

A high-contrast, black and white photograph showing the silhouettes of several people walking across a city street. The scene is brightly lit, creating sharp shadows on the pavement. The people are in various stages of motion, some walking towards the camera and others away. A manhole cover is visible on the ground in the lower center.

UPSTREAM

Strategic five-year policy STI AIDS Netherlands 2011-2015

SOAIDS

Upstream

Strategic five-year policy STI AIDS Netherlands 2011-2015



Introduction

A Spanish-speaking sex worker in Amsterdam wants to know how she can fend off a client who wants to have sex without a condom. A research journalist in Utrecht and an epidemiologist in Maastricht are looking for information about sexually transmitted infections (STIs). A schoolboy in Urk, a small Dutch community, is doing a project on AIDS and has some questions. A general practitioner in Leeuwarden is in search of the chlamydia infection protocol. A health visitor in Rotterdam wants to know how she can improve her conversations about STIs with her clients in the STI outpatient clinic. A policy officer in a community with a streetwalking district wants to set up information services. A student in Amsterdam wants to know whether or not he put himself at risk the night before when he had sex with his new partner. All of these people make use of the services of STI AIDS Netherlands on a weekday.

STIs are related to sex, and (almost) everyone is sexually active. The majority of people is therefore also interested in our field of activity, which is to our advantage. The fight against STIs is multi-faceted and involves medical, cultural, epidemiological, behavioural-scientific, political, financial and social aspects, to name but a few.

STI AIDS Netherlands is a centre of expertise with a very wide range of clients, as the above – far from complete – list indicates. Our roots lie in the sexual emancipation of the 1920s and the AIDS activism of the 1980s and 90s. Our objective is clear: fewer STIs and less HIV through safe sex practices, active testing and good care. Influencing human behaviour is a challenge, as we all know. And we do not merely focus on the behaviour of risk groups, such as ethnic minorities, adolescents and sex workers, as we know that for professionals in the medical and other fields it is also far from self-evident to act according to the latest scientific insights.

In relationship terms: STI AIDS Netherlands certainly is not monogamous. First of all, we share our home with the Dutch AIDS Fund and STOP AIDS NOW! We also have quite a number of steady partners: Schorer, the Rutgers Nisso Groep and all Municipal Health Centres and general practitioners in the Netherlands. And we have our foreign relations. The ministry of Health, Welfare and Sport and the National Institute for Public Health and the Environment (RIVM) are our client and most important sponsor.

In this strategic plan STI AIDS Netherlands lays out what it wants to accomplish in the next five years. We want to go upstream – because our work does not automatically become successful, because the economic crisis will affect our field, and because the current political climate will not automatically protect those who need the most help. We will have to focus even more on our core business and on the source of problems in order to find effective solutions. This plan describes the course we have laid out for ourselves and includes both past victories and future challenges.

I heartily invite you to mind our business.



Ton Coenen
Board of Directors STI AIDS Netherlands



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"The number of people who have an STI continues to grow"

1. Context

STIs, HIV and sexual health in the Netherlands

The number of people who have an STI continues to grow. In approximately 13 percent of consultations at the STI outpatient clinics of the Dutch Municipal Health Centres one or more STIs is found. This percentage is higher among men having sex with men (MSM), ethnic minorities and People Living with HIV/AIDS (PLWHA)¹. Chlamydia is the most common STI and is most prevalent among young heterosexuals and people from Surinam or the Dutch Antilles^{1,2}. A third to a quarter of STI consultations takes place in the STI outpatient clinics of the Municipal Health Centres^{3,4}; this number has increased to more than 93,000 consultations in 2009⁵. The majority of STI consultations still takes place at the GP practice and between 2004 and 2008 the number of people who visit the GP with questions about STIs or HIV has doubled to 80 per 10,000 consultations⁶.

Approximately 1,000 people are diagnosed with HIV each year. In 2008, 12,500 PLWHA were under medical supervision in one of the HIV treatment centres. HIV is mainly seen in MSM and in people from HIV-endemic regions. The epidemic is still growing among MSM. It is estimated that 25 to 40 percent of all PLWHA in the Netherlands does not know that they are infected^{7,8}. They are a source of the further spread of HIV^{7,9}; an estimated 54 to 90 percent of HIV transmissions is caused by them^{7,10}. Some ethnic minority groups and MSM are difficult to reach with prevention and treatment programmes and are therefore especially vulnerable for contracting (and spreading) HIV.

Treatment will increase the life expectancy of people infected with HIV. More than 7,500 PLWHA is estimated to be over 50 years of age in 2015⁷. This will affect and increase the demand that is going to be made on the healthcare system.

Sexual health in the Netherlands is good compared to other countries¹¹. Sexual experience is rated positively, the use of contraceptives is high and there are relatively few unwanted pregnancies and abortions. There is, however, rather a high incidence of sexual violence at all population levels¹²⁻¹⁴.

Knowledge is an important prerequisite – besides attitude, intention and skills – for taking preventive measures. Most people in the Netherlands are sufficiently informed about STIs and HIV with the exception of some groups, e.g. young people, low-educated people or men of Turkish or Moroccan descent. A large majority feels that a condom must be used when having sex with a new partner and also indicates to actually use a condom¹³. There are no figures on, for instance, attitude and intention of people working in the sex industry (sex workers, procurers and clients) or ethnic minorities. The need for condom use is felt less once the relationship has gone on for a while.

The perception of the general public towards HIV treatment and living with HIV (and viral STIs) often does not match reality¹⁵. The risk factors for an STI or HIV infection are wrongly assessed and information about STIs and HIV and about living with a chronic infection like HIV is misinterpreted. Based on these misconceptions, PLWHA are treated unfairly and discriminated at work, in social institutions, and even in the healthcare setting¹⁶. Sex workers and ethnic minorities experience discrimination based on STI and HIV stigma more often than people in other groups¹⁷. The ministry of Health, Welfare and Sport wants to decrease STI- and HIV-related stigma in order to improve sexual health¹⁸.

“The risk factors for an STI or HIV infection are wrongly assessed and information about STIs and HIV and about living with a chronic infection like HIV is misinterpreted. Based on these misconceptions, PLWHA are treated unfairly and discriminated”



One of the most effective measures to prevent transmission of HIV and to decrease the risk of STIs is correct and consistent condom use. The need for condom use is generally acknowledged and condom use is quite high in the Netherlands. Yet in some situations, for instance after alcohol consumption or drug use, many people find it difficult to use them correctly^{13,19}. And in some cultural settings, such as ethnic minority groups and the sex industry, condom use is a difficult topic for discussion and negotiation. The added value of other preventive measures to decrease HIV and STI transmission are under discussion, for instance serosorting, male circumcision and preventive treatment. An important condition for transmission prevention is knowing that you have an STI or HIV. The number of people that is tested grows every year through a more active testing policy, improved organisation of the STI outpatient clinics of the Municipal Health Centres, the chlamydia screening pilot among young adults, and opt-out HIV testing of visitors to the STI outpatient clinic, among others. However, many people still do not get tested or get tested (too) late^{9,20}. The Active Testing and Counselling Committee promotes a more active approach towards testing and stresses the importance of easy accessible testing and partner notification. General practitioners still make too little use of relevant contact moments in order to perform tests^{21,22}. There are some signs that people who get themselves tested regularly feel safe and that tests are used to exclude people (in the sex industry, for instance). This must be prevented.


