epidemic’s expansion]
2 – Reduce vulnerability to infection [reduce risk and impact]
3 – Reduce the epidemic’s impact [reduce vulnerability]

The **first strategic directive** recognises that there are individual (risk specific) behaviours and situations that increase the probability of an individual becoming infected. The majority of actions within the fight against HIV/AIDS aim to reduce the risk to the general population and in prioritised “settings”, according to phases of life. An important part of actions within this programme follow this direction.

The **second strategic directive** considers the causes of HIV infection. Conditions beyond individuals and communities that engender vulnerability to the disease, stem from social and economic factors. Poverty and social marginalisation are important determinants for the infection, and represent life contexts that hinder individuals and communities in taking the direction of their lives into their own hands.

The success of this strategy implies the adoption of social and legal instruments that in the majority of cases are beyond the scope of the programme. By this we mean those that fight economic inequalities and its effects; that ensure the right to education, to work and to professional training; and that reduce the stigma associated with the infection and its determinants.

\(^{22}\) UNAIDS; *Cadre stratégique mondial sur le VIH/SIDA*. Juin 2001.
The **third strategic directive** recognises the epidemic’s impact in Portugal is felt primarily in young adults (productive and reproductive age). Besides the direct impact on individuals and their families, the infection compromises community development, weakening the sector of the population that ensures wealth production and demographic balance. Survival increase requires heightened and structured resource allocation in support for the infected and affected, which will be especially felt in the long term.

### 4.2 The operators

The transformation of strategic direction in programmes and concrete actions implies that the National Coordination for the HIV/AIDS Infection guides, motivates and supports the main operators in the definition of a suitable agenda and its preparation.

The National Coordination for the HIV/AIDS Infection recognised four major groups of operators in Portuguese society: the National Health System, the Public Sector, the Private Sector and Civil Society.

The **National Health System** should commit itself greatly to fighting the infection. The programme promotes the coordination capacity of its operative units.

Improved coordination of the system will correspond to better prevention action for HIV/AIDS infection, STDs, viral hepatitis, and tuberculosis.

Once empowered, the health services will substantially increase the critical mass needed to change the way these diseases are seen in Portugal. Epidemiological awareness, early diagnosis, a referral system focused on the patient and access to the best treatment are responsibilities intrinsic to the National Health System.

The programme’s action works on two levels: nationally it had a normative function, while regionally it operates by Health Region. In the early 1990s actions took place through Civil Governments, with this role subsequently taken over by District Commissions in the Fight against AIDS, and now Regional Health Authorities are responsible for mobilising and organising the neces-
sary resources for effective regional intervention. To do so, each Regional Health Authority will convey its action to other regional partners, including public entities, as well as education, social security, youth, and prison system authorities, and civil society, amongst others. This actions should be sustained within the organisational and planning capacity of the Public Health Service in communication with the operative units of the Health Sector and with other local operators, namely nongovernmental organisations and authorities, in the development of local health strategies, with an eye to integrating care into the social support network.

Only then will the right balance be achieved between I] health and infection prevention promotion actions, II] the process of overseeing the infected, who required referral and care continuity systems and III] the processes of epidemiological surveillance and of monitoring and evaluation.

The Public Sector/Ministries represent a challenge to the motivation and expansion of the programme in terms of evolving into a multi-sector National Prevention Plan, in which each ministry assumes its responsibilities in fighting infection. The National Coordination for the HIV/AIDS Infection advocates the existence of an inter-ministerial body for the implementation and monitoring of these responsibilities.

Given the objectives it pursues and its social responsibility, the Private Sector should contribute actively to the development and implementation of HIV infection prevention policies, while favouring inclusion and fighting discrimination.

The influence of Civil Society organisations in moulding governmental policy has particularly shown itself in recent decades, and has been present ever since the HIV/AIDS infection epidemic began. This dynamism is illustrated by success in advocating the rights of infected individuals, by fighting stigma and discrimination, and by the effectiveness of the prevention campaigns aimed at the general population and at most vulnerable population segments.

These organisations have also been important channels for social service provision and implementation of other interventions, especially in areas in which governmental presence was lacking or in which its experience and competence complements governmental action.
The participation of Civil Society in policy and action definition, and in the implementation of structured programmes, for HIV/AIDS infection prevention and control, is vital to the success of the programme.

As such, innovative interventions from civil society will be encouraged and partnerships for priority interventions developed. Consultation mechanisms structured with the aim of monitoring the programme's implementation and adapting proposed actions will also be introduced.

### 4.3 Implementation conditions

Knowledge of the epidemic’s natural history leads us to the belief that only a concerted intervention according to the three strategic directives mentioned, carried out by the four operator groups, will enable Portuguese society to turn around the spread of an infection, that can no longer be seen as a problem of specific populations, rather one that is progressively involving all of society.

**Within the scope of implementing the National Programme,** the National Coordination for HIV/AIDS Infection will also act according to three overlapping strategic components, described thus: I] the participation of infected and affected people; II] excellence in care; and III] information, education and communication processes specific to target groups.

