

BORDERNET
RAR Report 2005
Model region IV, Slovenia

Part I: Overall view of offers and measures within regions in the range of HIV/AIDS and STD prevention, diagnostic and therapy

Topic 1: Background information

Question 1: What are the relevant political socio-economical, cultural and religious aspects in regard to BORDERNET?

Region Slovenia represents a new member state of the European Union with a stable democratic governing, with legislation adapted to demands of the European Union and a socio-economic status of something higher level than the one present in old EU member states like Greece and Portugal. Economy of the country is comparable to economies in neighbouring Central European states like Austria and Italy. Unemployment and socio-economic problems relating to loss of former Yugoslav market and economy is still evident but diminishes. Slovenia has a good developed health system as also efficient social security system for citizens, but maintenance of standard slowly diminishes because of economy reforms and change of market. All citizens have a basic health insurance with possibility of upgrading it by own investment. Privatization is going on in nearly all sectors, reform of state economy started in 2005 followed also by reorganization in health and social. In religious aspect Slovenia is mainly a catholic country. In northeast is a smaller population with Lutheran religion and scattered through country there is a smaller population of orthodox and Moslem believing citizens. The church and religion is separated from formal state and is more personal believe of individuals. Population of the country is open minded, accepts lesbian, homosexual, drug scene and others without more evident public protest. Despite that there is some negative response for organizing activities for marginal or immigrant population in their neighbourhoods what is from one side understandable because the country has a Slovene majority of population with small Italian and Hungarian minority in two regions with equal rights as Slovene citizens as also some population from southern former Yugoslav republics that are not in number and organization representing a minority. After gaining independence first immigrations started in recent years. In general population is well informed in relation to STIs and HIV/AIDS as also on harm of illegal drug use. In general it supports health promoting and health hazard preventive work and activities, so public support for Bordernet HIV/AIDS/STI programme can be expected. Slovenia as a country situated at natural traffic and cultural crossing in Central Europe is open for international recognition and collaboration. In that sense the will for collaboration in cross-border regions is high.

Question 2: What is the relevant political and legal background in the field of HIV/AIDS and STD, Prostitution and Migration in regard to BORDERNET? (Maximum two pages)

Slovenia has a national surveillance programme for STIs and HIV/AIDS that is based on Health legislation on infectious diseases (Ur.l.RS No. 69/95) that regulates obligations in regard to STD and HIV/AIDS registration. Reporting upon HIV/AIDS/ STIs is performed by specialists of gynaecology, infectious diseases and dermatologists in Health Centres, General hospitals, Clinical hospitals and private ambulatories.

Registration report upon STIs is delivered to 9 regional Institutes of Public Health in the country and they report further to the National Institute of Public Health of RS. HIV/AIDS is reported directly to the National Institute. Obligatory reporting besides HIV/AIDS comprises following STIs:

- Syphilis (congenital, primary, secondary, latent, early latent, late latent, latent Syphilis of unknown durability, neuro-Syphilis, late Syphilis)
- Gonorrhoea
- Chlamydia
- Ulcus mollae
- Granuloma ingvinalis (Donovanosis)
- Genital verrucae (Condyloma)
- Non-specific (non-Gonococcus) urethritis
- Mens urethra excretion

Case definitions are used for reporting in Slovenia. Data on registered cases of STD are sure underestimated in regard to the actual number among population and are not a significant indicator for this infections under the population. They show only a sporadic registration by selected doctors. Despite legal obligation for registration, data on registered cases of gonorrhoea and ST Chlamydia infections highly underestimate appearance of this infections among the population and do not show the extent of that disease in population. This infections are non-recognized only because the extent of laboratory diagnostics is un-sufficient, but also significant number of diagnosed is not registered. The problem is evident in comparison of data of ST Chlamydia infections, the most evident curable STI in Slovenia, in Region Kranj with other regions. In Region Kranj gynaecologists had an active response to registration and their data on incidence are comparable with West European countries data and show a much more realistic picture of the disease as in other regions.

Risk groups related to HIV/AIDS/STI in Slovenia:

- Homosexual men,
- Intravenous illegal drug users,
- Prostitutes
- Migrants

Organisation and types of prostitution in Slovenia:

- Women victims - prostitutes of “human sale”
- Workers in “massage saloons” with “massage till the end offer”
- Prostitution of “high class” – mobile phone prostitution, accompanying for business partners...

- Prostitution for “getting illegal drugs”
- Local “home” prostitution
- In majority of cases there are not independent “private” prostitutes but it is the case of organized prostitution related to crime and under control of panders

Modality of their working and their access to health care:

- There is no official data in Slovenia.
- Under estimation there is about 300 prostitutes in Slovenia, mainly from countries from Eastern Europe – from former Soviet Union mainly from Ukraine, but also from Slovakia, Czech Republic and from former Yugoslav Republics and they “circulate” 1 – 3 years in the country. After that time their macros transport them in other countries, mainly in Western Europe.
- Mainly no access to health care, except in case of “covered prostitution” when prostitutes have regulated their health insurance by another status.