Information services, prevention and care

STI AIDS Netherlands informs the general public through public information services and provides professionals in STI and HIV management with methodologies and protocols. Together STI AIDS Netherlands, Schorer and Mainline, and the Municipal Health Centres develop activities for those who are most at risk for STIs and HIV: STI AIDS Netherlands sets up programmes for young people, ethnic minorities and the sex industry, Schorer for MSM, and Mainline for drug users.

Public information services are provided through written materials, websites, and telephone and e-mail helplines. In 2009 over one million people visited the soaids.nl website. The Sense.info website, successor of safesex.nl, has proven very successful in its first year with 640,000 visitors and the number of people visiting vrijsoavrij.nl, soatest.nl, indeprostitutie.nl and soaids.professionals.nl also increased in 2009²³. New social media (surf, blog, chat) to support the different target populations are developing rapidly; the Chatbot Bzz is frequently used.

The need for good coordination increases as internet communication expands and online applications become more complex. The AIDS STI Helpline has been extended with the Sense information helpline, which offers a larger supply of topics for young people. Questions can also be answered by e-mail or chat; these services are being used more and more. The demand for written materials is on the decline but is still substantial²³.

The annual Safe Sex mass media campaign encourages a wide target population to use condoms and practice safe sex. The campaign is effective (appreciation, message delivery, impact) and has a positive effect on people's attitude towards safe sex²⁴. The 2011 campaign stresses the importance of continued condom use in new relationships until an STI test has been performed.

The image shows the lower legs and feet of several people walking across a wet, highly reflective surface, likely a city sidewalk. The scene is captured in silhouette against a bright, hazy background, possibly a sunset or sunrise. The wet pavement creates clear, dark reflections of the people's legs and feet, mirroring their movement. The overall mood is somber and reflective.

"The number of people that is tested grows every year. However, many people still do not get tested or get tested (too) late"^{9, 20}

A new sexual health campaign aimed at increasing young people's assertiveness is currently being set up. The service packages for vulnerable populations (Soatest.nl, Exometer, among others) and professionals (Healthy and strong in Sexwork) have been extended. Interventions, guidelines, protocols and manuals are continuously being developed and updated. Some interventions and guidelines, e.g. partner notification or Post-Exposure Prophylaxis, are insufficiently used and should therefore be systematically evaluated.

STI and HIV professionals increasingly extend their expertise with knowledge of sexual health promotion (Sense) and counselling skills (Motivational Interviewing). However, care professionals do not apply their client contacts often enough for prevention purposes (e.g. by the GP).

New scientific and practical insights often lead to discussions among policy makers and professionals as well as within the target populations. A decrease in the number of HIV particles in blood as a result of treatment with HIV inhibitors (treatment for prevention) and pre- and post-exposure prophylaxis are expected to be important indicators for HIV prevention. Abroad, Dutch expertise is mainly deployed based on local needs and in specific contexts. Some examples: the Programme Sex work projects is involved in projects that aim to improve the position of sex workers; an Information helpline is being set up in the Dutch Antilles, and the STI AIDS Policy Programme gives input on the content of the guideline Work and HIV of the International Labour Organisation. Conversely, STI AIDS Netherlands makes use of foreign expertise, for instance of AIDS education for muslims in South Africa.

Field, policy, funding and international developments

Field

The ministry of Health, Welfare and Sport is responsible for the national policy, the preconditions for STI and HIV management and the promotion of sexual health in the Netherlands. As of 2006 the Centre for Infectious Disease Control Netherlands (RIVM/Cib) is in charge of STI and HIV management. Management of the regulations Additional Curative STI Care (ACS: Municipal Health Centre for high-risk groups) and Additional Support with Sexuality Issues (ASH: Sense sexuality consulting hours for young people up to 25 years of age) were added to this at a later stage, as well as management of a grant for local projects on Sexual Health for Non-Western ethnic minorities (SGA). In 2008 the Centre for Healthy Living (RIVM/CHL) developed a national assessment system, by order of the ministry of Health, Welfare and Sport, for lifestyle interventions, including STI- and HIV-specific interventions. These interventions are entered into a special intervention database (i-database) which offers a fitting and proven effective intervention to professionals. Through the independent multidisciplinary advisory body Platform STI and Sexual Health experts can give advice, solicited and unsolicited, to national parties in the field. Partly based on this advice, the ministry of Health, Welfare and Sport has set up an integral plan for STI and HIV prevention as part of their sexual health promotion policy.

According to the Public Health Law, local authorities are responsible for determining, funding, executing and evaluating infectious disease control, health promotion and youth health. These three fields, in which the Municipal Health Centres

"In 2009 over one million people visited the soaids.nl website; the Sense.info website has proven very successful in its first year with 640,000 visitors; the Chatbot Bzz is frequently used"



play a pivotal role, are of crucial importance in STI and HIV control. In addition to first-line STI care provided by GPs and second-line STI and HIV care provided by dermatologists and HIV treating physicians, eight regional Municipal Health Centres have been designated as coordinating Municipal Health Centre to offer Additional Curative STI Care (ACS) and Additional Support with Sexuality Issues (ASH).

Among the local institutions that play a role in STI and HIV control are schools, addiction care, judicial institutions and shelters for asylum seekers. In support of the local and regional executing parties, national STI and HIV prevention programmes have been set up for the general public, young people, ethnic minorities, people working in the sex industry, drug users and MSM. Academic workplaces emerged in collaboration with universities and the Municipal Health Centres, two of which focus on STI and HIV research. STI AIDS Netherlands and the Rutgers Nisso Groep cooperate intensively and have a joint young people's programme.

Policy

At the end of 2009 the ministry of Health, Welfare and Sport formulated a policy letter with an integrated approach towards sexual health which included three main subjects: STIs and HIV, unwanted pregnancies and sexual boundary transgression¹⁸. The letter also announced replacement of the current STI and HIV prevention plan, drawn up in 2004, by an integrated plan for STI and HIV control and the promotion of sexual health.

A local sexual health policy manual will be developed in 2010. Implementation of ACS in the STI outpatient clinics of the Municipal Health Centres was started a few years ago, as well as the installation of ASH and of local projects for SGA. Through a more active testing policy more people got themselves tested for STIs and/or HIV, yet a focused approach for all target populations is still lacking. In 2010 the RIVM/Cib will be evaluated and will come up with a new strategic policy. The results from the ASH regulation will also become available at that time.