The participation of infected and affected people will set out from existing experience and pass on to a broad network of contacts accommodated in formal moments to be established.

Care excellence will imply that the National Coordination for HIV/AIDS Infection promotes the elaboration and adoption of norms and recommendations the implementation of which will be based on regionalised training and which will include standards to assess the quality of procedures set up.

An information, education and communication aspect will surround the entire programme and will be aimed specifically at the various vulnerable populations and focus on: I] the promotion of safe behaviour, namely in not sharing injection equipments and consistently using a condom; and II] in promoting the test.
National Programme for the Prevention and Control of HIV/AIDS Infection

Ministry of Health
5.

**GOALS, INTERVENTION AREAS, TARGETS AND STRATEGIES**

The programme adopts and adapts the fundamental principles described thus: a leadership, a multi-sector plan and a monitoring and evaluation system. It sets two important goals: the first has to do with the decrease of the epidemic in the country, the second with the national contribution to a decrease in the global dimension of the pandemic. To achieve these goals general objectives have been formulated, together with the corresponding specific targets and particular strategies. They will take shape through specific actions, which will be described in a later phase.

Within this series of expected results, we aim to identify the most pressing options for the programme, to produce the framework for the intervention of different entities, either public or private, part or not of the health sector, facilitating the identification of common elements in monitoring and evaluation, with the possibility of their being put into a national information system.

The scarcity of quantified objectives results from insufficient available information. In the case of some essential markers no credible quantification exists, necessitating the acquirement of this information, as a first step, making up for delays or foreseeing requirements. Objectives reached will therefore have to be the result of a work in progress without changing the course of the programme or avoiding responsibilities of responding to challenges that unequivocally felt even if not quantified.

By 2010 therefore, The National Programme for the Prevention and Control of HIV/AIDS Infection intends:

a. To reduce the number of new HIV infections in Portugal and to reduce the number of new cases and of deaths caused by AIDS by at least 25%;

b. To contribute internationally, through public help, to the reduction of
HIV transmission and to raise the quality of care for and support for people suffering from HIV infection or from AIDS.

5.1. Areas of Intervention

In order to achieve the two goals indicated above, eleven priority areas have been identified:

1. Knowledge of the dynamics and determinants of the infection;
2. Prevention of the infection, with special attention to the more vulnerable populations;
3. Access to early detection of the infection and appropriate referral;
4. Access to state-of-the-art treatment;
5. Continuous care and social support for those infected and affected;
6. Stigma and discrimination;
7. Sharing of responsibilities;
8. Continuous training;
9. Research;
10. International cooperation;
11. Monitoring and evaluation.
CHAPTER 1

UNDERSTANDING THE DYNAMICS AND
THE DETERMINANTS OF THE INFECTION

Framework

A system of epidemiologic surveillance corresponding to national needs makes it possible to identify the main problems to be dealt with and to define priorities for intervention. Available data about the infection and its determinants is still scarce in Portugal, scattered at various levels of the health system, while its collection does always follow criteria uniform and in accordance to internationally defined norms, thus resulting in little credibility. The system of compulsory declaration, as it is currently organised, does not respond to national requirements and underreporting is implicitly and explicitly recognised as the norm.

Information concerning the knowledge, attitudes and behaviour of the general population, of its strata and of the more vulnerable populations is an important instrument for informed decision-making and for the appropriate planning of prevention strategies. The periodic and systematic gathering of this type of information is the paradigm of second generation epidemiologic surveillance systems, permitting an anticipation of the probable direction of the evolution of the infection and an evaluation of the levels of stigma and discrimination faced by people living with it.

General objective 1
To ensure first and second generation, valid, epidemiologic markers, which will supply data related to institutional and community planning to the different levels of the health system.

Objective 1.1
To alter the present system of epidemiologic surveillance in such a way that the incidence and prevalence of infection, of the disease, and of risk behaviour, with particular attention to vulnerable populations, are known.
Strategies
- To centralize the implementation and the supervision of the system of epidemiologic surveillance, ensuring a proactive attitude;
- To support epidemiological surveillance with the creation of an IT tool;
- To evaluate the process and the content of information resulting from the present system of compulsory declaration, as well as its extension into lab, clinical and pharmaceutical services;
- To bring in civil society partners, in particular associations representing people living with the infection, at every level of the epidemiologic surveillance process.

Objective 1.2
To systematize the way recurrent information on knowledge, attitudes and behaviour when confronted with the infection and with infected persons, is obtained, for a description of the general population and of the more vulnerable populations.

Strategies
- To establish partnerships with public and private institutions for periodic national and regional studies;
- To create surveys and valid measurement tools for the Portuguese population, especially in terms of behaviour.
National Programme for the Prevention and Control of HIV/AIDS Infection

Ministry of Health
CHAPTER 2
PREVENTING THE TRANSMISSION OF THE INFECTION, WITH PARTICULAR ATTENTION TO THE MORE VULNERABLE POPULATIONS

Framework

Non-use and inconsistent use of condoms, associated with the tendency to underestimate the value of prevention resulting from knowledge as to increases in treatment effectiveness, mean that Portugal is experiencing its own set of cultural and behavioural phenomena, while at the same time sharing an evolution common to all developed countries.

