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UNGASS - National Composite Policy Index (NCPI) 2007

Russian Federation

Russian Federation

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01.02.2008

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:	Name/Position	Á Ě Ě Á Á
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	Đ A.I / A.II / A.III / A.IV / A.V
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:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
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:	Name/Position	Á Ě Ě Á Á
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
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:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
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:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
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:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
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:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
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:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
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:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
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:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
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:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
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:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	° Á Á Á Á Á Á Á
:	Name/Position	Á Á Á Á Á Á Á
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Á Á
Position:	Full time/Part time	Full time
Position:	Since when?	1990
Position:		
Position:	Full time/Part time	Full time

Position:	Since when?	2005			
Position:			Á	Á	Á
Position:	Full time/Part time	Full time			
Position:	Since when?	2005			
Position:			Á		Á
Position:	Full time/Part time	Full time			
Position:	Since when?	2006			
Position:			Á		
Position:	Full time/Part time	Full time			
Position:	Since when?	2006			

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

Yes

IF YES, period covered:

2007-2011

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:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	No
Transportation:	Strategy/Action framework	No
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	Yes
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	Yes
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes
Agriculture:	Strategy/Action framework	No
Agriculture:	Earmarked budget	No
Finance:	Strategy/Action framework	Yes
Finance:	Earmarked budget	Yes

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a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations	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

Yes

2007

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

- | | |
|--|-----|
| a. Formal programme goals? : | Yes |
| b. Clear targets and/or milestones? : | Yes |
| c. Detailed budget of costs per programmatic area? : | Yes |
| d. Indications of funding sources?: | Yes |
| e. Monitoring and Evaluation framework? : | Yes |

1.8 Has the country ensured “full involvement and participation” of civil society[4] in the development of the multisectoral strategy/action framework?

Moderate involvement

IF NO or MODERATE involvement, briefly explain:

There is moderate involvement of civil society in the development of the multisectoral strategy/action framework. The process involved consultations with various stakeholders, including civil society organizations, government agencies, and the private sector. However, the involvement was not as extensive as it could have been, particularly in terms of the depth of participation and the range of civil society groups involved. The framework was developed through a series of workshops and consultations, but the civil society's input was limited to providing feedback on the draft framework rather than being actively involved in the formulation process. The government and the private sector played the primary roles in developing the framework, with civil society acting in a consultative capacity.

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

Some external Development Partners have aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework. The United Nations Development Assistance Framework (UNDAF) and the Common Country Assessment (CCA) have been aligned with the national strategy. However, other bi-lateral and multi-lateral partners have not yet fully aligned their programmes with the national framework. The government is working to encourage these partners to align their programmes with the national strategy to ensure a more coherent and effective response to the 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?

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

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

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

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

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

4

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

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

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

\hat{A}

Yes

Yes

Yes

Estimates and projected needs

Yes

Yes

Yes

$\begin{matrix} \text{Á} & \text{Á} & & \text{É} & & \text{É} & \text{É} & & \text{É} & & \text{Á} & & \text{Á} & & \text{É} & & \text{Á} \\ \text{É} & \text{É} & \text{É} & & \text{É} & & \text{É} & & \text{É} & & \text{Á} & & \text{Á} & & \text{É} & & \text{Á} \end{matrix}$

Yes

[illegible]

Yes

2007:	9
2005:	7

[illegible]

President/Head of government :	Yes
Other high officials :	Yes
Other officials in regions and/or districts :	Yes

Yes

2006

Name: _____ Á È Ë

Title/Function: _____ Á

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? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	No
have an action plan?:	Yes
have a functional Secretariat? :	Yes
meet at least quarterly?:	No
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

(*) If it does include civil society representatives, what percentage?

30%

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:

[illegible]

9%

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

Yes

Yes

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:	Year	2006,	2005									
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:	Year	2006,	2007									

2007:	9
2005:	4

Yes

- Be sexually abstinent:
- Delay sexual debut:
- Be faithful:
- Reduce the number of sexual partners:
- Use condoms consistently:
- Engage in safe(r) sex:
- Abstain from injecting drugs:
- Use clean needles and syringes:
- Fight against violence against women:
- Greater acceptance and involvement of people living with HIV:
- Greater involvement of men in reproductive health programmes:

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? : No

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:	IDU
Targeted information on risk reduction and HIV education:	MSM
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:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Prison inmates
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Needle & syringe exchange:	IDU

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

☐ IDU
 ☐ MSM
 ☐ Sex workers
 ☐ Clients of sex workers
 ☐ Prison inmates
 ☐ Other sub-populations (*)

