



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

## **East and Southern Africa**

### **Eritrea**

#### **COUNTRY:**

Eritrea

#### **Date of submission:**

1/15/2008

:	Organisation	Ministry of Health
:	Organisation	Ministry of Education
:	Organisation	Ministry of Labor and Human Welfare
:	Organisation	Ministry of Information
:	Organisation	Ministry of Defense
:	Organisation	Ministry of Transport and Communications
:	Organisation	Ministry of Tourism
:	Organisation	National Confederation Eritrean Workers
:	Organisation	National Union Eritrean Workers
:	Organisation	National Union Eritrean Youth and Students
:	Organisation	Evangelical Church of Eritrea
:	Organisation	Orthodox Church of Eritrea
:	Organisation	Catholic Church of Eritrea
:	Organisation	Office of the Mufti (Muslim) Eritrea
:	Organisation	Lutheran World Federation
:	Organisation	Italian Cooperation Eritrea
:	Organisation	World Health Organization
:	Organisation	UNICEF
:	Organisation	UNFPA
:	Organisation	UNDP
:	Organisation	Employers Federation of Eritrea
:	Organisation	Eritrean Marketing Group
Position:		Head of M & E unit
Position:	Full time/Part time	Full time
Position:	Since when?	2003
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time

**1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?**

Yes

**IF YES, period covered:**

1997-2002; 2003-2007

### 1.1 How long has the country had a multisectoral strategy/action framework?

10

### 1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Health:	<b>Strategy/Action framework</b>	Yes
Health:	<b>Earmarked budget</b>	Yes
Education:	<b>Strategy/Action framework</b>	Yes
Education:	<b>Earmarked budget</b>	Yes
Labour:	<b>Strategy/Action framework</b>	Yes
Labour:	<b>Earmarked budget</b>	Yes
Transportation:	<b>Strategy/Action framework</b>	Yes
Transportation:	<b>Earmarked budget</b>	Yes
Military/Police:	<b>Strategy/Action framework</b>	Yes
Military/Police:	<b>Earmarked budget</b>	Yes
Women:	<b>Strategy/Action framework</b>	Yes
Women:	<b>Earmarked budget</b>	Yes
Young people:	<b>Strategy/Action framework</b>	Yes
Young people:	<b>Earmarked budget</b>	Yes
Other*::Defense, Information, FBO, CBO, CSO	<b>Strategy/Action framework</b>	Yes
Other*::Defense, Information, FBO, CBO, CSO	<b>Earmarked budget</b>	Yes

### 1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations<font size=0.2>[3]</font>:	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

**1.4 Were target populations identified through a process of a needs assessment or needs analysis?**

Yes

**IF YES, when was this needs assessment /analysis conducted? Year:**

2006

**1.5 What are the target populations in the country?**

1. Commercial sex workers
2. PLWHA
3. Women
4. Workers
5. Truck drivers
6. Young people in school and out of school
7. TB patients

**1.6 Does the multisectoral strategy/action framework include an operational plan?**

Yes

**1.8 Has the country ensured “full involvement and participation” of civil society<font size=0.4>[4]</font> in the development of the multisectoral strategy/action framework?**

Active involvement

**IF active involvement, briefly explain how this was done:**

A task force was established representing constituencies to guide the head consultant. This was followed by a series of consultative meetings. The consultant has made situation analysis to guide the strategic plan. The draft strategic plan was circulated to all stakeholders and after finalized it was disseminated.

**1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?**

Yes

**1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?**

Yes, some partners

**IF SOME or NO, briefly explain**

They are all guided by the National strategic plan and NATCoD –the body authorized to coordinate the fight against HIV and AIDS epidemic

**2. Has the country integrated HIV and AIDS into its general development plans such as:**

- a) National Development Plans,
- b) Common Country Assessments/United Nations Development Assistance Framework,
- c) Poverty Reduction Strategy Papers,
- d) Sector Wide Approach?