To take action in order to alter this type of behaviour is central to all prevention activities, whether directed at the population in general or at the more vulnerable populations, whose particular characteristics must be taken into account in the definition of intervention and communicational processes inherent to them.

Prejudice, stigma and discrimination are barriers to the implementation of prevention strategies. The fact that the epidemic in Portugal is of the concentrated type makes intervention within populations with high prevalence – characterized by more intensive and more frequent exposition and by a more difficult access to means of prevention – a priority in the area of prevention. Because of their dimension and importance in terms of infection dynamics, it serves to consider the young [at school or not], women, commercial sex users, drug users, prisoner, migrants, ethnic minorities, mobile populations [e.g. truck drivers, military personnel] and sexual minorities.

23 Data provided by the Aliens and Borders Department relative to November 03, 2002 reveal the presence of 235,627 foreigners officially registered in Portugal, from different geographical areas: 71,383 from Europe [65,393 from the EU and 5,990 from other European states]; 128,767 from Africa [122,550 from countries where Portuguese is an official language and 6,217 from other African states]; 10,463 from North America; 32,269 from Central and South America, and finally, 545 from Oceania. The extraordinary period of gaining permanent residence in Portugal changed immigration patterns, especially in the influx of East European citizens: 60,310 from Ukraine, 11,746 from Moldavia, 10,089 from Romania, with this pattern interrupted by Brazil, occupying second place in 2001 with 33,820 citizens.
Pregnant women are a special group within the overall strategy for HIV/AIDS prevention. Portugal possesses a prenatal care service a fundamental part of which is to determine, at various times, the woman's serological status.

Our health system has the in-built capacity to cover the needs of this population. Transmission through blood and organ donation is practically non-existent in this country. Persistent action to protect blood quality is, however, necessary in order to maintain this situation. The Instituto Português do Sangue [The Portuguese Blood Institute] and hospital immunohemotherapy services are responsible for guaranteeing the quality of blood and transfusion safety, preventing the transmission of this and other infections.

**General objective 2**

To increase the proportion of individuals adopting preventative behaviour with respect to HIV infection.

**Objective 2.1**

To increase, among sexually active men and women, particularly teenagers and young adults, the proportion of those who adopt preventative behaviour, namely the consistent use of condoms from the first sexual encounter.

**Strategies**

- To identify and use more effective means for communicating adequate information on modes of transmission and on safe behaviour;
- To make HIV infection prevention part of health education, ensuring sexual and reproductive rights and clarifying the responsibility of the different government sectors in following these policies.
- To attend to general and age group related issues in prevention activities;
- To develop social marketing techniques for condoms, increasing accessibility within health services and on the market.

**Objective 2.2**

To increase, among men who have sex with men, sex workers, migrants, people belonging to ethnic minorities and those who are highly mobile, the

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24 In 2005 in Portugal blood was donated on approximately 350,000 occasions, with 190,000 carried out by the IPS.

25 IPS strategic objectives for 2007-2010: 1. To achieve a donation count to satisfy the nation’s needs in terms of therapeutic blood components with approximately 400,000 units of erythrocytic concentrates, adding a strategic reserve of over 30,000 units, 12x10^6 UI/Factor III and 4x10^3 kg/Albumin.
proportion of those who have access to information, to means of prevention and to health services, promoting the adoption of preventative behaviour, in particular the consistent use of male and female condoms.

**Strategies**

- To ensure the development and implementation of prevention programmes based on the adoption of preventative behaviour using scientifically recognised methods;
- To communicate through civil society and with the Alto Comissariado para a Imigração e Minorias Étnicas [The High Commission for Immigration and Ethnic Minorities] to migrants, people belonging to ethnic minorities and highly mobile persons
- To ensure, together with relevant partners, the production of, and access to, specific information material.

**Objective 2.3**

To contribute to a more generalized access of drug users to programs of treatment of drug addiction, risk reduction and harm minimisation, within a general strategy facilitating the adoption of preventative behaviour.

**Strategies**

- To continuously adapt the Programa Nacional de Troca de Seringas [The National Syringe Exchange Programme] to the needs of injecting drug users, in partnership with the Instituto da Droga e da Toxicodependência [The Portuguese Institute for Drugs and Drug Addiction] and with civil society;
- To ensure access to prevention material developed together with partners

**Objective 2.4**

To guarantee prison inmates access to the prevention methods defined in the Programa de Combate a Propagação de Doencas Infecciosas em Meio Prisional [Programme for Fighting the Propagation of Infectious Diseases in Prisons].

**Strategies**

- To contribute to the implementation of preventive measures of Programme for Fighting the Propagation of Infectious Diseases in Prisons;
- To foster partnerships with Regional Health Authorities to organize support for prison establishments and for regional monitoring of the programme for
infection control in the prison environment.

**Objective 2.5**
To ensure the prevention of mother-to-child transmission of the HIV infection, guaranteeing an incidence below 2%.