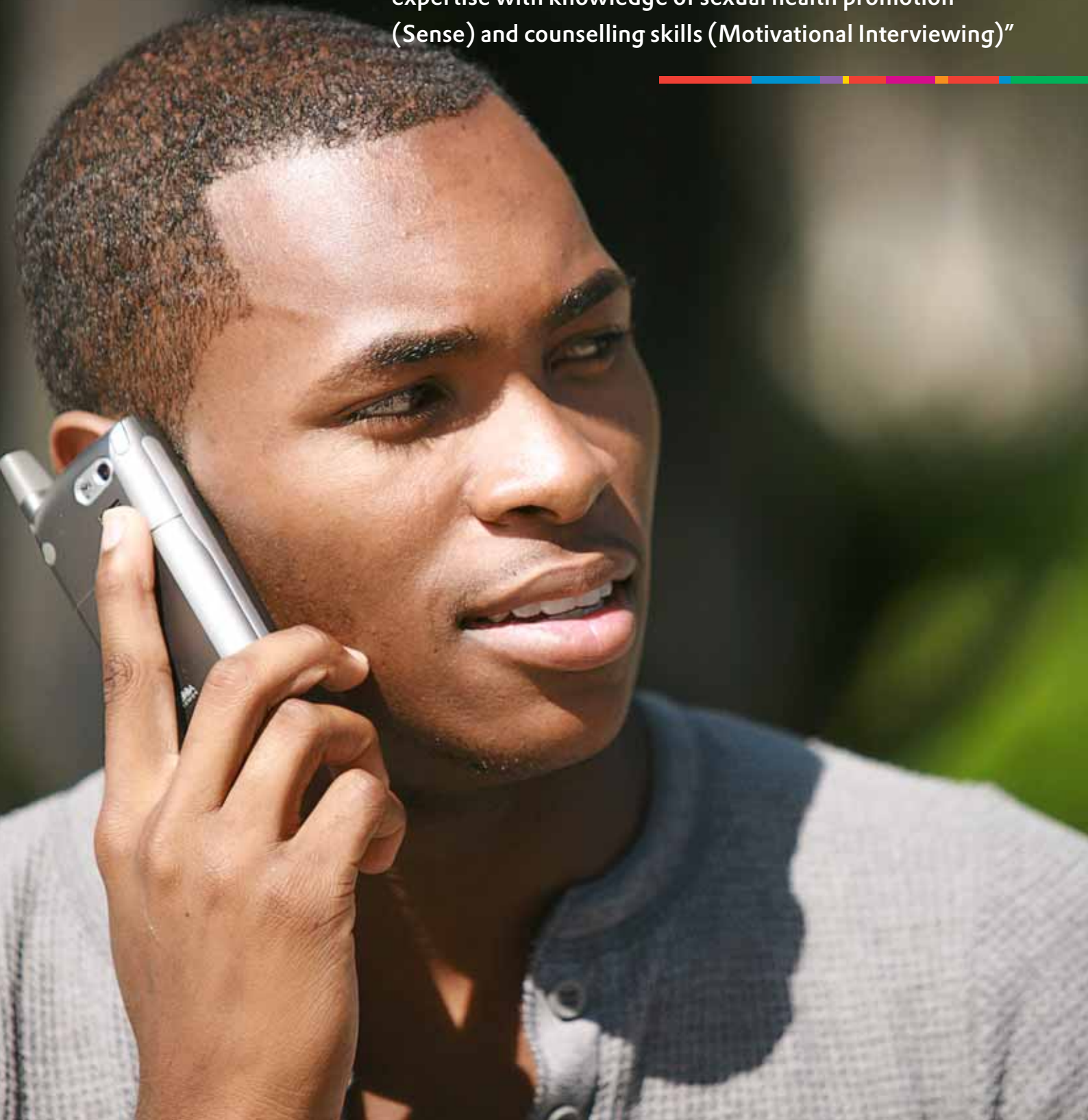
In the past few years information services have paid attention to knowing and protecting one's own boundaries and respecting those of others¹³. High figures of sexual pressure were cause for the ministry of Health, Welfare and Sport to stimulate the assertiveness of young people. The ministry provides funding for the development and execution of a campaign that focuses on young people's sexual assertiveness¹⁸.

Funding

Community tasks for STI and HIV control are funded by community funds. The ministry of Health, Welfare and Sport provides the necessary funds for a national support structure (through core-funding), campaigns, research and development (through ZonMw) and specific regulations (ACS, ASH, SGA). Healthcare costs are covered through health insurance. Due to the economic crisis cuts in government and local authority spending as well as in the funding of other grant providers must be reckoned with.

There is an intention to consolidate ACS and ASH into one regulation. Reprioritization of subsidies for infectious disease control is also expected. As the number of people infected with HIV increases and HIV care is becoming more complex, costs will rise accordingly, from €110,000,000 in 2009 to an estimated €230,000,000 in 2015⁷.

“STI and HIV professionals increasingly extend their expertise with knowledge of sexual health promotion (Sense) and counselling skills (Motivational Interviewing)”



