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## Sao Tome and Principe 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:

Le processus a debuté avec la circulation par email de l'information a tous les membres, identification des besoins en matière de données, developpement d'un plan de colecte et analyse de données, identification des outils de colectes de données, mobilisation des ressources additionnels au près de partenaires, colecte de données en coordination avec les partenaires, remplissage de l'outil online, circulation pour commentaire; validation des données et soumission **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** 

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

□ NCPI - PARTA [to be administered to government officials]

- 1	L	0 1						
	Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
	PNLS	Bonifacio SOusa, Coordinateur	Yes	Yes	Yes	Yes	Yes	Yes
	Direcção dos Cuidados de Saúde	Elisabeth CArvalho	Yes	No	No	No	Yes	Yes
	INPG	Ernestina Menezes	No	Yes	Yes	No	No	No
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-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
Medicos do Mundo	Ana Baptista	No	No	No	Yes	Yes
Unicef	Luis Bonfim	Yes	Yes	Yes	Yes	Yes
UNFPA	José Manuel Carvalho	Yes	Yes	Yes	Yes	Yes
OMS	Claudina Cruz	Yes	Yes	Yes	Yes	Yes
PNUD	Angela de Tommasi	Yes	Yes	Yes	Yes	Yes
PAM	Celestino Cardoso	Yes	Yes	Yes	Yes	Yes
Cruz Vermelha	MAria Tome Palmer	Yes	Yes	Yes	Yes	Yes
Projecto Saude Para Todos	Edgar Neves	Yes	Yes	Yes	Yes	Yes
ASPF	Antonio Amado VAz	Yes	Yes	Yes	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: 2011-2015 IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:

La revue du plan strategique 2004-2008 a été faite en 2007 et demarrage du processus de planification en vue de l'integration des objectifs d'acès universel, prevention, soins et tratitement en 2010

-1.1 Which government ministries or agencies-

#### Name of government ministries or agencies [write in]:

Ministry of Health and Social Affaires

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

SECTORS	
Included in Strategy	Earmarked Budget
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-specifc 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: Yes People with disabilities: No People who inject drugs: Yes Sex workers: Yes Transgendered people: No Women and girls: Yes Young women/young men: Yes Other specific vulnerable subpopulations: No **Prisons:** Yes Schools: Yes Workplace: Yes Addressing stigma and discrimination: Yes Gender empowerment and/or gender equality: Yes

IF NO, explain how key populations were identifed?:

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

Adolescents et jeunes; hommes en tenue; population carcelare; population mobile et pecheurs; les populations plus a risque (travailleures de sexe et leurs clients; HSH, Usager de drogues injectables).

1.5. Does the multisectoral strategy include an operational plan?: No

-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?:

No

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

No

e) A monitoring and evaluation framework?:

No

-1.7<sup>-</sup>

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:

PVVIH, NGO's representants, Education, representant de la jeunesse, de la communication, dans l'analyse situational et dans l'identification des strategies.

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

No

-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 specifc development plans?

Common Country Assessment/UN Development Assistance Framework: Yes National Development Plan: Yes

Poverty Reduction Strategy:

Yes Sector-wide approach:

N/A

Other [write in]:

-

-2.2. IF YES, are the following specifc 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): Yes Other[write in below]:

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

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?:

No

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?:

Travalilleuses et travailleures de sexe, hommes en tenu,

Briefly explain how this information is used:

Pour la planification

(c) Is coverage monitored by geographical area:

Yes

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

District

Briefly explain how this information is used:

Pour la planification au niveau des districts

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

No

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

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?:

2

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

Review du plan et élaboration du plan strategique

What challenges remain in this area:

finalisation du plan strategique, budjetisation, élaboration des plans operationnels et mobilisation des ressources aditionnelles pour la mise en oeuvre

# A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes B. Other high offcials at sub-national level:

Yes

(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: Activité central du 1º Décembre, sensibilisation du parlement (3ème commission) sur la problematique du VIH dans les populations a risque 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?: President de la Republique Have a defined membership?: Yes IF YES, how many members?: 33 membres Include civil society representatives?: Yes IF YES, how many?: 9 membres Include people living with HIV?: Yes IF YES, how many?: Include the private sector?: Yes Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

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

No

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: No 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?:

No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV 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?: 5

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

What challenges remain in this area:

# A - III. HUMAN RIGHTS

-1.1 People living with HIV: No Men who have sex with men: No Migrants/mobile populations: No Orphans and other vulnerable children: Yes People with disabilities: No People who inject drugs: No Prison inmates: No Sex workers: No Transgendered people: No Women and girls: Yes Young women/young men: No 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?:** No

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

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

Briefly comment on the degree to which they are currently 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

 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:

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: No Avoid commercial sex: No Avoid inter-generational sex: No Be faithful: Yes Be sexually abstinent: Yes **Delay sexual debut:** Yes Engage in safe(r) sex: Yes Fight against violence against women: No Greater acceptance and involvement of people living with HIV: Yes Greater involvement of men in reproductive health programmes: Yes 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?:

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?:

No

Briefly describe the content of this policy or strategy:

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?:

5

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

la proportion des femmes et hommes de 15 a 24 ans ayant utilisée le preservatif lors de la première relation sexuelle a été de 23 et 34% em 2009.