Yes

**2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?**

- b) Common Country Assessments/United Nations Development Assistance Framework:
- c) Poverty Reduction Strategy Papers:

**2.2 IF YES, which policy areas below are included in these development plans?**

HIV Prevention:	<b>Development Plans</b>	b) / c)
Treatment for opportunistic infections:	<b>Development Plans</b>	b)
Antiretroviral therapy:	<b>Development Plans</b>	b)
Care and support (including social security or other schemes):	<b>Development Plans</b>	b) / c)
AIDS impact alleviation:	<b>Development Plans</b>	b)
Reduction of <b>gender</b> inequalities as they relate to HIV prevention/treatment, care and/or support:	<b>Development Plans</b>	b) / c)
Reduction of stigma and discrimination:	<b>Development Plans</b>	b) / c)
Women's economic empowerment (e.g. access to credit, access to land, training):	<b>Development Plans</b>	b) / c)

**3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?**

No

**4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?**

Yes

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?**

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(\*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken? <br>**

**Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:**

It is mandatory for the military but voluntary for police, peacekeepers, and prison staff.

**5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes

**5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?**

No

**5.2 Have the estimates of the size of the main target population sub-groups been updated?**

Yes

**5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates only

**5.4 Is HIV and AIDS programme coverage being monitored?**

Yes

**(a) IF YES, is coverage monitored by sex (male, female)?**

No

**(b) IF YES, is coverage monitored by population sub-groups?**

No

**IF YES, which population sub-groups?**

Population groups 15-49 and children under 15 years of age

**(c) IF YES, is coverage monitored by geographical area?**

Yes

**IF YES, at which levels (provincial, district, other)?**

The country is divided into six zones (regions) and 57 sub zones (sub-regions) and HIV and AIDS is monitored at zonal and sub-zonal level.

**5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes

**Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?**

2007: 8

2005: 5

**1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?**

President/Head of government : Yes

Other high officials : Yes

Other officials in regions and/or districts : Yes

**2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?**

Yes

**2.1 IF YES, when was it created? Year:**

1992

**2.2 IF YES, who is the Chair?**

Name:

Dr. Andebrehan Tesfazion

Title/Function:

Director of National HIV/AIDS/STI and TB Control in Ministry of Health

**2.3 IF YES, does it:**

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	No
include people living with HIV?:	No
include the private sector?:	No
have an action plan?:	Yes
have a functional Secretariat? :	Yes
meet at least quarterly?:	Yes
review actions on policy decisions regularly?:	Yes
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	Yes

**3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/programmes?**

Yes

**3.1 IF YES, does it include?**

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

**(\*)If it does include regular meetings, what is the frequency of the meetings:**

Quarterly

**IF YES, What are the main achievements?**

Coordination and resource mobilization. It's also helpful to harmonize efforts and avoid duplication of work and misuse of resources.

**IF YES, What are the main challenges for the work of this body?**

Resources are limited and there is always competition for resources by implementers

**4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?**

15

**5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?**

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building :	Yes

**6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?**

Yes

**6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?**

Yes

**6.2 IF YES, which policies and legislation were amended and when?**

:	<b>Policy/Law</b>	HIV testing
:	<b>Year</b>	2005
:	<b>Policy/Law</b>	ARV policy
:	<b>Year</b>	2005

**Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?**

2007:	8
2005:	4

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?**

Yes

**1.1 IF YES, what key messages are explicitly promoted?**

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

Other::Know your HIV status

**1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?**

Yes

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes

**2.1 Is HIV education part of the curriculum in**

primary schools? : Yes

secondary schools? : Yes

teacher training? : Yes

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes

**2.3 Does the country have an HIV education strategy for out-of-school young people?**

Yes

**3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?**

Yes

**3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?**

Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Stigma & discrimination reduction:	Prison inmates
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Clients of sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Vulnerability reduction (e.g. income generation):	Sex workers

**(\*)If Other sub-populations, indicate which sub-populations**

truck drivers

**Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?**

2007:	8
2005:	4

## Comments on progress made in policy efforts in support of HIV prevention since 2005:

Interventions were intensive, where HIV/AIDS at workplace have been developed in some sectors.