International developments

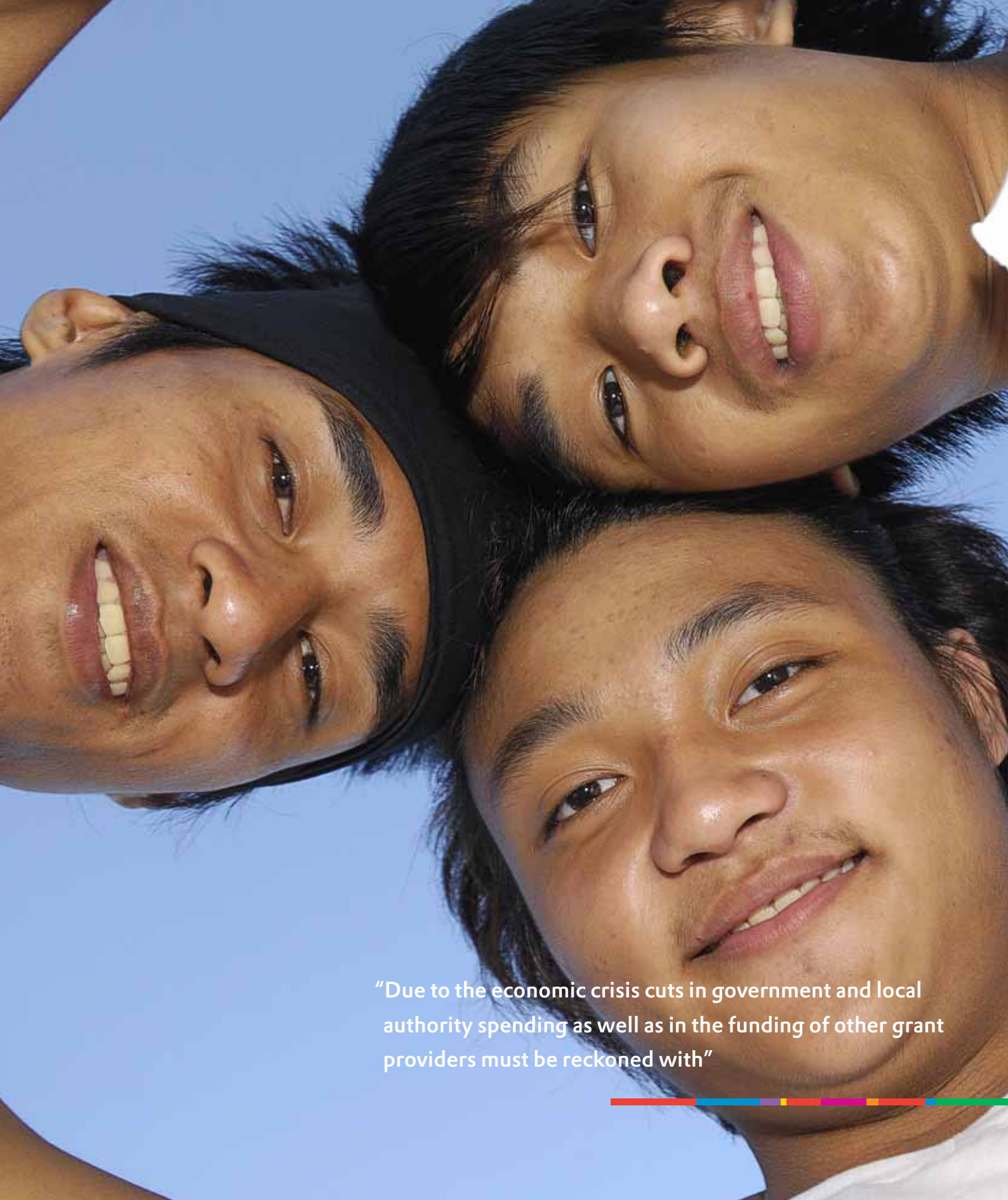
The World Health Organisation, UNAIDS and the European Commission have made important international agreements on sexual health, STI and HIV control that steer the Dutch sexual health policy. Within Europe the European Centre on Disease Prevention and Control (ECDC) and the AIDS Action Europe Network are primarily relevant for the Netherlands in this respect. There are collaborations with advisory bodies of the European Commission, in particular the Civil Society Forum and the HIV/AIDS Think Tank. STI AIDS Netherlands contributes through AIDS Action Europe to knowledge exchange among more than 350 AIDS NGOs in Europe and Central Asia by means of a Clearinghouse for good practices, advocacy and policy development and the organisation of seminars and projects. The new policy of the European Commission on combating HIV and AIDS in Europe must be converted into a plan of action in the coming period; no additional funds have been made available to execute this plan. STI AIDS Netherlands contributes to global advocacy and lobbying in the ICASO (International Council of AIDS Service Organizations) regional network.

External evaluation STI AIDS Netherlands

As we feel the need for a critical appraisal of our work from time to time, which our sponsor did not want to perform, STI AIDS Netherlands organised an independent external evaluation of its work. The report from the external evaluation committee was published in 2009. Both the people in the field and the national collaborating partners are generally satisfied with the work of STI AIDS Netherlands. The organisation disposes of an excellent network and its work is also well-embedded in policies.

There are of course improvement points: a clearer strategy, to be implemented internally as well, transparent synchronisation of tasks, more effect research and a better coherence and collaboration between the different programmes. More transparent international profiling is desired.

This evaluation gives direct input for the course set out in this policy plan.



“Due to the economic crisis cuts in government and local authority spending as well as in the funding of other grant providers must be reckoned with”



2. Mission and vision STI AIDS Netherlands

Mission

STI AIDS Netherlands is an organisation involved in STI/HIV control and sexual health promotion.

Important principles for STI AIDS Netherlands are:

- Rights: the rights of individuals and groups are our starting point; we pay attention to the position of vulnerable populations and to the patient's perspective;
- Needs: our work is demand-driven and addresses the needs of target groups, professionals and policy makers;
- Evidence-based: we base ourselves on facts, not on assumptions; we intend to substantiate our choices;
- Pro-active: we detect opportunities and bottlenecks; we actively start, bring forward and develop innovative approaches;
- Collaboration: we believe in the power of networks: the joining of visions and expertise and expanding the basis.

Vision

STI AIDS Netherlands is an important national centre of expertise in the field of STIs, HIV and sexual health. We support local practice professionals (Municipal Health Centres, hospitals, GPs, schools) in their work. We give advice to public authorities. And we make direct contact with a number of priority groups (young people, sex workers, ethnic minorities). We aim to extend our expertise by gathering knowledge, nationally and internationally, and placing this knowledge at the disposal of relevant groups, professionals and policy makers. We use our expertise to develop our own materials and interventions and to support others in research, policy and practice.

STI AIDS Netherlands accomplishes its mission by:

- Promoting the prevention and early detection of STIs and HIV with the general public, young people, ethnic minorities and people working in the sex industry;
- Promoting the quality of work and the mutual cooperation of professionals in STI and HIV control;
- Promoting the synchronisation of plans among parties involved in STI and HIV control;
- Influencing national and international policies and stimulating research in the field of STI and HIV control.

Spearheads for 2011-2015

- Promoting primary and secondary prevention by means of one coherent package consisting of improved condom use (§3.1) and testing behaviour (§3.2) and increased sexual assertiveness (§3.3);
- Supporting target groups by providing information services and assisting professionals in their performance, both preventive and curative (§3.4);
- Promoting an integrated approach (§3.5) and mutual synchronisation and collaboration (§3.6).

These spearheads have been named as separate objectives. By the end of 2015, STI AIDS Netherlands wants to have attained discernible surplus value on these topics.



“Condom use should become the norm in all risk situations
for infection with an STI or HIV”



3. Objectives 2011-2015

3.1 Correct and consistent condom use

What is the aim of STI AIDS Netherlands?

Condom use should become the norm in all risk situations for infection with an STI or HIV. Target groups need to know how to use a condom correctly and consistently, feel positive about it, understand the importance of using a condom and have the skills to use a condom and take responsibility towards themselves and others. We want to obtain insight into condom use in the sex industry.

Why?

Condom use is quite high in the Netherlands, though not among all subgroups and in all situations. It is one of the most effective measures for STI and HIV prevention. Research into new preventive techniques (vaccines, microbicides, PrEP, male circumcision) and discussions about the preventive benefit of a decreased viral load resulting from anti-HIV treatment is not expected to bring a suitable alternative to condom use in the near future. Condom use must therefore remain high and be given attention in both preventive care and during care contact moments. In addition, it must be promoted in groups and settings where condom use is a sensitive issue. The lack of real figures on condom use in the sex industry hinders the development of a preventive strategy.

What are we going to do?

STI AIDS Netherlands pays attention to condom use in all of its information, advice and prevention interventions. During training sessions and refresher courses we stimulate professionals to use the contact moments with their clients to promote condom use. We are going to develop specific materials and methods to facilitate the discussion about condom use with vulnerable populations and to promote it among people of Surinamese and Dutch Antillean descent. And we are going to set up a method to investigate condom use in the sex industry.