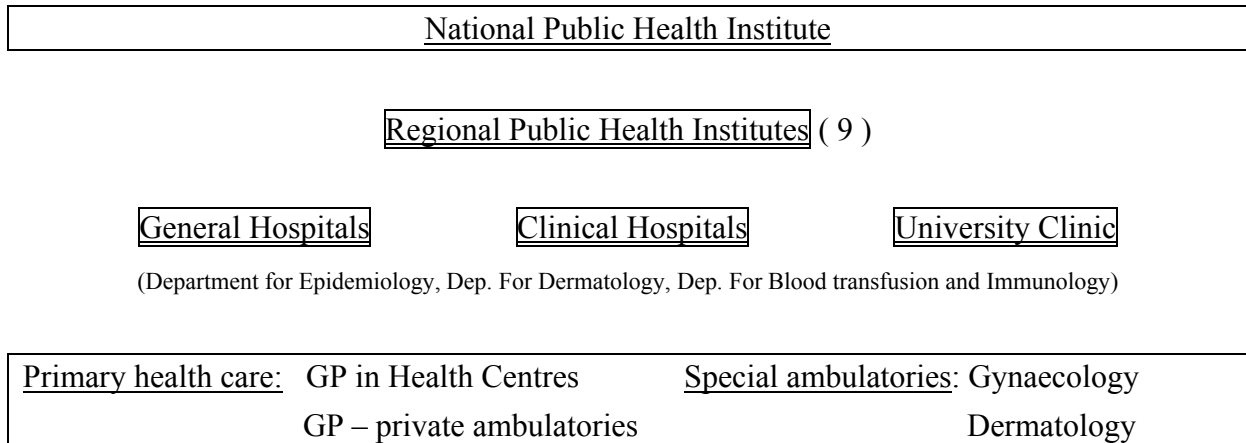
Possibility to reach commercial sex workers by the system

- No possibility
- On the format for registration of STD there is a question about “earning money for sex delivery”, but the response is usually missing and was never analysed in depth

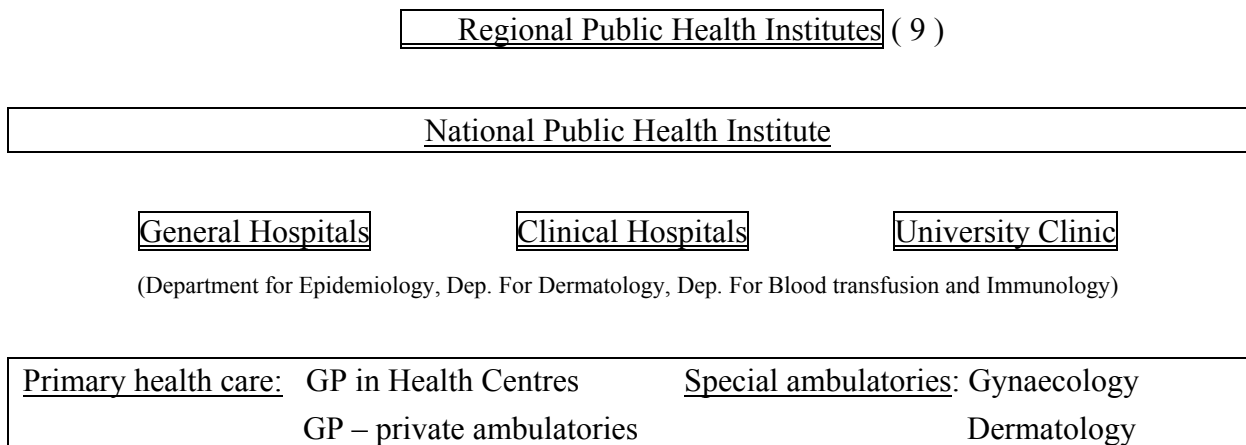
Question 3: Which infrastructure exists in the model regions in respect to HIV/AIDS and STD prevention, diagnostic and therapy and how is it structured and networked? (Please join an organigram). Are there specific conditions for accessing the specific services? (legal stay permission, health insurance, etc.)? Are there specific hindrances (cultural, religious, legal) to make use of those services? (Maximum three pages by the end of the year.)

Please enlarge information to these topics with assistance of experts and focus group interviews with professionals of the sectors and providers of respective services (questionnaire), and with responders of the target groups.

STI Reporting – direct reporting to Regional PHI who informs National PHI:



HIV/AIDS Reporting – direct reporting to National PHI who prepares Yearly report and informs Regional PHI:



Topic 2: Data about the epidemiological situation (HIV/AIDS and STD data) and assessment of risk behaviour

Question 1. What is the relevant HIV/AIDS and STD Data (syphilis, hepatitis B) in 2004 and how it is documented?

