

Ecuador Report NCPI

NCPI Header

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Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

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Describe the process used for NCPI data gathering and validation: Reunión personal con la Estrategia Nacional de Sida para el componente de políticas

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 - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Estrategia Nacional de Sida	María Gabriela Yerovi Naranjo / Coordinadora ENS	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
Fundación Ecuatoriana Equidad	Jimmy Medina / Coordinador Comunitario	B1,B2,B3,B4,B5
Coalición Ecuatoriana de Personas que Viven con VIH (CEPVVS)	Edwin Hidalgo / Secretario General	B1,B2,B3,B4,B5
Corporación Kimirina	César Bonifaz / Monitor Institucional	B1,B2,B3,B4,B5
UNFPA	Soledad Guayasamin / Asesora Nacional de VIH	B1,B2,B3,B4

A.I Strategic plan

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

IF YES, what is the period covered: 2007 al 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.: Se realizará una actualización del Plan Operativo Multisectorial, el cual venció el 2013. Este plan incorporará una mayor participación de la Red Pública, en particular del Instituto Ecuatoriano de Seguridad Social (IESS)

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: - Ministerio de Salud Pública - Estrategia Nacional de Sida - Ministerio de Justicia, Derechos Humanos y Cultos - Ministerio de Relaciones Laborales - Ministerio de Defensa Nacional - Ministerio del Interior - Ministerio de Inclusión Económica y Social - Ministerio de Educación - Ministerio del Interior - Secretaría Nacional de Planificación y Desarrollo - Secretaría Nacional de Ciencia y Tecnología - Secretaría Nacional del Buen Vivir - Consejo Nacional de la Niñez y Adolescencia - Instituto Ecuatoriano de Seguridad Social

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: No

Earmarked Budget: No

Young People:

Included in Strategy: No

Earmarked Budget: No

Other:

Included in Strategy: No

Earmarked Budget: No

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?: Existe financiamiento de Organismos Internacionales de Cooperación, tales como el Sistema de Naciones Unidas; El Fondo Mundial para la Lucha contra el Sida, la Tuberculosis y Malaria.

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

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: No

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: No

Workplace: Yes

CROSS-CUTTING ISSUES:

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?

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: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Minorías Étnicas

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

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

1.7. 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

1.8. 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.: Sociedad Civil forma parte del Comité Ecuatoriano Multisectorial de Sida (CEMSIDA), y su participación tiene voz y voto. Tendrán participación activa en la actualización del Plan Operativo Multisectorial 2014-2017

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

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

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

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

:

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): 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 protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): No

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

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. Does the country have 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 and children: El plan de fortalecimiento de los sistemas de salud abarca mejora en infraestructura hospitalaria, fortalecimiento del recurso humano. Esto ha permitido una mayor inversión de recursos financieros del Sector Gubernamental en estas áreas mencionadas.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Many

f) ART and general outpatient care: None

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :

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 your country's HIV programmes in 2013?: 6

Since 2011, what have been key achievements in this area: - Mayor involucramiento y participación de los distintos programas en relación a temas de VIH

What challenges remain in this area:: - Se debe contar con un sistema de información a nivel nacional, el cual esté integrado entre los distintos programas - En relación a temas de medicamentos, se debe fortalecer la trazabilidad de los mismos y su proceso logístico - Fortalecimiento del CEMSIDA

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: No

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

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: No

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

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

IF NO, briefly explain why not and how HIV programmes are being managed::

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

Have terms of reference?: No

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Carina Vance / Ministra de Salud Pública

Have a defined membership?: Yes

IF YES, how many members?: 18

Include civil society representatives?: Yes

IF YES, how many?: 5

Include people living with HIV?: Yes

IF YES, how many?: 2

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

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

IF YES, briefly describe the main achievements::

What challenges remain in this area:: - Falta de un reglamento interno de funcionamiento del CEMSIDA - Falta de articulación y seguimiento a los compromisos acordados en las reuniones - Falta de un presupuesto asignado

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

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: No

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]:

: No

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: Existía una legislación relacionada a VIH del año 2002, la cual a través de una reforma del código orgánico de Salud se pretende dar mayor inclusión del VIH de manera integral en dicho código.

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 2013?: 7

Since 2011, what have been key achievements in this area:: - Es considerado como un programa prioritario de Gobierno - El tema de VIH ha sido incluido en el Código Orgánico de Salud

What challenges remain in this area:: - Falta de una mayor socialización de las políticas en relación al VIH

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

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: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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:: En el Título 2 de la Constitución Nacional del 2008, en el capítulo primero que trata de principios de aplicación de los derechos, artículo 11, acápite se señala "Todas las personas son iguales y gozarán de los mismos derechos, deberes y oportunidades. Nadie podrá ser discriminado por razones de etnia, lugar de nacimiento, edad, sexo, identidad de género, identidad cultural, estado civil, idioma, religión..."

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Existe un Plan Nacional del Buen Vivir, el cual va del año 2010 al 2015 el cual incluye temas relacionados a discriminación. Los Ministerios de Gobierno deben aplicar el Plan Nacional del Buen Vivir en sus respectivos niveles correspondientes.