What will we have accomplished in 2015?

- Condom use at first intercourse will have increased to 84% (compared to approximately 79% in 2005¹²).
- Consistent condom use of people between 15 and 35 years of age with casual partners in the preceding six months will have increased to 60% (compared to 54% in 2009²⁵).
- The percentage of Dutch Antillean boys, 12-24 years of age, that declares 'never to have used a condom during intercourse with their last partner' will have decreased to 26% (compared to 36% in 2005¹²).
- Insight into condom use in the sex industry will have been obtained.
- Promotion of condom use will have been implemented into the guidelines for professionals.

“Testing should not replace investments in interventions aimed at changing people’s behaviour or be used to exclude people”



3.2 Timely testing and treatment

What is the aim of STI AIDS Netherlands?

People who have been at risk of infection with HIV or an STI should get themselves tested as quickly as possible and start treatment, if necessary. Testing should become part of prevention and cure and should include proper counselling. Testing facilities should be structural and easily accessible; special attention should be given to the most vulnerable populations. Testing should not replace investments in interventions aimed at changing people's behaviour or be used to exclude people. A national policy for chlamydia screening of young people should be set up.

Why?

Early detection and timely treatment of infections prevents complications and decreases transmission of infections. A timely start of anti-HIV treatment can substantially increase a person's life expectancy. An important indicator for starting treatment is a CD4 cell count of less than 350 cells/mm³. In 2009, 46% of people had a CD4 cell count of less than 350 cells/mm³ at the time of their HIV diagnosis. This percentage was higher in people from HIV-endemic regions, up to 72% in people from sub-Saharan Africa²⁶ – which means that their treatment starts too late.

Even though the number of people that gets themselves tested for HIV and other STIs is increasing, the number of new STIs and HIV infections is not (yet) decreasing. Testing is in the interest of both individual persons and public health.

What are we going to do?

In all of its information, advice and prevention interventions, STI AIDS Netherlands is going to stimulate target groups to get themselves tested and treated in time. They will receive information about the risks of STIs and HIV, the need for an HIV or STI test, and locations where they can get tested. We will emphasize that testing does not provide protection. We will develop and implement a specific intervention for ethnic minorities to stimulate them to get themselves tested for HIV or an STI. During training sessions and refresher courses we will teach professionals how to make use of the contact moments with their clients to stimulate testing, according to the advice of the Active Testing and Counselling committee. Counselling and contact tracing take place, depending on the situation and in accordance with the latest views. The results from the chlamydia screening pilot will be translated into a national policy. We will give advice, solicited and unsolicited, about STI testing in PLWHA, the quality of facilities, maintaining easy access to testing facilities, and balancing the use of tests and the use of behaviour-oriented prevention and counselling.

What will we have accomplished in 2015?

- People with STI-related complaints will seek help at an earlier stage. (In 2009, 50% of people with different sex partners who experienced physical complaints waited for more than two weeks before seeking help²⁵).
- The number of consultations at the STI outpatient clinics will have increased to 105,000 (compared to 93,331 in 2009⁶) and the number of STI and HIV consultations at the general practice will have increased to 100 per 100,000 consultations (compared to 80 per 100,000 consultations in 2008⁶).
- Seventy-seven percent of young people will assent to the standard of using a condom for three months in a new relationship and then get tested before considering stopping (73% had the intention to continue using a condom until an STI test had been performed in 2009²⁴).
- Testing, screening and counselling guidelines will have been strengthened by professionals.
- At diagnosis, 70% of PLWHA from ethnic minority groups will have a CD4 cell count of more than 350 cells mm³.
- Results from the chlamydia screening pilot will have been translated into an advice to the central government and this advice will be implemented.



“Sexual health must be improved through mutual respect for and understanding of each other’s needs and boundaries and through assertiveness so that we can adequately protect ourselves against STIs, HIV and boundary transgression”

3.3 Respect for the individual

What is the aim of STI AIDS Netherlands?

Sexual health must be improved through mutual respect for and understanding of each other's needs and boundaries and through assertiveness so that we can adequately protect ourselves against STIs, HIV and boundary transgression. People infected with HIV or a chronic STI may at the same time not be discriminated against: not by the general public and not by professionals. Public and political awareness of these issues is needed.

Why?

Boundary transgression occurs frequently. In addition, people infected with HIV are often stigmatised in all sorts of situations: privately, at work, and in social (care) institutions. This leads to discrimination. Both boundary transgression and stigmatisation interfere with condom use, good testing behaviour and sexual health. The existing rules and regulations do not always sufficiently protect PLWHA, sex workers or undocumented immigrants with regard to their sexual health.

What are we going to do?

In its information, advice and prevention interventions focused on target groups, STI AIDS Netherlands pays specific attention to (sexual) assertiveness and to people's respectful dealing with each other's needs and boundaries. Ethnicity, gender and age (diversity) are, as far as possible, taken into consideration. In cooperation with the Rutgers Nisso Groep we are going to develop and execute an assertiveness campaign. In order to prevent stigma and discrimination we will continue to provide information in all of our materials about how to live with a chronic STI or HIV infection. In our training sessions and refresher courses we will teach professionals how to support different target groups in defining their needs and boundaries. We will also make professionals aware of their own stigmatising and discriminating behaviour, if applicable, and help them to prevent this as best we can.

We will monitor policy and practice, observe where discrimination needs to be tackled and identify vulnerable populations whose position is under pressure. We will actively seek solutions and improvements through policy in collaboration with partner organisations.

What will we have accomplished in 2015?

- The percentage of girls that has been involved in an involuntary sexual act will have been lowered to 14% (compared to 18% in 2005¹²).
- The percentage of parent supporters capable of communicating about sexuality with young people will be increasing.
- A proven effective intervention to decrease stigmatisation of PLWHA in ethnic minority groups will be available.
- HIV-infected undocumented immigrants will have good access to care.
- Implementation of the motivational interviewing counselling technique will be guaranteed in all STI centres.

“Target groups need to have access to up-to-date information and effective interventions. The professionals they come into contact with need to be well-prepared for their tasks”



3-4 High quality support

What is the aim of STI AIDS Netherlands?

Target groups need assistance in preventing HIV and other STIs and in improving their sexual health. They need to have access to up-to-date information about STIs, HIV, sexual health and support. The professionals they come into contact with need to be well-prepared for their tasks. Preventive interventions that are used as guidelines need further implementation. We want to learn from foreign expertise and in turn want to help target groups abroad with our Dutch expertise.

Why?

The Dutch population at large has a good level of knowledge about STIs, HIV and safe sex, but this does not hold true for all subgroups and does not always lead to a correct risk assessment. People generally want to protect themselves well, but are not always able to do so in every situation. For optimal STI and HIV control and prevention new developments continuously need to be followed and, if necessary, will become part of our expertise. International exchange of knowledge and expertise is therefore essential.