Slovenia is one of countries with relatively small number of HIV infected- les than 1 per 1000 inhabitants, probably only few 100. Data on registered cases of National Public Health Institute on 20th November 2005:

- 188 HIV infected living in Slovenia
- From them 47 with AIDS

In last 2 years number of registered HIV infections rises, especially on account infections of men having sex with men. In this year 31 new registered cases of HIV infection in till 20th November 2005, among them only 2 women, both infected by men of high risk group. From 29 infected men, 26 were infected by M&M. Even if no new cases in 2005 the incidence of newly recognized HIV infections 15,5 / 1 million inhabitants would be the highest till now.

Data of national Public Health Institute on AIDS show that in 2005 12 persons, 10 men and 2 women, became ill. If till end of the year no new cases would appear the incidence for 2005 for AIDS would be 6 / 1 million inhabitants, that is something less then in 1995 when the highest registered number in Slovenia was reached (8 / 1 million inhabitants). Till 20th November 2005 2 men died because of AIDS. If till end of the year no new cases would appear the mortality rate for 2005 would be 1 / 1 million inhabitants, that would be 6 times less then in 1995. Fall of registration and dead because of AIDS in last years despite rise in number of infected, shows good access to good quality of medical care included high active anti-retroviral medication.

In Slovenia most harm exist in men's group who have sex with men, but their part remains under 5%. High rise of infection did not start yet among intravenous drug users and their partners. Development of epidemic depends mainly from rise of different groups with higher risk behaviour especially prostitutes and drug users with common i/v devices use.

Number of the STIs and HIV/AIDS in Slovenia registered by National Institute of Public Health

- 2001 520 cases of STI (275 men and 245 women)
 - 54 cases of Gonorrhoea (2,7 /100.000)
 - 205 cases ST Chlamydia infections (10,4 /100.000)
 - 9 registrations of early Syphilis infection (0,46 / 100.000)
 - 17 registrations on late and unspecified Syphilis

Other registrations represent:

- genital Herpes infection (52)
- genital Condyloma (69),
- unspecific Urethritis (107) and
- mens urethra excretion (7)
- 2003
 - 56 cases of Gonorrhoea (2,8 /100.000),
 - 256 cases ST Chlamydia infections (12,8 /100.000),
 - 3 registrations of early Syphilis infection (0,15 / 100.000)
 - 5 registrations on late and 3 cases of unspecified Syphilis
- 2003 Hepatitis registrations present
 - 24 cases of Acute Hepatitis B
 - 26 cases of Chronic Hepatitis B
 - 53 cases of carriers of HBsAg
- Till 31. 3. 2005 118 cases of HIV/AIDS

- Majority of patients died
- Still living 42 patients with AIDS
- Registered 135 cases of infection with HIV with no appearing of AIDS till 31.3.2005
- At least 126 persons with recognized HIV infection still live in Slovenia with no appearing of AIDS
- Trends over the past 10 years in Slovenia
 - Incidence of registered cases of early syphilis
 - has diminished since 1975 and
 - started to rise in 1991
 - in 1999 incidence lowered again to level before 1994.
 - Incidence of gonorrhoea has lowered in last years especially in last 5 years but we are estimating that data are underestimated
 - Regional differences were observed

Sexually transmitted Chlamydia trachomatis infection in 2004

- Highest registration among STIs in Slovenia: 7,6 / 100.000 inhabitants
- 70% women and 50% men without clinical manifestation
- Between 20 – 24 years of age of inhabitants in Slovenia: 5,1% for women and 4,4% for men (represents 3700 women and 3500 men)
- In Slovenia number of laboratory diagnostics on Chlamydia is low and so curing disease and preventing of late effects on women fertility is missed. Registered number of cases is well underestimated.

Gonorrhoea infection in 2004

- in 2004 there were 45 cases of registered Gonorrhoea infection (2,3 / 100.000 inhabitants) – less then ever before
- number of cases among men having sex with men is evident
- number of incidence among population is underestimated
- difference between registered incidence of Gonorrhoea in regions demonstrate difference in recognition and registration of infection between different specialists in different regions.

Syphilis infection in 2004

- in 2004 there were 10 registered cases of early Syphilis (0,5 / 100.000 inhabitants)
- number of cases among men having sex with men is evident

2003 Hepatitis registrations present

- 24 cases of Acute Hepatitis B
- 26 cases of Chronic Hepatitis B
- 53 cases of carriers of HBsAg

Question 2. What is your recent knowledge about risk behaviour within the region? Can you identify specific target groups? Do you have any information about new developments? (Maximal one page)

Please collect deepened and enlarged information for this question with the assistance of experts, focus group interviews with policy makers and professionals of the sectors, providers of services in range of HIV/AIDS and STD.