1. Prevention has been intensified since the government has declared that prevention is the priority of national response in its HIV/AIDS/STDS policy guidelines issued in 2005.

2. Policy and Guidelines for managing HIV and AIDS at the Workplace that will enhance job safety of the workers and prevention of the spread of HIV/AIDS in the workplace have been finalized

### 4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

#### IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts\* in need?

Blood safety:	<b>The activity is available in</b>	<b>all</b> districts* in need
Universal precautions in health care settings:	<b>The activity is available in</b>	<b>all</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The activity is available in</b>	<b>all</b> districts* in need
IEC on risk reduction:	<b>The activity is available in</b>	<b>all</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The activity is available in</b>	<b>all</b> districts* in need
Condom promotion:	<b>The activity is available in</b>	<b>all</b> districts* in need
HIV testing & counselling:	<b>The activity is available in</b>	<b>all</b> districts* in need
Harm reduction for injecting drug users:	<b>The activity is available in</b>	N/A
Risk reduction for men who have sex with men:	<b>The activity is available in</b>	N/A
Risk reduction for sex workers:	<b>The activity is available in</b>	<b>all</b> districts* in need
Programmes for other vulnerable subpopulations:	<b>The activity is available in</b>	<b>all</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The activity is available in</b>	<b>all</b> districts* in need
School-based AIDS education for young people:	<b>The activity is available in</b>	<b>all</b> districts* in need
Programmes for out-of-school young people:	<b>The activity is available in</b>	<b>all</b> districts* in need
HIV prevention in the workplace:	<b>The activity is available in</b>	<b>all</b> districts* in need

#### Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	8
2005:	5
2007:	8
2005:	7

## Comments on progress made in the implementation of HIV prevention programmes since 2005:

1. ART sites which were only 5 in 2005 are raised to 14 sites in 2007.
2. Life skill education has been introduced in all junior and secondary schools since 2005.
3. More VCT were opened
4. More multisectoral participation in the prevention programme

### 1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

#### 1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

### 2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

#### IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts\* in need?

Antiretroviral therapy:	<b>The service is available in</b>	<b>all</b> districts* in need
Nutritional care:	<b>The service is available in</b>	<b>all</b> districts* in need
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>some</b> districts* in need
Sexually transmitted infection management:	<b>The service is available in</b>	<b>all</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>all</b> districts* in need
Home-based care:	<b>The service is available in</b>	<b>all</b> districts* in need
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	<b>all</b> districts* in need
HIV testing and counselling for TB patients:	<b>The service is available in</b>	<b>all</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>most</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	<b>some</b> districts* in need
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>all</b> districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	<b>all</b> districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	<b>all</b> districts* in need
Antiretroviral therapy:	<b>The service is available in</b>	<b>most</b> districts* in need

Nutritional care:	<b>The service is available in</b>	<b>all</b> districts* in need
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>most</b> districts* in need
Sexually transmitted infection management:	<b>The service is available in</b>	<b>all</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>all</b> districts* in need
Home-based care:	<b>The service is available in</b>	<b>all</b> districts* in need
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	<b>all</b> districts* in need
HIV testing and counselling for TB patients:	<b>The service is available in</b>	<b>all</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>all</b> districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	<b>some</b> districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	<b>some</b> districts* in need

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?**

Yes

**4.1 IF YES, for which commodities?:**

Antiretroviral drugs, condom and medicines for opportunistic infections.

