

Republic of Korea Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

Data from Division of HIV and TB Control, Korea Centers for Disease Control and Prevention(KCDC) that is responsible for National HIV/AIDS Control.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Discussion with persons in charge of practical HIV/AIDS Control

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

Some parts are not applicable to Korea Public Health System.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
KCDC	Eun Gyu Lee/Deputy Director of Division of HIV and TB Control	Yes	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

-

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

-

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Korea Centers for Disease Control and Prevention

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy Earmarked Budget

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:

-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

-

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

Korea Federation For HIV/AIDS Prevention, Korean Alliance to Defeat AIDS, The Salvation Army Korea Territory(Public Health Department), and other civil society groups including PLHIV.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

Health Plan 2020

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women’s economic empowerment (e.g. access to credit, access to land, training):

N/A

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is “Low” and 5 is “High”), to what extent has the evaluation informed resource allocation decisions?:

4

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as

military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

for MSM

Briefly explain how this information is used:

The information is used for operation of HIV Counseling and Testing Centers for MSM.

(c) Is coverage monitored by geographical area:

Yes

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

Two geographical areas(Metroplitan cities) have been monitoring for MSM

Briefly explain how this information is used:

The information is used for operation of HIV Counseling and Testing Centers for MSM.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

14 general hospitals as HIV/AIDS treatment specialized facilities equipped with counseling service rooms designated bt the government have been providing professional HIV/AIDS medical services.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

For those who require long-term care or terminal cases, a long-term care hospital designated by government has been operating since 2009.

What challenges remain in this area:

Stigma against PLHIV need to be a little more improved.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

2011 World AIDS Day Campaign was led by head of Korea Centers for Disease Control and Prevention including leaders of civil organizations.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Dr. JunMyoung Kim, Professor of Yonsei University

Have a defined membership?:

Yes

IF YES, how many members?:

11

Include civil society representatives?:

Yes

IF YES, how many?:

1

Include people living with HIV?:

No

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

Korea Centers for Disease Control and Prevention is promoting and coordinating interaction among civil society organizations and private sector's organizations.

What challenges remain in this area:

-

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

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

No discrimination against PLHIV in getting Jobs, No restriction for migration etc.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

9

Since 2009, what have been key achievements in this area:

Prohibition of any discrimination against PLHIV in the workplace and revision of the Korea Immigration Service Regulation for no travel restriction against PLHIV.

What challenges remain in this area:

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Korea Ministry of Justice's Immigration Control Service Regulation not to prohibit any travel restrictions for peoples living with HIV.

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

Korea Ministry of Justice is implementing the regulations not to prohibit any travel restrictions for peoples living with HIV.

Briefly comment on the degree to which they are currently implemented:

The regulations are strictly implemented in Immigration Services at the Points of Entry(POEs)

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs :

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

No

Be faithful:

Yes

Be sexually abstinent:

No

Delay sexual debut:

No

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

No

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

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 to promote life-skills based HIV 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 include age-appropriate, gender-sensitive sexual and reproductive health elements?:

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 and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

To provide health education and HIV Testing and Counseling Services for vulnerable sub-populations(MSM, potential sex workers, etc)

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	Yes	No	-
No	No	No	No	No	-
No	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
No	No	Yes	Yes	No	-
No	Yes	Yes	Yes	Yes	general public
No	Yes	Yes	Yes	No	-
No	Yes	Yes	Yes	Yes	PLHIV

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

Condom Use Promotion, Prevention educations have been strenthened since 2009.

What challenges remain in this area:

-

4. Has the country identified specific needs for HIV prevention programmes?:

No

IF NO, how are HIV prevention programmes being scaled-up?:

HIV prevention Programme have been strengthened and enlarged by government in colleboration with HIV/AIDS organizations.

4.1. To what extent has HIV prevention been implemented?

Blood safety: Strongly Agree
Condom promotion: Strongly Agree
Harm reduction for people who inject drugs: Strongly Agree
HIV prevention for out-of-school young people: Strongly Agree
HIV prevention in the workplace: Agree
HIV testing and counseling: Strongly Agree
IEC on risk reduction: Strongly Agree
IEC on stigma and discrimination reduction: Strongly Agree
Prevention of mother-to-child transmission of HIV: Strongly Agree
Prevention for people living with HIV: Strongly Agree
Reproductive health services including sexually transmitted infections prevention and treatment: Strongly Agree
Risk reduction for intimate partners of key populations: Strongly Agree
Risk reduction for men who have sex with men: Strongly Agree
Risk reduction for sex workers: Strongly Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

1. Korea government covers all expenses of HIV/AIDS treatment at medical facilities(90% by National Health Insurance System and 10% by National HIV/AIDS Control Budget). 2. PLHV experiencing economical difficulties are specially supported with necessary living commodities through NGOs by National HIV/AIDS Programme. 3. Inpatient PLHV during staying at hospital are also given care-giver services for free.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

PLHV requiring long-term care and hospice services are being scaled-up by the government.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

1. Korea government covers all expenses of HIV/AIDS treatment at medical facilities(90% by National Health Insurance and 10% by National HIV/AIDS Control Budget). 2. PLHIV experiencing economical difficulties are specially supported with necessary living commodities through NGOs by National HIV/AIDS Programme. 3. Inpatient PLHIV during staying at hospital are also given care-giver services for free.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

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

Yes

IF YES, for which commodities?:

Korea government covers all expenses of antiretroviral therapy medications used for HIV/AIDS treatment at the medical facilities(90% by National Health Insurance System and 10% by National HIV/AIDS Control Budget).