**Strategies**
- To promote the integral implementation of norms within the *Programas Nacionais de Saúde Sexual e Reprodutiva* [National Sexual and Reproductive Health Programmes] in the public and private health care systems;
- To promote the adoption of good practices that permit infection detection, prophylaxis fulfilment, treatment and substitution of breastfeeding.

**Objective 2.6**
To guarantee the safety of blood and its derivatives, in full respect of the right to be a donor.

**Strategies**
- To guarantee the highest international blood safety standards.

**Objective 2.7**
To ensure post-exposure prophylaxis in working and non-working environments.

**Strategies**
- To contribute to the adoption and harmonisation of good practices in health services.
CHAPTER 3
GENERALIZING ACCESS TO EARLY DETECTION OF THE INFECTION AND TO ADEQUATE REFERRAL

Framework

As we know the prognosis for HIV infection can be much improved when diagnosis is early and treatment starts before the appearance of symptoms or of the disease. Reliable, cheap and easily acceptable detection tests are currently available. Yet it is generally recognised that even people who use the health services are offered the opportunity for an HIV infection test as part of their health check-ups, thus wasting opportunities for early detection and for a more efficient management of individual and collective health, considering that awareness of seropositivity leads to a reduction in risky behaviour and in the most efficient use of therapeutic solutions.

Current clinical practice for early detection is based on selective approximation, the decision being taken essentially according to subject risk evaluation, an admittedly subjective process, with well known biases.

In most cases, the patient finds it difficult to share with the doctor the information necessary for correct risk evaluation, and may not even consider him/herself at risk. The physician may be reluctant to suggest the test to his/her patient, for fear of his/her reaction and of the worry caused, for having to give a positive result or for the difficulties in fulfilling the necessary counselling conditions.

In terms of structured counselling, there is no conclusive proof as to the benefits of pre-test counselling in change to behaviour, particularly in the case of seronegative persons. To suggest the test together with an informed option of refusal increases the proportion of tests made to identify the HIV infection.

The HIV infection fulfils the criteria to justify the realization of detection tests in the population and the epidemic can be countered by increasing the num-
ber of people who know their serologic status. In clinical routine, the test presents a positive cost-effectiveness ratio and, taking as example the success at the national level of the detection of HIV/AIDS in pregnant women when infection is frequent and therefore we must assess active strategies of asymptomatic detection of the disease in primary health care in various phases of life.

**General objective 3**
To ensure universal access to awareness of serologic status, reducing the barriers to the realization of voluntary tests and to adequate referral.

**Objective 3.1**
To make routine voluntary testing available in public and private health services.

**Strategies**
- To promote the realisation of the HIV test with option of refusal, according to behaviour and life phase;
- Expand the use of quick testing in health services;
- To use contractual mechanisms to promote the implementation of recommendations within the primary healthcare system;
- To create pilot-projects for early detection of the disease within formal healthcare institutions, such as emergency and hospitalization services.

**Objective 3.2**
To guarantee access to counselling, diagnosis and adequate referral to populations that find it difficult to access formal healthcare services, particularly the more vulnerable populations.

**Strategies**
- To promote early HIV and other STD infection detection in vulnerable populations, in cooperation with non-governmental organizations and Counselling and Early Detection Centres and Support Centres for youth sexuality.

**Objective 3.3**
To guarantee that people who have been diagnosed HIV-positive are adequately referred to a hospital service, not later than a week after the first positive test.
Strategies

• To formally link the institutions effecting HIV tests to the corresponding hospital units and social support bodies or institutions, through the definition of focal points in each institution;
• To ensure hospital response without the need for prior appointment.
National Programme for the Prevention and Control of HIV/AIDS Infection

Ministry of Health
CHAPTER 4

GUARANTEEING ACCESS TO STATE-OF-THE-ART TREATMENT

Framework

The introduction of “HAART”\textsuperscript{26} in 1996 reduced the morbidity and mortality associated with the HIV infection and AIDS, improved the quality of life and raised the hope of life for those infected, and saw a change in the use of healthcare resources: a move from hospitalization focused care to outpatient care.

In Portugal, in contrast to other developed countries, AIDS incidence and mortality associated with the infection remain stable, in spite of generalized access to combined therapeutic schemes, which brings the effectiveness and efficiency of the processes into question.

The main prognosis factors, associated with the progress of the disease and to death, are accessibility to specialized medical care and to antiretroviral therapy, as well as adherence to therapy\textsuperscript{27}.

The complexity of treatment schemes, adverse effects, drug interaction and the development of resistance, underline the obvious need for an approach focused on prescription by clinicians working in centre having a wide experience, with a view to obtaining the maximum benefit – individual and social – from the treatment, the guarantee of access to specialized healthcare being a fundamental concern.

\textsuperscript{26} Highly active antiretroviral therapy.
\textsuperscript{27} Ventura, M.A.C.C.; Adherence to antiretroviral therapy. Adherence assessment through registering medicine in the pharmacy. Master’s dissertation presented to Oporto University Medical Faculty. Hygiene and Epidemiology Service. Oporto 2006.
The availability of numerous antiretrovirals and the rapid evolution of knowledge in terms of infection biology and its treatment, lead to the adoption and, necessarily, to the updating of recommendations for the treatment of the HIV infection.