- In Slovenia in regard to the Chlamydia trachomatis infections there exists need to think about public health level importance to organize screening testing for young women infected by Chlamydia and their cure as also cure of their partners. Prepare for this activity should be by a pilot screening testing in network of ambulatories in primary health services.
- Risk groups related to HIV/AIDS/STI in Slovenia:
 - Homosexual men,
 - Intravenous illegal drug users,
 - Prostitutes
 - Migrants
- Men who have sex with men have an extremely high risk of STIs so for this risk group promotion of responsible and safe sex, as also use of condom with promotion for health services use at clinical symptoms of STI should be of special importance.
- Testing and treatment for STIs and HIV/AIDS in Slovenia
 - In Slovenia everybody can be tested free and treated for STIs and HIV
 - Health insurance is not obligatory for diagnosis and free treatment thus everybody has the possibility of free and anonymous testing
- Health care facilities currently offering STI and HIV tests in Slovenia
 - STI and HIV tests are offered in Slovenia by specialists in gynaecology at polyclinics and hospitals as also at national Blood transfusion Institute and at Departments for blood transfusion and immunology in regional hospitals.
 - There are special STI clinics (Departments of Gynaecology, Infectious diseases, and Dermatology at 9 Regional General Hospitals and 2 Clinical Hospitals)
- There are no special obligatory tests or programmes prescribed for sex workers.
- The work done is under regulations related to STI expert knowledge and expert advice of Slovene Medical Chamber.
- Institute of Public Health does not obtain reported cases out of this group.
- STI and HIV infection diagnosis in Slovenia are confirmed by specialized laboratories with accreditation situated at national Blood transfusion Institute or Departments for blood transfusion, haematology and immunology, dermatology at regional hospitals clinics.
- Special concern should be for population of higher risk for STI and HIV/AIDS:
prostitutes, intravenous drug users, prisoners and migrants
- Migrants are in relation to total country population a minor problem relating to HIV/AIDS/STI infections and are represented mainly by road and building construction

workers arriving from former Yugoslav republics and Slovakia as also by political and economy migrants mainly from Asia illegally crossing the new EU borders.

- Epidemiological follow-up is necessary to improve with rise of passive registration of identified cases, with establishment of obligatory epidemiological follow-up of STI by laboratories, with establishment of a network for alert follow-up for STI and with temporary research and analysing of STI and risk behaviour among population with higher risk for STI infections as also in general population.

Question 3: In which areas (prevention, diagnostic, therapy) do you see important needs in your region and why? What will be the future tasks for the regional networking? (Maximal one page)

Please collect enlarged information for this question with the assistance of experts, focus group interviews with policy makers and professionals of the sectors, providers of services in the area of HIV/AIDS and STD.

Epidemiological follow-up is necessary to improve with rise of passive registration of identified cases, with establishment of obligatory epidemiological follow-up of STI by laboratories, with establishment of a network for alert follow-up for STI and with temporary research and analysing of STI and risk behaviour among population with higher risk for STI infections as also in general population.

Part II.: : BORDERNET institutions and projects

I. Institutional Data

1.1 Service structure

Name **Regional Public Health Institute Maribor**
Regional Centre of Public Health and Health Promotion

Address
Prvomajska 1
2000 Maribor
Slovenia

Tel ++386 2 46 02 317 Fax ++ 386 02 46 22 234

E-Mail igor.krampac@zzv-mb.si

Head of Service

Prim.mag. Karl Turk, dr.med., spec.epidemiol. - RIPH Director
(name and profession)

Contact persons/ role in the service

Igor Krampac, dr.med., spec.

Regional Centre of Public Health and Health Promotion - Head

(For each contact person, please fill in questionnaire II)

1.2 Tasks of the institution

- Medical services
 - Diagnostic
 - Therapy
- HIV/AIDS und STD prevention
- Research
 - Social sciences
 - Medical sciences

1.3 Status

- Independent

- Part of a bigger organisation
- Governmental (GO)
- Non-governmental (NGO)
- Private

1.4 Funding sources

(More than one response)

- National governmental sources
- Regional governmental sources
- Municipal sources
- EU funds
- International public funds
- Private donations/sponsoring
- Church and other charitable activities
- Self-financing/ own funds
- Other _____

1.5 What is the scope of activities of the Institution?

- International
- European _____ (Partner countries)
- European region _____ (Partner region)
- National
- Regional
- Local/city

1.8 Human resources

Staff member number 242

Staff members who work for BORDERNET 10

II. Skills

2.1 What is the professional profile of the team members?

	Number
Medical doctors	4
Nurses	2
Social workers	2
Psychologists	1
Psychotherapists	_____
Interpreters	_____

cultural mediators	_____
Administrative assistants	___ 1 ___
Lawyers	_____
Social sciences scientists	_____
Medical scientists	_____