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

All expenses of HIV/AIDS treatment at the medical facilities are covered 100% by the national HIV/AIDS Policy (90% by National Health Insurance System and 10% by National HIV/AIDS Control Budget).

What challenges remain in this area:

-

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

N/A

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

-

1.1 IF YES, years covered:

since 2004

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, some partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

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

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

10%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

-

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

Yes

In the National HIV Commission (or equivalent)?:

-

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Surveillance Staffs	257	-	2004

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
AIDS Monitor	-	10	2004

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

Since 2004, Korea established and has been operating real time Web-based HIV/AIDS Surveillance System to figure out incidence and mortality of HIV/AIDS. According to Korea HIV/AIDS Prevention Law, all medical doctor are obliged to report HIV cases to their jurisdictional Public Health officers and all data electronically is being transmitted to HIV/AIDS Surveillance Center of Korea CDC at the central level.

What are the major challenges in this area:

-

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

Yes

6. Is there a central national database with HIV- related data?:

Yes

IF YES, briefly describe the national database and who manages it.:

HIV/AIDS Surveillance Center of Korea CDC at the central level manage national HIV/AIDS database.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

Real time web-based HIV/AIDS Surveillance System enable whole levels to be networked for data reporting process. Nationwide 253 Public Health Centers at local level(county/district), 16 Provincial Public Health Department at subnational level, 1 HIV/AIDS Surveillance Center at national level

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

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

HIV/AIDS Surveillance Data are analyzed by epidemiological variables such as person (sex, age), time (week, month, year) and place (county, district, province, whole country) and disseminated to HIV/AIDS related workers.

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

At national level?:

Yes

IF YES, what was the number trained:

50

At subnational level?:

Yes

IF YES, what was the number trained:

300

At service delivery level including civil society?:

Yes

IF YES, how many?:

5

9.1. Were other M&E capacity-building activities conducted other than training?:

Yes

IF YES, describe what types of activities:

Workshop for capacity-building of public health center's HIV/AIDS workers

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

9

Since 2009, what have been key achievements in this area:

Increase of data completeness and accuracy

What challenges remain in this area:

-

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

4

Comments and examples:

-

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

3

Comments and examples:

Some groups of main organizations such as Korea Federation for HIV/AIDS Prevention (KHAP), Korean Alliance to Defeat AIDS (KADA) etc have been involved in participating in the planning and budgeting process every year.

3.

a. The national HIV strategy?:

-

b. The national HIV budget?:

-

c. The national HIV reports?:

-

Comments and examples:

Korean CDC's report has been updated and shared together.

4.

a. Developing the national M&E plan?:

-

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

:

-
c. Participate in using data for decision-making?:

-
Comments and examples:

5 Korea HIV/AIDS Monitoring Teams

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

-
6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) 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

Comments and examples:

-

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

>75%

Men who have sex with men:

>75%

People who inject drugs:

51-75%

Sex workers:

>75%

Transgendered people:

25-50%

Testing and Counselling:

>75%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

25-50%

Home-based care:

>75%

Programmes for OVC:**

-

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

-
Since 2009, what have been key achievements in this area:

-
What challenges remain in this area:

-

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

-

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

Korea HIV/AIDS Control Act.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

No discrimination in treatment, working places and travel etc.

Briefly comment on the degree to which they are currently implemented:

Strictly implemented.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

Korea HIV/AIDS Control Act.

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

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

-

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

-

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
-	-	-
-	-	-
-	-	-

If applicable, which populations have been identified as priority, and for which services?:

-

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

-

8.1. **IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:**

-

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

Yes

IF YES, briefly describe the content of the policy or law:

-

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

a. 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

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

-

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

-

11. In the last 2 years, have there been the following training and/or capacity-building activities?

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

-

Programmes for the media:

-

Programmes in the work place:

-

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

8

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

8

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

1.1 To what extent has HIV prevention been implemented?

Blood safety:

-

Condom promotion:

-

Harm reduction for people who inject drugs:

-

HIV prevention for out-of-school young people:

-

HIV prevention in the workplace:

-

HIV testing and counseling:

-

IEC on risk reduction:

-

IEC on stigma and discrimination reduction:

-

Prevention of mother-to-child transmission of HIV:

-

Prevention for people living with HIV:

-

Reproductive health services including sexually transmitted infections prevention and treatment:

-

Risk reduction for intimate partners of key populations:

-

Risk reduction for men who have sex with men:

-
Risk reduction for sex workers:

-
School-based HIV education for young people:

-
Universal precautions in health care settings:

-
Other [write in]:
-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

-
What challenges remain in this area:
-

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

-
Briefly identify how HIV treatment, care and support services are being scaled-up?:

Yes

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

-
ART for TB patients:

-
Cotrimoxazole prophylaxis in people living with HIV:

-
Early infant diagnosis:

-
HIV care and support in the workplace (including alternative working arrangements):

-
HIV testing and counselling for people with TB:

-
HIV treatment services in the workplace or treatment referral systems through the workplace:

-
Nutritional care:

-
Paediatric AIDS treatment:

-
Post-delivery ART provision to women:

-
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

-
Post-exposure prophylaxis for occupational exposures to HIV:

-
Psychosocial support for people living with HIV and their families:

-
Sexually transmitted infection management:

-
TB infection control in HIV treatment and care facilities:

-
TB preventive therapy for people living with HIV:

-
TB screening for people living with HIV:

-
Treatment of common HIV-related infections:

-
Other [write in]:
-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

3

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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