For access to the best technologies available, a model for financing out-patient healthcare, guaranteeing more efficiency and effectiveness in its provision must be worked out, using markers monitored through a system of clinical support.

**General objective 4**
To ensure access to the best, state-of-the-art treatment available to all persons infected with HIV.

**Objective 4.1**
To promote active measures for adherence to therapy and quality care.

**Strategies**
- To promote, in partnership with the institutions representing patients, with doctors, pharmacists, nurses, psychologists, nutritionists and social workers, the adoption of good practices in treating HIV/AIDS infection, including education as to treatment and access to medicines;
- To promote proximity consultations responding to the social and economic needs of patients and ensuring the quality of the healthcare provided;
- To guarantee the link of the public network assisting drug addicts with specialized centres, namely for adjustment and access to treatment;
- To improve access to medicines, taking into consideration the possibility of links with other institutions of the health system through the centralization of the hospital pharmacy;
- To use contract mechanisms for the implementation of recommendations for integrated treatment;
- To ensure interaction between mental health services and treatment centres attending to the specific of mental illness and alcoholism.

**Objective 4.2**
To guarantee prevention means of prevention for persons living with HIV/AIDS infection.
Strategies
• To reinforce continuous counselling and health education, which are favorable to the acquisition of preventive skills by patients in hospital consultation;
• To actively promote support for partners and persons living with the HIV infected person, namely when they want to know their serologic status;
• To promote self-surveillance and self-care in partnership with organizations representing patients.

Objective 4.3
To guarantee clinical supervision for the HIV infected in home care as well as interconnection and collaboration in a primary care network with other services, sectors and differentiation levels to create a citizen “health manager”.

Strategies
• To integrate primary health care services into clinical care, planning of care, home care, and interconnection and network collaboration in HIV infection case management;
• To use contract mechanisms of the service portfolio of family health units and health centres in order to strengthen this strategy, in partnership with the Unidade de Missão para os Cuidados de Saúde Primários [Mission Unit for Primary Health Care].

Objective 4.4
To ensure access to treatment and its continuity to patients who find themselves in a situation of existential crisis, as can happen with imprisonment or migration.

Strategies
• To ensure, in partnership with Prison Service Authorities and the Portuguese Institute for Drugs and Drug Addiction, the implementation of preventative measures in the Programme for the Fight against Contagious Diseases in the Prison Environment;
• To strengthen formal referral between prison services and treatment centres, giving special consideration to the specificity of co-infection situations or of narcotic substitution therapy
• To find solutions, within a legal framework, which ensure continuous access to treatment for migrant populations.
CHAPTER 5
ENSURING THE CONTINUITY OF CARE AND SOCIAL SUPPORT

Framework

Even though the HIV/AIDS infection was initially identified as a very serious health problem, it rapidly became an important social problem as well. Many people who, until the acknowledgement of the infection, were socially integrated, had to face situations of social disruption, often leading to the loss of insertion support, such as an affectionate environment, a home and a job.

Similarly, the infection has consequences for the community and the individual, as a result of, and reflected in, long and frequent hospitalization, psychosocial changes, a reduction in economic capacity, estrangement or rejection on the part of the community, namely colleagues, friends, neighbours and family.

In this context there are various challenges at the level of healthcare and social support. During the last few years, the strategy followed favoured support to continuous care and actions directed towards personal and social care of seropositive persons, developed by non-governmental organizations and welfare institutions, through the ADIS/SIDA financing programme. There has been an effort, in collaboration with The Ministry of Employment and Social Welfare, to integrate these responses into social security initiatives, which function on a permanent basis with a view to their progressive normalization and to ensure their sustainability. These answers, depending directly from annual financing from the ADIS/AIDS Program, introduce, because of their nature as a pilot project, malfunctions and financial constraints to what has become a continuous and “professionalized” activity, which can have negative repercussions on the quality of care provided.
There are still many difficulties in the guidance of patients who have been discharged from hospital when there is no economic or family support, although the importance of this problem has not been properly quantified. To solve it, it is vital we guarantee a system of continuous care, in a sustained network of a high human, social and assistance quality, whose realization will depend on the joint commitment and intervention of different public and private organisms.

The need arises thus, to raise communication interaction between the National Coordination, the Social Security Institute, the Mission Unit for Continuous Integrated Care, Civil Society with organised response (NGOs) and the Private Sector, making it more efficient, while taking regional characteristics and needs into account, so as to ensure an improved response to the real needs of the infected and their families, and at the same time improving coordination of the different responses that these institutions provide, avoiding overlapping of support made available.

**General objective 5**
To guarantee the continuity and quality of healthcare and social support to persons living with the HIV/AIDS infection.

**Objective 5.1**
To guarantee the continuity and the quality of healthcare in coordination with Mission Unit for Continuous Care.

**Strategies**
- To promote the inclusion of HIV infected persons in the continuous care network;
- To support, through the ADIS/SIDA Programme, experiments looking for innovative answers to be integrated in this network of continuous care

**Objective 5.2**
To guarantee social support to persons infected and affected by HIV, in coordination with the Ministry of Employment and Social Welfare.