What are we going to do?

STI AIDS Netherlands will ensure that target groups have access to information (campaigns, websites), advice and referrals (information helplines, chat, e-mail). We will work on an extension of the intervention package for young people, we will make use of local experience to improve the package for ethnic minorities and update the package for ambulant sex workers. We will offer support with the local and regional implementation of these interventions and where possible will evaluate its use, range and effect.

We will provide staff training for professionals via websites, publications (including our own Seksoa Magazine), training sessions, expert meetings and tailored advice. We will stimulate and support the updating of guidelines for professionals and stimulate the development of quality control. We will advance care prevention through methodologies (MI), training sessions (sexual health of PLWHA) and networks (SeksHAG). We will try to involve people with HIV or another STI in this in order to meet their needs.

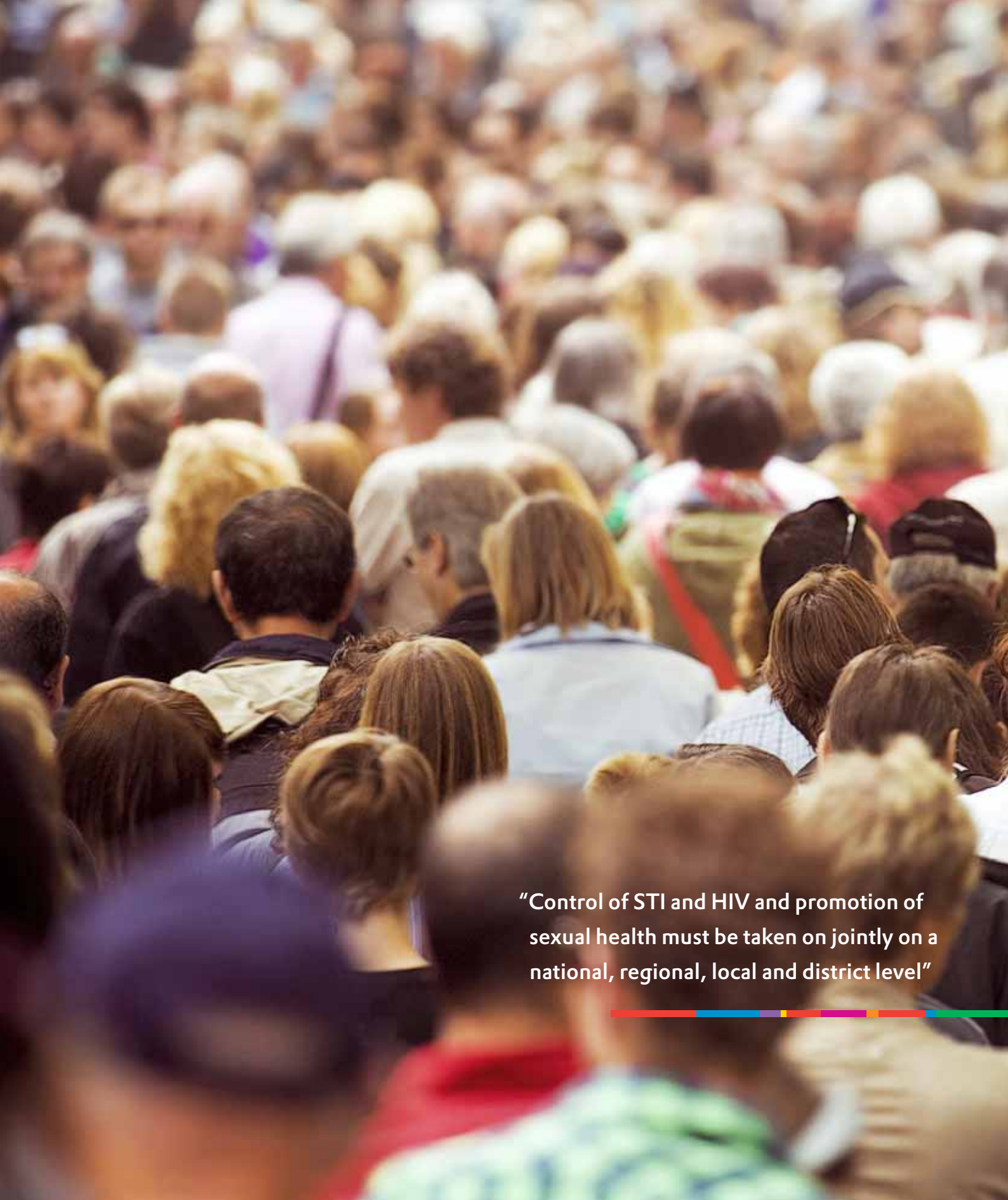
We will investigate how to inform both the public and professionals effectively and efficiently through new means of communication.

We will monitor research and practice developments for transfer of up-to-date expertise and we will proactively observe the relevance of new developments for the existing strategy.

We will investigate opportunities to expand the exchange of expertise with international projects.

What will we have accomplished in 2015?

- Users will give our means of communication a positive rating.
- The quality of professional handling will have increased; standards and guidelines will be followed 80% of the time (the norm in this field is 40%).
- Professionals will value our work with a grade B (average).
- All Municipal Health Centres will be equipped to coach teachers in using our educational material Lang Leve de Liefde.
- Eighty percent of our interventions will at least be rated as being 'theoretically effective' by the RIVM/CHL.
- Evidence-based interventions in the field of positive prevention will have been implemented nationally.



“Control of STI and HIV and promotion of sexual health must be taken on jointly on a national, regional, local and district level”

3.5 Integrated approach towards STIs, HIV and sexual health

What is the aim of STI AIDS Netherlands?

Control of STI and HIV and promotion of sexual health in the Netherlands must meet the international obligations of the WHO, UNAIDS and the EU. STI and HIV control and the promotion of sexual health must therefore be taken on jointly. Such an integrated approach must become the norm on a national, regional, local and district level. This requires certain preconditions, e.g. political priority and budget.

Why?

At the end of 2009 an integrated approach towards STIs, HIV and sexual health was formulated in the Netherlands; this framework will be further elaborated in the next few years. The central government has started to provide funding for local projects focused on target groups. With an approach to a broader sexual health strategy and by linking the individual segments of STI and HIV control, a more efficient and more effective control of STIs and HIV can be realised. It remains important to make the various parties in the field, the professionals, the policy makers and the politicians, aware of this. In view of the current political and economic situation reprioritization and spending cuts are to be expected in the time to come.

What are we going to do?

STI AIDS Netherlands gives advice, solicited and unsolicited, about the drawing up, implementation and evaluation of STI, HIV and sexual health policies on a national, regional and local level. In coordination with partner organisations we focus on monitoring of and cooperating in the implementation and evaluation of an integrated approach as proposed in the policy letter of the ministry of Health, Welfare and Sport. We monitor this integrated approach in practice, stimulate the visibility of the local target group project results and the national transfer of successes, observe opportunities and bottlenecks, compare the Dutch policy with international frameworks, contribute to reports and if necessary enter into dialogue with the Lower House (Tweede Kamer). We also stimulate policies to maintain the acquired surplus value of and guarantee funding for the ASH and ACS regulations. Together with other parties we contribute to the HIV policy within Europe through the AIDS Action Europe network and participation in the HIV/AIDS Civil Society Forum.