## What challenges remain in this area:

D'ici 2015: 80% de jeunes de 15 à 24 ans ont réalisé leur dépistage du VIH ; Le taux d'utilisation des préservatifs lors du dernier rapport sexuel à risque chez les jeunes filles et garçons de 15 – 24 ans est porté à 80%; 95% des écoles intègrent l'enseignement d'EVF/EMP/VIH dans les curricula scolaires La prévalence du VIH chez les jeunes/adolescents âgés de 15 à 24 ans baisse de moitié;

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

Yes

## IF YES, how were these specific needs determined?:

-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:
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:
Agree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Agree
Other[write in]:
-

# 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: Depistage, traitement, suivi et support psycossociale Briefly identify how HIV treatment, care and support services are being scaled-up?: Demarrage en 2005 avec trois(3) centre de tratitement. En 2011 le nombre de centre de traitement etait 10. -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: Disagree HIV care and support in the workplace (including alternative working arrangements): Disagree HIV testing and counselling for people with TB: Strongly Agree HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree Nutritional care: Aaree **Paediatric AIDS treatment:** Aaree Post-delivery ART provision to women: Agree Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree Post-exposure prophylaxis for occupational exposures to HIV: Strongly Agree Psychosocial support for people living with HIV and their families: Aaree Sexually transmitted infection management: Aaree TB infection control in HIV treatment and care facilities: Disagree TB preventive therapy for people living with HIV: Disagree TB screening for people living with HIV: Disagree Treatment of common HIV-related infections: 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

5

Please clarify which social and economic support is provided:

support nutritionnelle et activitées géneratrice de revenus pour les personnes les plus démunis

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

Yes

5

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?: No

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?:

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

reduction nombre de décès (en 2005 de taux de mortalité chez les malades a étè de 22% et ce taux a baissé jusqu'a 6% en 2011

What challenges remain in this area:

Ameliorér la capture de nombre de malades, et le suivi des malades

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

No

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?:

5

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

What challenges remain in this area:

## A - VI. MONITORING AND EVALUATION

Yes Briefly describe any challenges in development or implementation: Harmonizer le plan S&E avec la strategie 2011-2015 1.1 IF YES, years covered: 2011-2015 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: Revu du plan pour l'alignement des indicateurs d'acess universel 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

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

Guidelines on tools for data collection:

No

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? :

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

## Briefly describe any obstacles:

Insuffissance de ressources financiers et humain -4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes In the National HIV Commission (or equivalent)?: No Elsewhere [write in]?:

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
1	1	0	2007
1	0	1	2007

# 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:

Les rapports semestriels, effectués par PNLS sont envoyés à tous les partenaires impliqués dans le PNLS, par note verbale et des réunions tecnhique de disseminations d'information.

What are the major challenges in this area:

Élaboration et mise e oeuvre du plan dissemination des informations/rapports

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: No

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

Yes

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

L'implémentation de la notification électronique dans le cadre du renforcement du système de santé et la mise en place du SIS sera un atout qui pourra être utilisé par le programme VIH/SIDA. La formation du personnel sera aussi envisagé dans le domaine GIS (geographic information system). Une base de données pour la VIH/SIDA sera mis en place. Elle comprendra les données épidémiologiques, les données sur le développement du personnel (formations) et les données sur la gestion des médicaments et des intrants de laboratoire.

# 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, but only some of the above

IF YES, but only some of the above, which aspects does it include?:

Les indicateurs de couvertures

6.2. Is there a functional Health Information System?

At national level: Yes At subnational level: Yes IF YES, at what level(s)?: National et distrital

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:

Les données sont utilisées pour la planification, revu de strategie,s et des directives.

-9. In the last year, was training in M&E conducted
At national level?:
Yes
IF YES, what was the number trained:
8

9.1. Were other M&E capacity-building activities conducted` other than training?: Yes
IF YES, describe what types of activities: supervision formative, orientations technique sur le remplissage des formulaires
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?:

5

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

Enquete demographique sanitaire

What challenges remain in this area:

Realisation du MIS,

# **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?:

2 Comm

Comments and examples:

Actions de informations et sensibilisation des paires au niveau des églises, ONG's, l'association des PVVIH 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:

-3	
a. The national HIV strategy?:	
3	
b. The national HIV budget?:	
3	
c. The national HIV reports?:	
3	
Comments and examples:	
-	

a. Developing the national M&E plan?:

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?
 0

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

3

4.