**Strategies**
- To encourage the implementation of social support responses capable of facing new challenges, either through the ADIS/SIDA Programme or through
recourse to partnership and to participation from the private sector;
• To ensure a progressive integration of the social support responses created into of social action initiatives resulting from the activities of the Ministry of Employment and Social Welfare;
• To promote and support job placement for the HIV infected.
CHAPTER 6
REDUCING STIGMA AND DISCRIMINATION

Framework
During the twenty-five years that have elapsed since the identification of the HIV infection, those infected and their families, besides having to face the suffering and difficulties inherent to the infection, have had to endure stigma and discrimination. School and the workplace are the two contexts where adults and children are still confronted with unacceptable discrimination. Even within the health service, particularly with those who seldom provide care for HIV infected patients, such behaviour can exist.

We can consider that all practices which single out HIV/AIDS infection in an exaggerated manner from the general context of health care provision tend to heighten discrimination. Processes which promote complete healthcare should help to improve the access to health and enjoyment of full rights.

General objective 6
To fight discrimination towards people infected or affected by HIV.

Objective 6.1
To reduce discriminatory attitudes, namely on the part of health professionals.

Strategy
• To include discrimination and marginalization issues in every quality evaluation programme;
• To propose the integration of explicit curriculum content, adequately structured, into undergraduate courses for every health-related profession.

Objective 6.2
To promote the rights of those infected and affected.

Strategies
• To support official structures and organisations within civil society in defending the rights of those infected and affected;
· To advocate, with responsible authorities, the public defence of the rights of people living with the HIV/AIDS infection;
· To help ensure the right to employment within the Plataforma Laboral Contra a SIDA [Work Platform against AIDS] and the Global Business Coalition.
CHAPTER 7

SHARING RESPONSIBILITIES WITH RELEVANT OPERATORS

Framework

The constitution of the Alto Comissariado da Saúde [The High Commission for Health] and, in particular, of the Coordenação Nacional para a Infecção HIV/sida [National Coordination for the HIV/AIDS Infection], reveals a profound conviction of the importance of an organizational model which allows an efficient management of the Programme, a better vertical integration of the institutions involved in it and a more efficient horizontal coordination with other agencies and sectors whose actions are decisive for achieving better results in terms of health.

This programme, in that it is not entirely multi-sectoral, aims to develop in this direction. The vision that AIDS is purely a health problem has kept assorted agencies within the Public Sector/Ministries away from the fight against infection. The same is true of institutions within the Private Sector, operating inside or outside the health sector.

The District Commissions for the Fight Against AIDS, which have come to play an important role in prevention, represent an organisational example that appeals to the participation of local entities, especially those in the public sector. The changes underway in Public Administration imply the rethink of its constitution and role.

The constitution of the Work Platform, comprising public and private entities in the fight against infection also represents an important step in encouraging entities within the public and private sectors and civil society, connected to the employment sector, to develop joint actions concerning the problem.

Promoting the participation of civil society organisations, with special interest for those that result from the organisation of people living with HIV infec-
tion, represents a determining factor in the success of measures proposed.

**General objective 7**
To ensure an effective inter and infra ministerial, private sector and civil society commitment for the creation of synergies and a multiplication of actions for the prevention and control of the epidemic.

**Objective 7.1**
To ensure the participation of people and institutions with technical and scientific specialization in decision processes that promote health and disease prevention.

**Strategies**
- To set up and maintain a Consultative Body, representing the sectors concerned, in full respect of strict ethics and deontology;
- To define and develop a shared management model for infection prevention based on current responsibilities of regional health authorities;\(^{28}\)
- To encourage the participation of Local Administration in the implementation of prevention programmes within the Social Network.\(^{29}\)

**Objective 7.2**
To guarantee the multi-sectoral element of the Programme, implementing one of the strategic lines of the “three ones” policy – one leadership, one multi-sectoral plan and one monitoring and evaluation system.

**Strategies**
- To set up the *Conselho Nacional para a Infecção VIH/sida* [National Council for HIV/AIDS Infection] as a tool for coordination and supervision of public policies in prevention and control of the HIV infection developed within various sectors;
- To define and develop a shared management model for infection prevention and infected and affected support, based on the responsibilities of the different ministries.

\(^{28}\) Decree-Law no.212/2006, October 22.
\(^{29}\) Council of Ministers Resolution no. 197/97, November 18.
Objective 7.3
To ensure participation of the private sector and civil society in the definition of public policies relevant to HIV infection.

Strategies:
• To develop a Civil Society Forum;
• To favour the Work Platform as a tool for defining and developing a comprehensive employment policy;
• To ensure the participation of people living with the HIV infection in decision-making and policy implementation for HIV/AIDS matters.
CHAPTER 8
ENSURING CONTINUOUS TRAINING

Framework

Portugal is home to a series of centres and highly trained technicians, capable of providing the very best in HIV/AIDS infection healthcare. In general, however, health professionals and social services still face situations on a daily basis for which a broad-ranging knowledge is needed and for which they feel they are inadequately prepared. After the initial years, when professionals needed to be trained how to deal with a new health issue, we have now entered a phase in which it is vital to keep abreast of new information and to adapt to changes in the nature of the disease, in diagnosis and treatment processes and in the characteristics of patients.