What will we have accomplished in 2015?

- An evaluation report on the implementation of the policy letter on sexual health of the ministry of Health, Welfare and Sport will have been drawn up.
- The 'local sexual health policy manual' will have been implemented in 50% of the Dutch municipalities.
- Gaps in the implementation of international guidelines in the Netherlands will have been lifted.
- European NGOs will evidently have implemented the European HIV policy through the AIDS Action Europe Network.

“We must collaborate in order to avoid duplication,
learn from each other and create a joint basis”



3.6 Together we're strong

What is the aim of STI AIDS Netherlands?

STI AIDS Netherlands wants to accomplish an efficient control of STIs and HIV through extensive exchange and synchronisation of knowledge and experience with our partners. We want to collaborate as much as possible and disseminate our vision in the broadest way possible, preferably together with our partners, to achieve maximum influence.

Why?

Many different parties are active in the field of STIs, HIV and sexual health. We must collaborate in order to avoid duplication, learn from each other and create a joint basis. In the last few years this collaboration has greatly improved but it can still get better. Collaboration concerning the programme on sexual health for young people has already been set up with the Rutgers Nisso Groep.

What are we going to do?

STI AIDS Netherlands will improve collaboration through the Platform STI and sexual health, the Harmonisation Assembly National prevention programmes and the Committee Active testing and counselling. We will coordinate synchronisation between the national and the regional supply of STI and HIV support programmes and will organise various national conferences and symposiums, with or without collaborating partners (e. g. the National Conference STI*HIV*Sex, the ethnic minorities conference, a nursing symposium). We will also collaborate in the approval system for interventions and in the Loket Gezond Leven of the RIVM/CHL and we are in charge of the AIDS Action Europe Clearinghouse. AIDS Action Europe coordinates the collaboration between partners in Europe and Central Asia (NGOs, institutions such as WHO Europe, ECDC, UNAIDS, policy makers and European projects and networks). Exchange of knowledge and information will take place and specific projects will be implemented through the Civil Society Forum.

What will we have accomplished in 2015?

- Each year the number of up- and downloads of the AIDS Action Europe Clearinghouse will increase by 20% and the number of subscribers by 10%.
- The Platform Sexual Health will have developed an up-to-date vision on the preferred way of addressing STIs, HIV and sexual health in the Netherlands.
- The annual conference STIs*HIV*Sex will evidently be used in the field for exchange of information and vision development.



"We want to know what we achieve with our products and services"



4. How will STI AIDS Netherlands meet its targets?

4.1 Quality as hallmark

What is the aim of STI AIDS Netherlands?

STI AIDS Netherlands wants to (continue to) deliver good-quality products and services that link up with the demand of our clients and we want to know what we achieve. Our products have been shaped carefully and with style and are recognisably ours.

Why?

Quality gets the best results. Particularly when products and services are wanted. External parties make increasing demands on our products. And in times of economic recession it is even more important to try and get the best results with the limited means that are available. This does not only apply to our projects. We can learn more by systematically analysing our methodology for which quality and recognisability are important. A number of quality-improving measures have already been started and a corporate communications policy is being worked out.

What are we going to do?

STI AIDS Netherlands wants to further reinforce its quality by implementing quality system-based management and systematic monitoring and evaluation. By renewing the corporate communications policy our products and services are given a more pronounced quality stamp and are as such recognisable for our clients. The organisation will invest more in order to continue to grow as a learning organisation.

What will we have accomplished in 2015?

- STI AIDS Netherlands will have implemented a quality system (including ISO certification, among others) to ensure that its processes and work are evaluated regularly.
- STI AIDS Netherlands will report on the outcomes and impact of its interventions and projects.
- Its culture, systems and structure show that STI AIDS Netherlands is a learning organisation whose clients are satisfied.
- All of our products and services are recognisably ours and are valued positively by our clients.

“Our clients are crucial for us”



4.2 STI AIDS Netherlands is a centre of expertise

What is the aim of STI AIDS Netherlands?

STI AIDS Netherlands is the national centre of expertise in the field of STIs and HIV and has international charisma. We offer knowledge and expertise in the field of STIs and HIV to local professionals and organisations, national and local governments, national organisations and specific target groups. Our clients are crucial for us. In the next few years we want to invest in good systems and in ways to evaluate what our clients want and how they value us. For keeping our knowledge and expertise up-to-date and sharing it we cooperate closely with the Dutch AIDS Fund and STOP AIDS NOW! We also have an excellent national and international network at our disposal with scientific, executive and policy branches. We preferably develop and implement evidence-based interventions. For lack of sufficient evidence we develop and implement evidence-informed interventions.

Why?