**5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?**

Yes

**5.1 IF YES, is there an operational definition for OVC in the country?**

Yes

**5.2 IF YES, does the country have a national action plan specifically for OVC?**

Yes

**5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?**

Yes

**Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?**

2007: 7

2005: 5

**Comments on progress made in efforts to meet the needs of OVC since 2005:**

The government through the Ministry of Labour and Human Welfare is intensifying its efforts to support orphans and vulnerable children through households receiving support.

The government has been using community rehabilitation of OVC.

**1. Does the country have one national Monitoring and Evaluation (M&E) plan?**

In Progress

**2. Does the Monitoring and Evaluation plan include?**

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : No

a data dissemination and use strategy : Yes

**3. Is there a budget for the M&E plan?**

In progress

**4. Is there a functional M&E Unit or Department?**

Yes

**4.1 IF YES, is the M&E Unit/Department based**

in the NAC (or equivalent)? : Yes

in the Ministry of Health? : Yes

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department? <br><br>**

**Number of permanent staff:**

1

**4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?**

Yes

**IF YES, does this mechanism work? What are the major challenges?**

There is a monthly report format to collect data from most of the implementers specifically for VCT/PMTCT/HBC/BCC and ART

However, some implementers are not sending their reports regularly

**4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?**

5

**5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No

**6. Does the M&E Unit/Department manage a central national database?**

Yes

**6.1 IF YES, what type is it?**

Excel data base, SPSS date base, Soft ware based in access date base

**6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?**

Yes

**6.3 Is there a functional Health Information System (HIS)?**

National level : Yes

Sub-national level (\*): Yes

**(\*If there is a functional sub-national HIS, at what level(s) does it function?**

at Unit level

**6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?**

No

**7. To what extent are M&E data used in planning and implementation?**

4

**What are examples of data use?**

1. Procurement of ARVs and HIV test kits
2. Addressing high risk groups
3. STI?HIV/AIDS data
4. VCT/PMTCT data

## What are the main challenges to data use?

1. Its reliability
2. Completeness
3. Timeliness

## 8. In the last year, was training in M&E conducted

At national level? :		Yes
At national level? :	IF YES, Number of individuals trained:	60
At sub-national level? :		Yes
At sub-national level? :	IF YES, Number of individuals trained:	200
Including civil society? :		Yes
Including civil society? :	IF YES, Number of individuals trained:	30

## Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007:	8
2005:	5

## Comments on progress made in M&E since 2005:

1. The surveillance system of HIV/AIDS and STI has been strengthened
2. The health management information system is strengthening
3. Training is being given to members of the M&E

## 1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes

### 1.1 IF YES, specify:

The Constitution of Eritrea contains broad equality provisions that prohibit discrimination on a range of listed grounds as well as on the basis of "any other improper factors". Article 7 of the Constitution states that act that violates the human rights of the women or limits or otherwise thwarts their role and participation is prohibited. Article 21 notes that every citizen has the right to equal access to publicly funded social services and that the state shall Endeavour to make available to citizens health, education, cultural and other social services.

## 2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

## 2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	Yes
IDU:	No
MSM:	No
Sex Workers :	Yes
Prison inmates :	Yes
Migrants/mobile populations :	Yes

## IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

1. There is a policy on HIV/AIDS by the Ministry of Health
2. People are not discriminated for recruitment because of their HIV status
3. Adequate recognition and support is given to the association of people living with HIV/AIDS

## IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

Through creating awareness on their right

## 3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

No

## 4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes

## 5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes

## IF YES, briefly describe this mechanism

1. A number of studies have been conducted to streamline appropriate actions
2. A number of organizations are now developing HIV/AIDS policy in the work place and this would give them a means of addressing cases, if any.