The Portuguese epidemiological situation reinforces the need for maintaining intense training and searching for better forms of prevention, at various levels of the health system and outside it. Thus, instructions directed at teachers, cultural mediators, volunteers in non-governmental organizations and at those infected, fundamental operators and equals, acquire fundamental importance.

General objective 8
To ensure capacities to professionals operating in the prevention, diagnostic, treatment, care and support processes for people living with the HIV/AIDS infection.

Objective 8.1
To ensure continuous training for primary care health professionals while guaranteeing the continuity of the notion of prevention.

Strategies
• To make subjects related to the HIV/AIDS infection an integral part of the continuous training for health professionals;
• To ensure consultation networks for frontline health professionals.
Objective 8.2
To ensure the continuous training of HIV/AIDS infection specialists, encouraging collaboration between services, specialists and universities.

Strategies
- To encourage structured programmes for the continuous training of specialists, developed and guaranteed by the best institutions.

Objective 8.3
To ensure that all primary and secondary schools have at least one teacher with specific training in health education.

Strategies
- To cooperate with the Sexual Education Work Group, within the Ministry of Education;
- To promote activities mobilizing the school community in infection prevention.

Objective 8.4
To increase the capacities of volunteer agencies and professional elements in non-governmental organizations, in particular for street programmes or programmes directed towards the more vulnerable populations, making the most of support received for the improvement of these elements.

Strategies
- To encourage academic or technical institutions, public and private, to provide continuous training programs at different levels of complexity and of activity.

Objective 8.5
To ensure sharing of experiences between national and international participants, as well as the publication of relevant, infection related issues.

Strategies
- To promote public presentation and discussion concerning AIDS/SIDA projects;
- To encourage the development of new publications specifically focused on infection prevention and education on treatment, and to support existing ones.
**Objective 8.6**
To support advanced training projects [at Masters and PHD level] focusing on the HIV infection.

**Strategy**
- To give support to an internationalization of the programmes and to give encouragement to the best students, namely through the award of research grants.
National Programme for the Prevention and Control of HIV/AIDS Infection

Ministry of Health
CHAPTER 9

ENCOURAGING RESEARCH

Framework

An effective response to the threat represented by the epidemic requires attention focused on the production of scientific knowledge - either of a fundamental nature and therefore eminently generalized or applied, and searching for the most adequate solutions for local challenges.

A look at Portuguese scientific output on an international level reveals a decline in research directed at HIV infection, with no sign whatsoever of sustained growth. The root causes of this panorama are shared with other fields of knowledge and lie in the scarcity of highly qualified human resources, of sufficiently equipped laboratories, erratic financing and also in the absence of national pharmacological research capable of designing original molecules, one of the most active areas in the international response to the infection.

Yet, we believe it is possible to boost Portuguese research on HIV infection. Mobilizable resources exist within traditional financing structures; there are international collaboration programmes in Europe that offer generous financing within the framework of the seventh programme; important participation can take place in clinical experiment projects supported by the pharmaceutical industry, and various private foundations and institutions can be encouraged to participate.

In general terms, every strategy within this programme implies researching developing, realising and evaluating different alternatives in order to solve problems. Without a strong presence in the field of research, without treading the path that entails the observation of reality – by itself the dimension of the infection in Portugal gives rise to so many questions – to the search for original answers and to the evaluation of its suitability to this very reality, it will certainly be more difficult to control the infection.
**General objective 9**
To encourage quality research on the HIV infection in Portugal.

**Objective 9.1**
To promote research on HIV infection in different areas of knowledge that have a more immediate impact: epidemiology, research into health services, social and behavioural sciences and clinical research.

**Strategies**
- To guarantee specific financing for this activity;
- To coordinate public and private resources in order to guarantee continuity of activity by top teams.

**Objective 9.2**
To promote the participation of Portugal in international efforts in microbiocide and vaccine development and testing.

**Strategy**
- To facilitate the integration of Portuguese researchers and professionals into international teams.

**Objective 9.3**
To encourage fundamental laboratory research [i.e. virology, immunology] in terms of HIV infection.

**Strategies**
- To guarantee specific financing for this activity;
- To coordinate public and private resources to guarantee the continuity of the activity of top teams.

**Objective 9.4**
To encourage research into new therapies for the HIV infection.

**Strategies**
- To promote the development of high quality clinical centres and to make the most of examples of leadership.
National Programme for the Prevention and Control of HIV/AIDS Infection
Ministry of Health
CHAPTER 10

COOPERATION AND INTERNATIONAL RELATIONS

Framework

Given the enormity of the epidemic, one of the Millennium Development Goals (MDG6) involves “fighting HIV/AIDS, malaria and other diseases”, with the goal set “to stop and begin to invert the propagation of HIV/AIDS by 2015”.