2.2 What are your professional experiences?

In range of HIV/AIDS and STD

20 years of work at Pediatric Clinic (Intensive care unite, Cardiology, Rheumatology, US diagnostics) of Clinical Hospital Maribor as dr.med.,specialist in pediatrics. 5 years elected member of Executive Council of Municipality Maribor appointed for social and health in Region Maribor, 10 years Head of Regional Centre for Public Health and Health promotion at Regional Public Health Institute Maribor – work in field of public health, health statistics, social medicine, project activities in health and social dealing also with HIV/AIDS/STI prevention, establisher of Drug prevention centre Maribor, Telealarm system for elderly, Public works and project work dealing with marginalization. Education and training experience in social, health and STI promotion through leading and establishment of Slovenian School of public health and health promotion. Postgraduate studies in Health system management (University Budapest) and Health promotion (University Vienna) as also in Public health (University Ljubljana and Zagreb).

In range of cross border work

Establisher of WHO Maribor Healthy City project in 1989 and of Slovenian National WHO Healthy Cities Network in 1992, co-founder and actual president of EURONET – Association of European National Healthy Cities networks. 15 years National coordinator of Slovenian HCP Network and member of Adviser board for urban health and healthy cities programme at WHO Regional Office for Europe. 15 years of experience in WHO Healthy Cities MCAP (Multy City Action Plans – Violence upon women, Traffic accidents prevention project, Primary Health Care Reorganization, Homeless project, Unemployment project...) with cross border partnerships with Croatia, Hungary, Austria and Italy. Coordinator of the EU Commission DETOUR project (1999 – 2001) and EU Commission Interreg IIIC: Health Cluster NET project (2005 – 2007). Actual coordinator for the Bordernet HIV/AIDS/STI project for partner Region Slovenia.

2.3 What is the health politic pursued by your institution?

Promotion and Education in the field of Public Health, strategy development for local municipal and regional health and social development planning, active participation in elaboration of National Public Health programme 2005 – 2010 in field of “Urban health – Health in local community – Healthy Cities” oriented to getting evidence of better health in practice, for achieving equity of all citizens and especially of marginalized groups for medical services and treatment. One of priorities is also impact of environmental risk factors on public health. HIV/AIDS/STI is also one of topics of our future health policy in regard to actual rising of incidence as also new country situation

after joining EU, getting migrants problems, transit traffic, prostitution, illegal drugs, social deprivation of some groups, marginalization as also HIV/AIDS/STI problems rising in the homosexual scene.

III. Service profile: Clients

3.1 Which services are offered directly to clients?

A) Places and target groups

Where? outreach

Counselling centre

out patient clinic

information campaigns for public and schools

other: free HIV/AIDS testing of blood donors

How? For individual subjects

Group work

Education, training

Telephone counselling

other _____

Target groups

General population

Migrants Refugees

Prostitutes (female and male)

Prostitute's clients

Young people

MSM

other: prisoners, intravenous illegal drug users

B) Services

Sexual Health

HIV/STD information/ prevention

HIV counselling

STD counselling

HIV testing

STD testing, which one?

Testing and clinical examination for: Syphilis, Gonorrhoea, Chlamydia, Ulcus mollae, Granuloma ingvinalis (Donovanosis), Genital verrucae (Condyloma), Non-specific (non-Gonococcus) urethritis, Mens urethra excretion - Hepatitis B virus, Hepatitis C virus, Treponema pallidum, neisseria gonorrhoea, Chlamydia trachomatis, Trichomonas vaginalis.

HIV/AIDS therapy

STD therapy, which one?

Therapy for patient and partner/contact for same STDs as listed in STD testing

Information on health and social services

Multiplier training

Others _____

Mental health

intervention in cases of violence

psychological counselling

assistance to victims of trafficking in human beings

Others _____

Vocational training

Target groups

Doctors

other medical staff

Social workers

other health care professionals _____

Police

cultural mediators

peer educators

Research

Main focus

- Analysis of risk behaviour related to HIV and STI among women in Slovenia in the period 1999 - 2000
- Yearly Reporting upon STD in Slovenia with report on voluntary testing on STIs and HIV, laboratories, statistic data....
- Syphilis epidemic in Slovenia influenced by syphilis epidemic in the Russian federation and newly independent states 2000

In case of social and health services

3.2 What are the opening hours for clients?

Mo	8.00 a.m. – 16.00 p.m.
Tue	8.00 a.m. – 16.00 p.m.
We	8.00 a.m. – 16.00 p.m.
Thu	8.00 a.m. – 16.00 p.m.
Fri	8.00 a.m. – 16.00 p.m.
Sa	Individual by phone appointment at Clinic Hospital
So	Individual by phone appointment at Clinic Hospital

3.3 In which language(s) can the clients use the services?

Slovene, Croate, Serb, Hungarian or Italian in regions with minority, English, German (depends from region)

3.4 Are there any specific preconditions, which the clients have to fulfil in order to take use of the services?

No special conditions (at Clinic for Infectious Diseases in Ljubljana and Clinical Hospital Maribor – Department for infectious diseases)

Personal identification document

Legal stay permission

Health insurance

Social insurance

Eligibility for social welfare

Others: in case of self-payment there are no special conditions

3.5 Are the services free of charge?

Yes, in all the cases

Yes but not in all cases

In which cases not?