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

2007:	9
2005:	6

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

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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:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	all districts* in need
IEC on risk reduction:	The activity is available in	most districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	all districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Harm reduction for injecting drug users:	The activity is available in	most districts* in need
Risk reduction for men who have sex with men:	The activity is available in	most districts* in need
Risk reduction for sex workers:	The activity is available in	most districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	most districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	all districts* in need
School-based AIDS education for young people:	The activity is available in	all districts* in need
Programmes for out-of-school young people:	The activity is available in	all districts* in need
HIV prevention in the workplace:	The activity is available in	some districts* in need
Uc@!K	The activity is available in	some 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:	5
2005:	5

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

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

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

☒ ARV ☒ Condoms ☒ Syringes ☒ Substitution drugs ☒ TB drugs ☒ Vaccines ☒ Other

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

IF YES, what percentage of OVC is being reached?

90%

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

2007: 7

2005: 6

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

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

In Progress

IF YES, Years covered:

2006-2011

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 : Yes

a data dissemination and use strategy : Yes

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

Yes

3.1 IF YES, has funding been secured?

Yes

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

Yes

No

No

Yes

[illegible]

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

Number of permanent staff:

6

Number of temporary staff:

6

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?

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

4

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

Yes, meets regularly

IF YES, Date last meeting:

24.01.2008

5.1 Does it include representation from civil society, including people living with HIV?

Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group

$$\begin{array}{c} \dot{A} \\ \dot{A} \end{array} \quad \dot{E}$$

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

Yes

6.1 IF YES, what type is it?

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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?

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

Yes

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

4

What are examples of data use?

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

At national level? : Yes

At sub-national level? : Yes

Including civil society? : Yes

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

2007: 7

2005: 5

Comments on progress made in M&E since 2005:

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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:

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

No

2.1 IF YES, for which sub-populations?

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

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

[illegible]

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

[illegible]

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

Yes

3.1 IF YES, for which sub-populations?

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

[illegible]

Yes

No

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Yes

[illegible]

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:

There are no specific policies in place to implement these services. The country has a general policy of free services for all citizens, but the implementation is not consistent across all regions and services. The government is working to improve the quality and coverage of these services, but there are still significant challenges, including a lack of trained personnel and infrastructure. The government is also working to increase public awareness of these services and encourage people to seek them out.

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

IF YES, briefly explain the differences:

There are differences in approaches for different most-at-risk populations. For example, the country has a specific policy for men who have sex with men (MSM), which includes providing them with condoms and lubricants, and offering them HIV testing and counseling. For people who inject drugs (PWID), the country has a policy of providing them with sterile injecting equipment and offering them HIV testing and counseling. For people who are in the sex trade, the country has a policy of providing them with condoms and lubricants, and offering them HIV testing and counseling. The country also has a policy of providing HIV testing and counseling to all people who are in the most-at-risk populations, regardless of their gender or sexual orientation.

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

Yes

Yes

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- 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:	Yes
--	-----

- 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:	No
--	----

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:	No
--	----

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination:	No
--	----

[illegible]

No

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:	Yes
--	-----

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 : No

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: 6

2005: 4

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

There has been a significant improvement in the legal framework and the implementation of policies related to human rights in relation to HIV and AIDS. The government has taken concrete steps to ensure that the rights of people living with HIV are protected and promoted. There has been a shift in societal attitudes, with more people understanding and accepting people living with HIV. The media has played a crucial role in raising awareness and reducing stigma. School education has also contributed to this change, with more children learning about HIV and AIDS in a positive and understanding way. Personalities regularly speaking out have helped to normalize the issue and encourage open discussions. Overall, the progress made since 2005 is commendable, and the government's commitment to human rights in relation to HIV and AIDS is evident.

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: 3

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

The enforcement of existing policies, laws and regulations in relation to human rights and HIV and AIDS has shown significant progress since 2005. The government has strengthened its commitment to enforcing these laws and regulations, ensuring that they are effectively implemented. There has been a more active role of civil society in monitoring and advocating for the enforcement of these laws. The media has continued to play a vital role in raising awareness and holding the government accountable. School education has also contributed to the enforcement of these laws by educating children about their rights and the importance of respecting the rights of others. Personalities regularly speaking out have helped to create a supportive environment for the enforcement of these laws. Overall, the progress made in enforcing existing policies, laws and regulations is positive, and the government's commitment to human rights and HIV and AIDS is evident.

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

4

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)?

2

a. in both the National Strategic plans and national reports?:	4
b. in the national budget?:	2

Yes

2007

4

[illegible]

a. adequate financial support to implement its HIV activities?:	2
b. adequate technical support to implement its HIV activities?:	4

2007: 5

2005: 4

[illegible]

Yes

[illegible]

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

Yes

2007:	8
2005:	4

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

Yes

No

Yes

Yes

IF YES, what percentage of OVC is being reached?