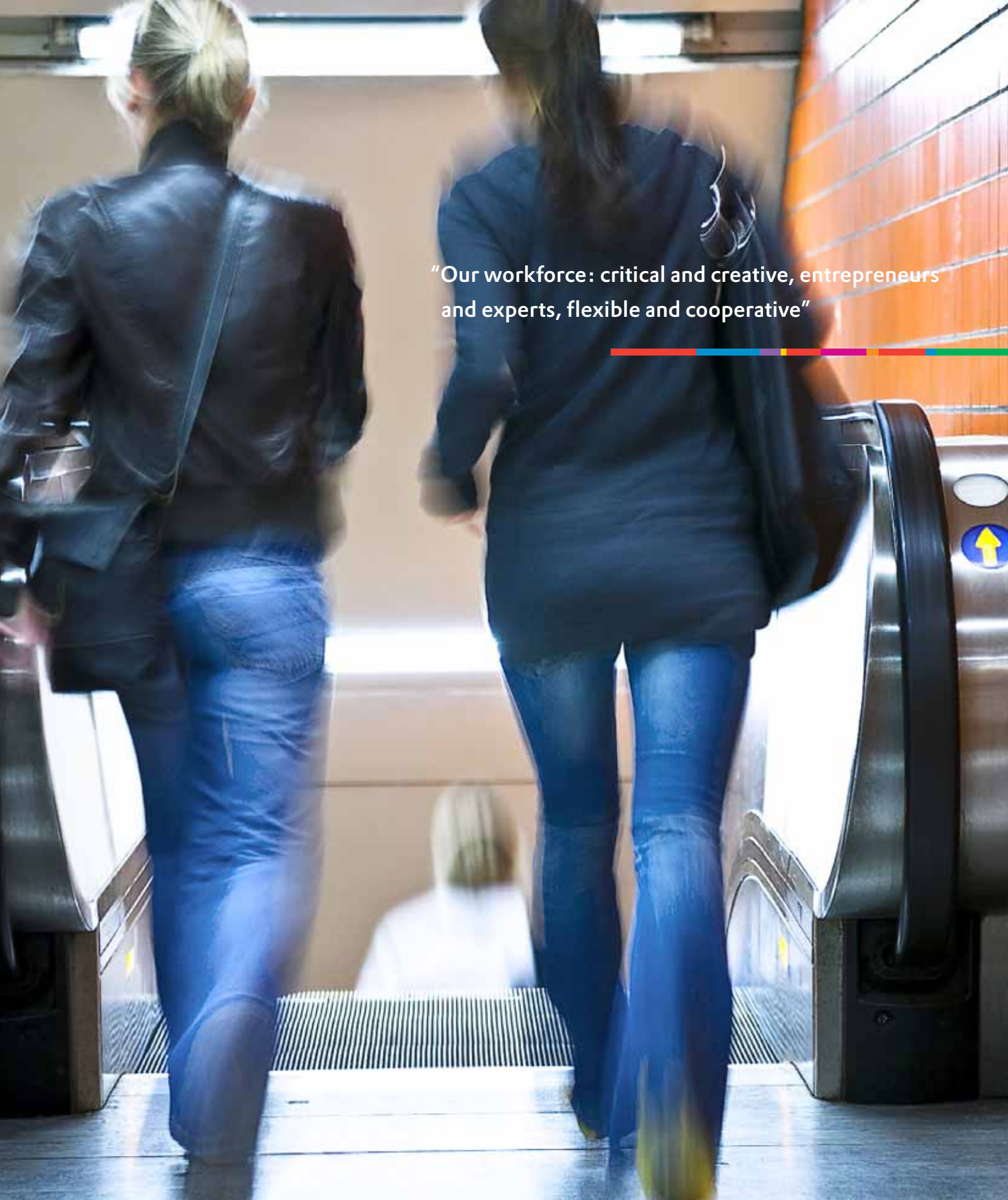
STI AIDS Netherlands is a national organisation with a broad STI, HIV and sexual health strategy in which it holds a unique position. STI AIDS Netherlands focuses on prevention and cure as well as on legislation, social environment and social position. We cater for the needs of various target groups. The needs and expectations of interested parties are not always clear and must therefore be mapped out systematically. Linking up with the most up-to-date scientific insights is therefore very important. As a lot of knowledge in the field of both STIs and HIV and communication and media is developed abroad, it is important to keep abreast of the latest developments. This requires good contact networks and international exchange. In view of the current economic recession optimal use must be made of the limited available means and effect research as well as a systematic evaluation of our programmes, projects and activities is important.

What are we going to do?

STI AIDS Netherlands will start systematic research into clients' needs and satisfaction regarding our products and services. We are setting up structural collaborations with academic workplaces and research institutions and effect measures will be part of our interventions. We will enhance the sharing of knowledge and development within our own organisation as well as with other western countries. We will expand our international project and advice portfolio.

What will we have accomplished in 2015?

- Client satisfaction with and client need of our products and services will have been systematically investigated. The average rate of client satisfaction will be good; our products will meet the needs of our clients.
- A structural collaboration with at least one academic workplace and two research institutions will have been realised.
- Eighty percent of our interventions will have been evaluated on effectivity.
- STI AIDS Netherlands will have expanded its project and advice activities, nationally and internationally, and will have realised at least four new international projects.
- In collaboration with the Dutch AIDS Fund and STOP AIDS NOW! we will have further elaborated a knowledge and development function that will be the propelling force for our policy and programmes.

A photograph showing two women from behind as they walk on an escalator. The woman on the left has blonde hair tied back and is wearing a dark leather jacket and blue jeans. The woman on the right has long dark hair and is wearing a dark blue jacket and blue jeans. They are both carrying bags. In the background, another person with blonde hair is visible, walking away from the camera. The escalator has a black handrail and a blue arrow sign pointing up. The background wall is made of light-colored panels, and there is a large orange cylindrical structure on the right side of the frame.

“Our workforce: critical and creative, entrepreneurs and experts, flexible and cooperative”

4.3 Personnel and organisation

What is the aim of STI AIDS Netherlands?

STI AIDS Netherlands wants to have a workforce of critical and well-informed people who are capable of finding creative and innovative solutions. Our employees have scientific and practical expertise, are good entrepreneurs, flexible, able to cooperate with our partners and successful in acquiring project subsidies.

Why?

Meeting the objectives of STI AIDS Netherlands requires the necessary funds. These funds mainly come from a core-funding grant of the Ministry of Health, Welfare and Sport through the RIVM/Cib. Yet substantial project subsidies are acquired as well for which we need people with time, creativity and skills. The STI AIDS Netherlands' programme structure has some distinct advantages; at the same time the need for a better synchronisation of and collaboration between programmes has been identified, both within and outside of the organisation.

Our employees are content with their work, but their workload and a high level of absenteeism are points of attention.

What are we going to do?

Our personnel form the core of our business – which is why we want to structurally invest in people (expertise, diversity of expertise, flexible deployability) and in labour conditions. We continuously work on evaluation and the further development of competence management. And we are going to set up a multiannual training and educational plan. We will strengthen our programme structure to create a better mutual cooperation and we will create a more direct link between our strategic objectives, work plans and project plans. Through monitoring and evaluation we will create a continuous learning and improvement process. Forcing back heavy workloads and high levels of absenteeism are central issues in our personnel policy.

What will we have accomplished in 2015?

- The proportion of externally acquired project subsidies will have increased.
- Our organisational structure will have resulted in a better internal cooperation and knowledge sharing.
- Our employees enjoy working for us and are given sufficient opportunities for career development.
- Activities and results are directly reducible to our strategic objectives.
- Competence management and educational plans will have resulted in optimal devotion of our personnel.
- The workload of our staff will have become lighter and absenteeism will have been reduced to below 4.5%.



5. Abbreviations

ACS	Additional Curative STI Care
AIDS	Acquired Immunodeficiency Syndrome
ASH	Additional Support with Sexuality Issues
ECDC	European Centre for Disease Prevention and Control
EC	European Commission
EU	European Union
GGD	Municipal Health Centre
HIV	Human Immunodeficiency Virus
MI	Motivational Interviewing
MSM	Men having Sex with Men
NGO	Non-Governmental Organisation
PLWHA	People Living with HIV/AIDS
PrEP	Pre-Exposure Prophylaxis
RIVM	National Institute for Public Health and the Environment
RIVM/CHL	National Institute for Public Health and the Environment / Centre for Healthy Living
RIVM/Cib	National Institute for Public Health and the Environment / Centre for Infectious Disease Control Netherlands
SeksHAG	GP Advisory Group on sexual health
SGA	Sexual Health for Non-Western ethnic minorities
STI	Sexually Transmitted Infection
Un aids	Joint United Nations program on HIV/AIDS
WHO	World Health Organisation
ZonMw	The Netherlands Organisation for Health Research and Development

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Colophon

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