In case service is offered in other health facility than Clinic for Infectious Diseases in Ljubljana and Clinical Hospital Maribor – Department for infectious diseases, on demand of patient without prescription of his GP/family doctor.

No

3.6 Are the services confidential?

Yes, in all the cases

Yes but not in all cases

In which cases not?

In cases when service is offered on demand of patient with prescription of his GP or family doctor and payment by Health Insurance it runs like all other medical services used.

No

3.7 How many clients can take use of the services at the same time?

No limits of placements

Limited placement up to _____

3.8 What are the main ways, through which the clients usually reach the services?

Clients come directly to the service

Clients are referred from another organisation/doctor

Clients are reached by street work/ cultural mediators

Others: testing of voluntary blood donors

IV Cooperation

4.1 Which are your cooperation partners in the frame of BORDERNET?

At the regional level:

General Hospital/Clinical Hospital Maribor (Departments of Dermatology, Infectious diseases, Blood transfusion); Health Centre Ormož – Gynecological ambulatory; Regional Public Health Institute Kranj (Epidemiology dep. And laboratory); National Blood transfusion and Immunology Institute; AIDS Foundation Roberts.

cross border:

CRRPS – Centro Regionale di Riferimento per la Promozione della Salute, Verona, Italy with partner organizations in Regio Verona, Venezia and Gorizia.

Tandem region _____

You may add an additional list

4.2 What are in your opinion the most important difficulties and hindrances of cross border cooperation?

	not all true	hardly true	moderately true	exactly true
It is difficult to establish a network	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is difficult to find the right contact persons	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
It is hard to meet on a regular basis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are hardly common projects because the experiences are so different	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The communication is a big problem because of the different languages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4.3 What are in Your opinion good practice projects in Your region?

- WHO/EURO European Healthy Cities Network with regional partnerships of WHO designated Healthy Cities
- EU Commission project 2005 – 2007: Interreg IIIC: Health Cluster NET

4.4 What have to be improved through cooperation?

- Communication. Actually good communication exists between both coordinators / partner coordination, but good communication between other project partners in both regions are less favourable because direct contact of them is missing – high costs of travel and stay not included in regional budget as also because of different languages and not fluent English language knowledge of basic level partners.

Collaborator of BORDENET project

Please complete one questionnaire per collaborator

Name Igor Krampač

Institution: Regional Public Health Institute Maribor, Slovenia

Tel ++ 386 2 46 02 317

E mail igor.krampac@zzv-mb.si

Role in the institution:

Head of Regional Centre of Public Health and Health promotion, RPHI Maribor

Qualification

Education: Study of General medicine (GM) at the Medical Faculty of the University Ljubljana, Slovenia (1978 – 1984), 4 years specialization in pediatrics – same institution; postgraduate study of pediatric cardiology, ultrasound diagnostics, pediatric rheumatology and neonatology at Medical Faculty Zagreb, Croatia (1986 – 1988); postgraduate study on health promotion and public health, Vienna, Austria (1992 – 1994); postgraduate study on health systems management, Budapest, Hungary (1995); postgraduate study on social medicine and public health at Medical Faculty Ljubljana, Slovenia (1999 – 2001).

Expertise/professional experiences

Work experience: Specialist in pediatrics cardiology in ICU of the Clinical Hospital – Teaching Hospital Maribor (22 years), member of the Executive Council of the University City Maribor appointed for Health and Social (5 years), faculty teacher of social medicine and public health at Medical High School of the University Maribor and at Medical Faculty Ljubljana; Head of the Regional Centre of Public Health and Health Promotion Maribor, Head of the WHO Centre Healthy City Maribor; National Coordinator of the Slovenian WHO Healthy Cities Project Network; temporary WHO European Urban Health Centre adviser for the Healthy City Programme; WHO/EURO Urban Health Advising Committee member (3 years). Research and coordination of the above WHO / HCP studies, projects and MCAP's (Multy City Action Plan Collaborations), Local Agenda 21 and Sustainable Cities and Towns activities experience. Participation as project coordinator in European Union Commission projects: DETOUR – Compact Cities and Tourism: The Development of Tourism in Urban Europe; GEP – Getting Evidence into Practice; DG Sanco BORDERNET Programme: HIV/AIDS and STD – Services in Crossing-border Areas; PHASE HIA Programme – Consultation on the Development of a Health Impact Assessment (HIA) Toolkit; EURO-URHIS Programme – Development of a System of Urban Health Indicators for the European Union; Interreg IIIC: Health Cluster NET programme – Coordination for Slovenian partnership.

