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**BRIEF VAN DE MINISTER VAN VOLKSGEZONDHEID, WELZIJN EN
SPORT**

Aan de Voorzitter van de Tweede Kamer der Staten-Generaal

Den Haag, 8 september 2005

In antwoord op uw verzoek van 6 september jl. ontvangt u hierbij de bijdrage inzake het Nederlands beleid inzake HIV van het ministerie van Volksgezondheid, Welzijn en Sport voor de delegatie van de Parlementaire Vergadering naar de Raad van Europa.

De Minister van Volksgezondheid, Welzijn en Sport,
J. F. Hoogervorst

HIV policy in the Netherlands

1. Short description of legislation concerning HIV prevention and access to treatment
2. Examples of financing HIV policies, especially in resource limited countries;
3. Examples of cooperation with NGOs (e.g. governments «delegating» prevention programmes to NGOs.

Ad. 1 Short description of legislation concerning HIV prevention and access to treatment

With its policy the government wants to make it possible and easy for citizens to make healthy choices as much as possible (for example safe sexual behaviour). The responsibility and the ultimate choice for a healthy lifestyle in this connection belongs foremost to the individual citizens themselves. Organizations in the fight against HIV and other STIs want to make those healthy choices with regard to HIV and other STIs possible and easy by means of a broad range of prevention activities that are discussed in this memorandum. The legal framework within which the fight against HIV and other STIs takes place in the Netherlands is discussed below:

- **Infectious Diseases Act (IW):** the use of force by the government is only justified if there is imminent danger for the life or health of other persons, if this danger can only be counteracted by means of the restriction of freedom, and if the means chosen for doing so are effective, the least drastic and not disproportional. The most important reason for replacing the old law had to do with the protection of human rights: in this case, the right to privacy.
- **The Public Health and Prevention Act (WCPV):** puts the responsibility for the promotion and implementation of collective prevention with the municipal (town or city) council. Municipal governments are required to implement the WCPV by way of their municipal health department (GGD) with regard to collective prevention in relation to infectious diseases such as tuberculosis, HIV/AIDS and other STIs, or in the event of an epidemic. Article 2a states that the municipal council must produce a health policy memorandum every four years.
- **Special Medical Procedures Act (WBMV):** The treatment of an HIV infection is still very complex. Two things need special attention in this regard: the side effects and the development of a virus that will become resistant to the existing medicines. Most people in the Netherlands agree that experts should provide an optimal treatment of HIV and effective counselling in connection with that treatment. This expertise can only be guaranteed if a center has a minimum number of patients. For that reason, the Ministry of Health, Welfare and Sport has decided that the treatment of HIV will fall under the Special Medical Procedures Act (WBMV) as from January 1, 2002 (Borst-Eilers, 2001). As a result, HIV may only be treated in 22 hospitals, the HIV treatment centers. The requirements that HIV treatment centers must meet are referred to in this Act.
- **The Care Institutions Quality Act (WKZ) 1996:** requires institutions to offer reliable care; they must do this systematically and transparently by making policy aimed at quality and by developing a quality system. The **Individual Health Care Professionals Act (BIG)** monitors the quality of professional practice and aims at protecting patients against carelessness and incompetence by professionals. The **Population Screening Act (WBO)** protects people against population screening that could form a threat to health. The **Medical Treatment Contract Act (WGBO)** establishes the rights and responsibilities of patients and caregivers. The **Medical Examinations Act (WMK)**

prohibits HIV testing as part of medical examinations of prospective employees.

- **Public Health Act** (GW) establishes the way the monitoring of public health is organized (STI AIDS Netherlands, The New Network of Easy-Access STI Clinics, 2004).
- **Dutch Constitution**; article 1 states that discrimination on any ground is not allowed and article 11 states that the government is responsible for promoting Public Health.

Ad. 2 Examples of financing HIV policies, especially in resource limited countries;

Organizations in the area of funding: The most important parties in terms of national funding for the control of HIV and other STIs are: the Ministry of Health, Welfare and Sport (VWS), the Ministry of Education, Cultural Affairs and Science (OCW), municipal governments, health insurers, the Council for Medical and Health Research (ZonMw) and the Aids Fonds. There are also sources of funding from the private sector, such as pharmaceutical companies and other multinationals. Funding for projects in resource limited and other countries are done through the Ministry of Foreign Affairs via development cooperation (for developing countries) and the bilateral Matra programme (for new EU-member and new neighbours of the European Union).

Also NGO's participate in and fund projects in these countries.

Ad. 3 Examples of cooperation with NGOs (e.g. governments «delegating» prevention programmes to NGOs.

According to the Dutch government, Civil Society including NGO's plays a crucial role in the fight against HIV.

Organizations that develop activities for specific groups

In the Netherlands HIV is still mostly a problem within risk groups. We have identified six risk groups: Men having sex with men, (IV) drug users, migrants from HIV endemic countries, young people, sex workers and their clients and people living with HIV/AIDS. For each risk group we have made one NGO responsible for coordinating the HIV prevention program targeted at one risk group. The NGO's receive funding from the government for this.

STI Aids Netherlands (most important STI and HIV NGO in Netherlands) is responsible for the prevention programs for the following risk groups: migrants from HIV endemic countries, young people and sex workers and their clients. This NGO also carries out the coordination between the different programs (stimulating cooperation, preventing overlap and filling in gaps). They also provide information for the general public and advice the government on policy.

Other important national organizations in the area of HIV and other STIs are:

- Hiv Vereniging Nederland, the advocacy group for people with HIV (responsible for the prevention programs for people living with HIV/AIDS);
- Schorer, the national center of expertise on health care for gay men and lesbians. Schorer focuses on the prevention of HIV and other STIs and offers one-on-one «buddy» care for gay men with HIV or AIDS responsible for the prevention programs for men having sex with men);
- The Netherlands Institute for Health Promotion and Disease Prevention

(NIGZ), which targets ethnic minorities and young people and works together with STI Aids Netherlands on this;

- The Rutgers Nisso Group, which focuses on sexual and reproductive health for young people;
- The AFAPAC Foundation, the organization of sub-Saharan Africans in the Netherlands that focuses on the prevention of and care for HIV and other STIs;
- Mainline and the Trimbos Institute (Netherlands Institute of Mental Health and Addiction), both of which focus on drug users responsible for the prevention programs for (IV) drug users).

Professional associations

The most important professional associations are:

- the Dutch Association of Physicians in AIDS (NVAB);
- the Workgroup of AIDS Consulting Nurses (WVAC);
- the Dutch College of General Practitioners (NHG);
- the Netherlands Society for Dermatology and Venerology (NVDV);
- the National Association of Social Nurses (LVSv).