## 6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

## IF YES, describe some examples

Formation BDHO Association- people living with HIV and their involvement in policy design and program implementation

**7. Does the country have a policy of free services for the following:**

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:**

1. Anti-retroviral is freely distributed
2. Testing and counseling is voluntary and free
3. Condoms are sold at nominal price by ESMG

**8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?**

Yes

**9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?**

Yes

**9.1 Are there differences in approaches for different most-at-risk populations?**

Yes

**10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

Yes

**11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes

**11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?**

No

**12. Does the country have the following human rights monitoring and enforcement mechanisms?**

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: Yes

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

**IF YES, on any of the above questions, describe some examples:**

1. Timely reports
2. Evaluation and analysis
3. Committees at different sectors and levels

**13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?**

Yes

**14. Are the following legal support services available in the country?**

Legal aid systems for HIV and AIDS casework: No

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes

**15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?**

Yes

**IF YES, what types of programmes?**

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	Yes
Other::	Yes

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?**

2007:	7
2005:	6

**Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:**

BIDHO-the association of people living with HIV promotes and protects the rights of those PLHA

**Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?**

2007:	7
2005:	6

**Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:**

Intensive awareness raising campaigns on human rights were conducted since 2005.

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?**

3

**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)**

4

**3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included**

a. in both the National Strategic plans and national reports?:	4
b. in the national budget?:	3

**4. Has the country included civil society in a National Review of the National Strategic Plan?**

Yes

**IF YES, when was the Review conducted? Year:**

2003

**5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?**

4

**List the types of organizations representing civil society in HIV and AIDS efforts:**

1. National Youth and Women's Association
2. National Confederation of workers
3. Faith based organizations
4. Association of people living with HIV (BIDHO)

**6. To what extent is civil society able to access**

- |   |   |
|---|---|
| a. adequate financial support to implement its HIV activities?: | 3 |
| b. adequate technical support to implement its HIV activities?: | 3 |

**Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?**

- |       |   |
|-------|---|
| 2007: | 8 |
| 2005: | 7 |

**Comments on progress made in increasing civil society participation since 2005:**

1. HAMSET control project encourages the involvement of civil societies
2. More NGOs and FBOs mostly local are involving in HIV and AIDS programme designing and implementation

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?**

Yes

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?**

Blood safety:	<b>The service is available in</b>	<b>all</b> districts* in need
Universal precautions in health care settings:	<b>The service is available in</b>	<b>all</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The service is available in</b>	<b>all</b> districts* in need
IEC on risk reduction:	<b>The service is available in</b>	<b>all</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The service is available in</b>	<b>all</b> districts* in need
Condom promotion:	<b>The service is available in</b>	<b>all</b> districts* in need
HIV testing & counselling:	<b>The service is available in</b>	<b>all</b> districts* in need
Harm reduction for injecting drug users:	<b>The service is available in</b>	N/A
Risk reduction for men who have sex with men:	<b>The service is available in</b>	N/A
Risk reduction for sex workers:	<b>The service is available in</b>	<b>all</b> districts* in need
Programmes for other vulnerable sub-populations:	<b>The service is available in</b>	<b>all</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The service is available in</b>	<b>all</b> districts* in need
School-based AIDS education for young people:	<b>The service is available in</b>	<b>all</b> districts* in need
Programmes for out-of-school young people:	<b>The service is available in</b>	<b>all</b> districts* in need
HIV prevention in the workplace:	<b>The service is available in</b>	<b>all</b> districts* in need

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

Yes

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007:	7
2005:	5

**Comments on progress made in the implementation of HIV treatment, care and support services since 2005:**

1. Ratification of ART policy in 2005
2. Provision of ART for free reflects government commitment
3. VCT and PMTCT are expanding at district level
4. An assessment was conducted and this has helped to make an informed decision for scaling up activities.

**2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?**

Prevention for youth :	>75%
Prevention for sex workers :	25-50%
Counselling and Testing :	51-75%
Clinical services (OI/ART)* :	<25%
Home-based care :	25-50%
Programmes for OVC** :	<25%

**3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?**

Yes

**3.1 IF YES, is there an operational definition for OVC in the country?**

Yes

**3.2 IF YES, does the country have a national action plan specifically for OVC?**

Yes

**3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?**

Yes

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