Languages

English, German, French, Hungarian, Italian, Slovene, Croat, Serb (spoken)

English, German, Slovene, Croat, Serb (written)

Role in Bordernet Project

Bordernet HIV/AIDS/STI project Coordinator for region Slovenia

Member of the Bordernet HIV/AIDS/STI steering committee

Representative of Bordernet partner Slovenia in “model region Veneto / Slovenia

Workload for Bordernet project

WP No. 4 – Cross-border networking

WP No. 5 – Sentinel surveillance

WP No. 6 – Survey among selected target groups (Young people, MSM)

WP No. 7 – HIV Voluntary counselling and testing

WP No. 8 – Improvement of diagnostics

Part III: Other relevant Institutions

I. Institutional Data

1.2 Service structure

Name: Regional Public Health Institute Kranj

Address Gosposvetska ulica 12

4000 Kranj

Slovenia

Tel/Fax ++ 386 4 2017 100 / ++ 386 4 2017 113

E-Mail: irena.grmekkosnik@zzv-kr.si

Head of Service mag.sc. Irena Grmek Košnik, dr.med., spec.klin.mikrobiol. –
(Name and profession)

1.2 Tasks of the institution

Medical services

HIV

STD

HIV/AIDS und STD prevention

Research

Social sciences

Medical sciences

1.3 Status

Independent

Part of a bigger organisation

Governmental (GO)

Non-governmental (NGO)

Private

1.4 Human resources

Staff member number 94

II Offers

2.1 Which services are offered directly to clients?

A) Places and target groups

Where? outreach

Counselling centre

out patient clinic

information campaigns for public and schools

other _____

Target groups

General population

Migrants Refugees

Prostitutes (female and male)

Prostitute's clients

Young people

MSM

other _____

B) Services

Sexual Health

- HIV/STD information/ prevention
- HIV counselling
- STD counselling
- HIV testing
- STD testing, which one?

Hepatitis B virus, Hepatitis C virus, Treponema pallidum, Neisseria gonorrhoea, Chlamydia trachomatis, Trichomonas vaginalis.

- HIV/AIDS therapy
- STD therapy, which one? _____
- _____
- Information on health and social services
- Multiplier training
- Others _____

Mental health

- intervention in cases of violence
- psychological counselling
- assistance to victims of trafficking in human beings
- Others _____

Vocational training

- Target groups**
- Doctors
 - other medical staff
 - Social workers
 - other health care professionals _____
 - Police
 - cultural mediators
 - peer educators

Research

Main focus _____

In case of social and health services

2.2 What are the opening hours for clients?

Monday- Friday 8-12

2.3 In which language(s) can the clients use the services?

Slovene, English

2.4 Are there any specific preconditions, which the clients have to fulfil in order to take use of the services?

- No special conditions
- Personal identification document
- Legal stay permission
- Health insurance
- Social insurance
- Eligibility for social welfare
- Others _____

2.5 Are the services free of charge?

- Yes, in all the cases
- Yes but not in all cases
- In which cases not?_

Without referring document from doctor

- No

2.6 What are the main ways, through which the clients usually reach the services?

- Clients come directly to the service
- Clients are referred from another organisation/doctor
- Clients are reached by street work/ cultural mediators
- Others _____

REMARK: Takes part in BORDERNET HIV/AIDS/STI project!

Part III: Other relevant Institutions

I. Institutional Data

1.3 Service structure

Name: Robert AIDS Foundation
Address Kardeljeva ploščad 1
1000 Ljubljana
Slovenia
Tel ++ 386 1 656 38 29 Fax ++ 386 1 656 38 29
E-Mail: aidsfondacijarobert@yahoo.com
Head of Service Evita leskošek, dr.med., spec. - Director
(Name and profession)

1.2 Tasks of the institution

- Medical services
 - HIV
 - STD
- HIV/AIDS und STD prevention
- Research
 - Social sciences
 - Medical sciences

1.3 Status

- Independent
- Part of a bigger organisation
- Governmental (GO)
- Non-governmental (NGO)
- Private

1.4 Human resources

Staff member number: 4 employed
volunteers, peers, public workers, educators

II Offers

2.1 Which services are offered directly to clients?

A) Places and target groups

Where? outreach

Counselling centre

out patient clinic

information campaigns for public and schools

other: AIDS Foundation Robert Office and premises

Target groups

General population

Migrants Refugees

Prostitutes (female and male)

Prostitute's clients

Young people

MSM

other:

people who are infected or suffering from aids, intravenous drug addicts, vulnerable groups

B) Services

Sexual Health

HIV/STD information/ prevention

HIV counselling

STD counselling

HIV testing

STD testing, which one?