Comments and examples:

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)?:

2

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?:

b. Adequate technical support to implement its HIV activities?:

Comments and examples:

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society? People living with HIV: <25% Men who have sex with men: People who inject drugs: Sex workers: <25% Transgendered people: **Testing and Counselling:** <25% **Reduction of Stigma and Discrimination:** <25% Clinical services (ART/OI)\*: Home-based care: **Programmes for OVC\*\*:** <25%

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:

3

## **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:

Dans le budget du gouvernement une rubrique budjetaire est mis a disposition des populations vulnerables et personnes viviant avec de VIH pour des actions de sensibilizations, et comme forme de revenus

# **B - III. HUMAN RIGHTS**

-1.1. 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: Yes Young women/young men: No

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?: No

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

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

Briefly comment on the degree to which they are currently 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:

Le code pénal en vigueur à Sao Tomé et Principe est le Code pénal portugais de 1886 avec quelques modifications apportées depuis l'indépendance en 1975. Pour les crimes contre les personnes, le Code condamne, sans distinction de sexe, crime contre la sécurité des personnes et des délits sexuels, il interdit et punit de la même manière tous les comportements I qui menacent la liberté, la vie, l'intégrité physique, en particulier la violence physique et la liberté sexuelle de toute personne.

**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:

La définition de la politique nationale passe par un ensemble de stratégies guidées par des valeurs et des principes. Les valeurs résultantes de respect, la protection et le respect des droits de l'homme qui sont garantis par la Constitution de la République de Sao Tomé et Principe - 1990 et la Déclaration universelle des droits de l'homme comme une carte universelle est mentionné dans la politique nationale du lutte contre le Sida

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?: No

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

Provided free-of-charge to all people in Provided free-of-charge to some people in Provided, but only at

the country	the country	a cost
Yes	-	-
Yes	-	-
Yes	-	-

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

PVVIH, femmes et jeunes, enfant orphelins

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?:

No

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

No

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:

No

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)?:  $\gamma_{es}$ 

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:

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

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

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?:

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?:

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

What challenges remain in this area:

# **B-IV. PREVENTION**

#### 

## IF YES, how were these specific needs determined?:

Pour l'dentification des soins en matière de prevention, une équipe pluri-disciplanire a étè mis en place dans l'ordre de • Procéder à l'évaluation de la réponse nationale à travers la mise en œuvre du plan de 2004-2008; • Procéder à une analyse de la situation épidémiologique afin de déterminer les facteurs liés à l'épidémie, de son genre et la tendance basée sur les données disponibles (IDS, les enquêtes des sites sentinelles de comportement, et les déterminants culturels, environnementaux et autres. • Elaborer sur la base de l'analyse épidémiologique et des résultats de l'évaluation de la réponse à l'épidémie, un plan stratégique multisectoriel pour la période 2011-2015 afin de définir la vision, la mission et la priorité stratégique de la réponse à l'épidémie et les moyens nécessaires à sa mise en œuvre  $\Box$  1.1 To what extent has HIV prevention been implemented?

**Blood safety:** Strongly Agree Condom promotion: Strongly Agree Harm reduction for people who inject drugs: Strongly Disagree HIV prevention for out-of-school young people: Disagree HIV prevention in the workplace: Disagree HIV testing and counseling: Strongly Agree IEC on risk reduction: Strongly Agree IEC on stigma and discrimination reduction: Agree Prevention of mother-to-child transmission of HIV: Strongly Agree Prevention for people living with HIV: Agree Reproductive health services including sexually transmitted infections prevention and treatment: Stronalv Aaree Risk reduction for intimate partners of key populations: Aaree Risk reduction for men who have sex with men: N/A **Risk reduction for sex workers:** Agree School-based HIV education for young people: Stronalv Aaree Universal precautions in health care settings: Strongly Agree 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?:

5

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:

1.Renforcement des portes d'entrée pour la PECM 2.Renforcement et soutien aux services de PECM des PVVIH 3.Renforcement de l'approvisionnement et de la gestion des ARV, médicaments essentiels, réactifs, consommables médicaux et équipements 4.Renforcement de la coordination, suivi évaluation et de l'assurance qualité.

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

- 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): Disagree HIV testing and counselling for people with TB: Strongly Agree HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree Nutritional care: Aaree 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 Disagree Post-exposure prophylaxis for occupational exposures to HIV: Strongly Agree Psychosocial support for people living with HIV and their families: Agree Sexually transmitted infection management: Strongly Agree TB infection control in HIV treatment and care facilities: Stronalv Aaree TB preventive therapy for people living with HIV: Strongly Agree TB screening for people living with HIV: Disagree Treatment of common HIV-related infections: Aaree 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?:

5

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?":

2

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

Il ya une ONG' local que s'occupe des OVC, avec materiel scolaires , alimentation What challenges remain in this area:

Source URL: http://aidsreportingtool.unaids.org/179/sao-tome-and-principe-report-ncpi