In 2001, the Special Session of the UN General Assembly adopted the “HIV/AIDS Commitment Declaration”, which defines specific goals for achieving MDG6. The commitment is reaffirmed with the Policy Declaration assumed in the Top Level Meeting on HIV/AIDS in the UN General Assembly in 2006.

The dimension and the challenges the epidemic provokes in Europe and Central Asia in the implementation of agreed goals have led to the reinforcement of EU and Member State commitment within the Dublin Declaration.

The impact of the epidemic in Africa, in particular in countries in which Portuguese is an official language, has led, within the framework of the Community of Portuguese Speaking Countries, to the assumption of commitments at the highest level to control the infection.

It is thus essential to guarantee the implementation of the commitments assumed and to support regional and international strategies in the fight against HIV/AIDS, ensuring consistence and sustainability in Portugal’s participation in diverse responsible organisations and beyond in this area.

On a national level there are many operators and funding sources within Portuguese Cooperation, making it therefore vital that we optimise the impact of their action and promote greater coordination of the same, in terms of strategy and efficiency.

Internal coordination is a preliminary step essential to achieve a heightened level of international coordination, which is particularly relevant within the
framework of Public Health in terms of major challenges put up by transmissible diseases, which can not be eyed solely on a national level. Also, unconnected interventions run the risk of adopting an exclusively palliative nature, without an effective impact on the general state of health of the population.

**General objective 10**
To contribute to global effort in decreasing HIV transmission and in guaranteeing access to prevention, treatment, care and support for infected and affected people through public help in development.

**Objective 10.1**
To contribute to the control and reduction of the epidemic’s impact in Europe and neighbouring states.

**Strategies**
- To participate in the implementation and monitoring of the Plan of Action in fighting HIV/AIDS infection in the European Union and Neighbouring States 2006-2009;
- To ensure contribution and participation in regional and international initiatives and mechanisms within the scope of HIV/AIDS, in particular in the *Think Tank (EC), Northern Dimension Partnership in Public Health and Social Wellbeing, ESTHER, Global Fund, UNAIDS*.

**Objective 10.2**
To contribute to the control and reduction of the consequences of the epidemic in African countries where Portuguese is the official language.

**Strategies**
- To participate in organisations and mechanisms of cooperation, mainly CPLP and the ESTHER Programme;
- To ensure interaction with national programmes in the fight against AIDS and operators within civil society of African countries where Portuguese is an official language, empowering privileged relationships and common language as aiding factors for effective HIV/AIDS policies.

**Objective 10.3**
To promote greater coordination within operators of the Portuguese Cooperation in efforts for international cooperation in HIV infection.
**Strategies**

- To create, on a national level, a mechanism of communication and systematic information connecting all structures involved in international cooperation with relation to HIV/AIDS;
- To create a mechanism to supervise and monitor commitments assumed in each sector on a regional and international level.
CHAPTER 11

PROGRAMME MONITORING AND EVALUATION

Framework

Ever since 1983, when the first AIDS case was identified in Portugal, national plans and programmes, subdivided into programmatic actions more specifically adapted to regional reality, have been developed.

Yet, for almost 25 years of prevention and treatment of the infection, there has never been any formal evaluation of the Portuguese experience; even a steady and widely shared mood of criticism of the quality of information or of the effectiveness of actions and measures taken – undeniably appropriate in many cases – could not bring about independent monitoring or evaluation so obviously necessary that they can be delayed no longer.

Monitoring and evaluation of the Programme are fundamental in order to I] understand the progress of its execution, II] measure its effect on the epidemic [decrease of transmission, of vulnerability and of social impact], III] to adjust the various actions to expected results, in the general population and in the more vulnerable populations.

It is necessary to develop an information model for monitoring and evaluation, which will integrate existent, yet independent sub-systems, and create systems adapted to this new reality. This system will be run in accordance with the more general statistical needs of the country.

For this project to be successful, and because the infection is a national health priority, the Regional Health Authorities and other organisations must make their objectives clear, must construct their own operational plans and must create their own monitoring and evaluation processes which may then, on a regional basis, configure the national system.

Taking as a premise that it is better to have some quality information than none, the challenge lies in integrating proposed national level markers in
monitoring and evaluation processes in every project. The use of these markers to monitor projects or programmes short listed for financing will constitute a criterion for positive discrimination, as in the ADIS/SIDA Programme.

There will be three levels to this information, I] a peripheral or institutional one for which the institution gathering data is responsible; II] a regional one which will establish appropriate communication channels with the various entities active in the field in the region and with regional health institutions and those from other sectors; III] a national level that will have to integrate pertinent and reliable information in order respond in a structured manner to the needs of the National Health Plan and of Portuguese society, and making it possible for Portugal to supply quality information to international agencies when necessary, thus honouring its international obligations.

**General objective 11**
To ensure the monitoring and evaluation of the Programme.

**Objective 11.1**
To obtain markers describing the epidemic in our population, constructed according to international orientation [i.e. UNAIDS, European Centre for Disease Control and Prevention].

**Strategies**
• To develop a specific plan for monitoring and evaluation;
• To promote an external evaluation of the Programme.