HIV/AIDS therapy

STD therapy

Information on health and social services

Multiplier training

Others: Training and organization of work for volunteers, peers, public workers, educators

Mental health

intervention in cases of violence

psychological counselling

assistance to victims of trafficking in human beings

Others: mental help for intravenous drug consumers

Vocational training

- Target groups**
- Doctors
 - X other medical staff
 - X Social workers
 - X other health care professionals _____
 - X Police
 - cultural mediators
 - X peer educators

Research

Main focus _____

In case of social and health services

2.2 What are the opening hours for clients?

- Every weekday from 8.00 a.m. till 4.00 p.m.
- Anonymous Telephone line of AIDS Foundation Robert on No.: 051 317 700 with information and counselling in Slovene language every day from 9.99 a.m. till 8.00 p.m. and in English and German language on Wednesday from 12.00 til 3.00 p.m.

2.3 In which language(s) can the clients use the services?

Slovene, English, German

2.4 Are there any specific preconditions, which the clients have to fulfil in order to take use of the services?

- X No special conditions
- Personal identification document
- Legal stay permission
- Health insurance
- Social insurance
- Eligibility for social welfare
- Others _____

2.5 Are the services free of charge?

- X Yes, in all the cases
- Yes but not in all cases
- In which cases not?_
- No

2.6 What are the main ways, through which the clients usually reach the services?

- X Clients come directly to the service
- X Clients are referred from another organisation/doctor
- X Clients are reached by street work/ cultural mediators
- Others _____

Part III: Other relevant Institutions

I. Institutional Data

1.4 Service structure

Name: GENERAL HOSPITAL-CLINICAL HOSPITAL MARIBOR
(Department of Infectious diseases, Department of dermatology
and Department for Blood transfusion and Immunology)

Address Ljubljanska 6
2000 Maribor
Slovenia

Tel ++ 386 1 656 38 29 Fax ++ 386 1 656 38 29

E-Mail: gregor.pivec@smb.si

Head of Service: Gregor Pivec, dr.med., spec. - Director
(Name and profession)

1.2 Tasks of the institution

- Medical services
 - HIV
 - STD
- HIV/AIDS und STD prevention
- Research
 - Social sciences
 - Medical sciences

1.3 Status

- Independent
- Part of a bigger organisation
- Governmental (GO)
- Non-governmental (NGO)
- Private

1.4 Human resources

Staff member number: 1404 employed

II Offers

2.1 Which services are offered directly to clients?

A) Places and target groups

Where? outreach

Counselling centre

out patient clinic

information campaigns for public and schools

other:

Target groups

General population

Migrants Refugees

Prostitutes (female and male)

Prostitute's clients

Young people

MSM

other:

people who are infected or suffering from aids, intravenous drug addicts, vulnerable groups

B) Services

Sexual Health

HIV/STD information/ prevention

HIV counselling

STD counselling

HIV testing

STD testing, which one?

Testing and clinical examination for: Syphilis, Gonorrhoea, Chlamydia, Ulcus mollae, Granuloma ingvinalis (Donovanosis), Genital verrucae (Condyloma), Non-specific (non-Gonococcus) urethritis, Mens urethra excretion - Hepatitis B virus, Hepatitis C virus, Treponema pallidum, neisseria gonorrhoea, Chlamydia trachomatis, Trichomonas vaginalis.

HIV/AIDS therapy

STD therapy

Information on health and social services

Multiplier training

Others:

Mental health

intervention in cases of violence

psychological counselling

assistance to victims of trafficking in human beings

Others:

Vocational training

- Target groups**
- X Doctors
 - X other medical staff
 - Social workers
 - X other health care professionals
 - Police
 - cultural mediators
 - peer educators

Research

Main focus: HIV/AIDS/STI laboratory diagnostic
Epidemiology of HIV/AIDS/S TI research

In case of social and health services

2.2 What are the opening hours for clients?

- Every Monday and Thursday from 10.00 a.m. till 12.00 a.m. with deliver of laboratory results from 12.00 a.m. till 1.00 p.m.
- Otherwise following telephone announcement on open phone: 02 321 – 26 – 57
- Anonymous Telephone line with information and counselling in Slovene language every day from 9.00 a.m. till 8.00 p.m.

2.3 In which language(s) can the clients use the services?

Slovene, English, German

2.4 Are there any specific preconditions, which the clients have to fulfil in order to take use of the services?

- X No special conditions
- Personal identification document
- Legal stay permission
- Health insurance
- Social insurance
- Eligibility for social welfare
- Others _____

2.5 Are the services free of charge?

- X Yes, in all the cases
- Yes but not in all cases
- In which cases not?_

No

2.6 What are the main ways, through which the clients usually reach the services?

X Clients come directly to the service

X Clients are referred from another organisation/doctor

Clients are reached by street work/ cultural mediators

Others _____

REMARK: Takes part in BORDERNET HIV/AIDS/STI project!

Maribor, 3.1.2006

Igor Krampač, dr.med., spec.

Regional Public Health Institute Maribor, Slovenia

Regional Centre of Public Health and

Health promotion - Head

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