Briefly comment on the degree to which they are currently implemented:: En la actualidad, los Ministerios de Gobierno se encuentran aplicando el Plan Nacional del Buen Vivir,

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: No

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: 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

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

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?: No

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: No

Engage in safe(r) sex: No

Fight against violence against women: No

Greater acceptance and involvement of people living with HIV: No

Greater involvement of men in reproductive health programmes: No

Know your HIV status: No

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: No

Promote greater equality between men and women: No

Reduce the number of sexual partners: No

Use clean needles and syringes: No

Use condoms consistently: No

Other [write in]:

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: No

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: No

2.1. Is HIV education part of the curriculum in:

Primary schools?: No

Secondary schools?: No

Teacher training?: No

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: No

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: No

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::

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

People who inject drugs:

Men who have sex with men:

Sex workers:

Customers of sex workers:

Prison inmates:

Other populations [write in]:

:

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 2013?: 2

Since 2011, what have been key achievements in this area?: N/D

What challenges remain in this area?: - Falta de presupuesto para IEC - Falta de un enfoque hacia temas de información, educación y comunicación - Se requiere de una mayor articulación con Ministerios de Gobierno relacionados

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

IF YES, how were these specific needs determined?: - En base a vulnerabilidad de la población

IF YES, what are these specific needs? : - Programa de Prevención de la Transmisión materno-infantil - Prevención de co-infección de VIH/TB - Prevención en población de más alto riesgo

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Disagree

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: N/A

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Disagree

Reduction of gender based violence: Strongly disagree

School-based HIV education for young people: Strongly disagree

Treatment as prevention: Strongly disagree

Universal precautions in health care settings: 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 2013?: 4

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:: - Paquete de medicamentos e insumos de laboratorio - Atención integral, con enfoque en co-infección - Consejería

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

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Disagree

Early infant diagnosis: Disagree

Economic support: Strongly disagree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Agree

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

Nutritional care: Disagree

Paediatric AIDS treatment: Disagree

Palliative care for children and adults Palliative care for children and adults: Disagree

Post-delivery ART provision to women: Agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Agree

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

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Disagree

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?: No

Please clarify which social and economic support is provided:

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?: - Antirretrovirales - Pruebas rápidas de diagnóstico de VIH y sífilis

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 2013?: 5

Since 2011, what have been key achievements in this area?: - Reducción de costos de los insumos y medicamentos -

What challenges remain in this area?: - No se ha contemplado el manejo de infecciones oportunistas - Debilidad en el manejo de planificación familiar para parejas que vivan con VIH - Falta consejería sobre adherencia a tratamiento - Debilidad en temas relacionados a farmacovigilancia

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and 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 2013?: 5

Since 2011, what have been key achievements in this area?: - Se implementó el bono de desarrollo Joaquín Gallegos Lara, aunque al momento está en proceso de retiro

What challenges remain in this area?: - Existe una serie de ONGs que se enfocan en huérfanos, pero no tienen una adecuada coordinación con la ENS - Debilidad en el mapa de identificación y ubicación de huérfanos y otros niños vulnerables

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: No

Briefly describe any challenges in development or implementation::

1.1. IF YES, years covered:

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

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: No

IF YES, does it address::

Behavioural surveys: No

Evaluation / research studies: No

HIV Drug resistance surveillance: No

HIV surveillance: No

Routine programme monitoring: No

A data analysis strategy: No

A data dissemination and use strategy: No

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): No

Guidelines on tools for data collection: No

3. Is there a budget for implementation of the M&E plan?: No

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?: No

Briefly describe any obstacles::

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

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
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POSITION [write in position titles]	Fulltime or Part-time?	Since when?
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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?: No

Briefly describe the data-sharing mechanisms::

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?: No

6. Is there a central national database with HIV- related data?: No

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

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?:

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

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: A nivel de coordinaciones regionales administrativas a nivel de país

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current Needs Only

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: No

(b) IF YES, is coverage monitored by population groups?: No

IF YES, for which population groups?:

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: A nivel de distritos hacia arriba

Briefly explain how this information is used:: La información es recopilada a nivel de zonas y posteriormente reportada a nivel nacional

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: No

In developing / revising the national HIV response?: No

For resource allocation?: No

Other [write in]::

: No

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

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. 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 2013?: 1

Since 2011, what have been key achievements in this area:: N/D

What challenges remain in this area:: - No se ha realizado actividades de monitoreo y evaluación de VIH desde el año 2010 - Desarrollo de un Plan de Monitoreo y Evaluación a nivel nacional

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: Sociedad Civil: Sí se ha incidido en políticas públicas de VIH. Gracias a esto se ha creado el CEMSIDA, en donde convergen todas las carteras de Estado. En el año 2013 se ha tenido una mayor apertura entre el Ministerio de Salud Pública y la Sociedad Civil Cooperación Internacional: También ha colaborado en el desarrollo del CEMSIDA y en los procesos necesarios para su creación. Existen casos en que la asistencia técnica y económica no se han visto reflejadas en resultados tangibles, por esta razón no se da una mayor calificación

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)?:

Comments and examples: No Aplica ya que en el año 2013 no se realizó una actualización del Plan Estratégico, ni tampoco de planes operativos anuales.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 1

c. The national HIV reports?: 4

Comments and examples: Sociedad civil tiene presencia en las unidades integrales de más alta prevalencia. Se da consejería entre pares, insumos, preservativos y se da apoyo al equipo de las unidades de atención. Se tiene un enfoque fuerte de sociedad civil y cooperación internacional en áreas de prevención. En atención y tratamiento quien se encarga de la provisión es el Ministerio de Salud. Todas las acciones que realiza sociedad civil y Cooperación Internacional están enmarcadas dentro de las políticas nacionales. En relación a temas de presupuesto, la Estrategia Nacional de Sida no se cuenta con partidas presupuestarias para prevención. La sociedad civil no recibe fondos de Gobierno, sino que ellos aportan su propio presupuesto para sus actividades En los informes nacionales se tiene una alta participación de la sociedad y de la Cooperación Internacional.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 0

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

Comments and examples: No existe a nivel nacional un Plan de Monitoreo y Evaluación. En el CEMSIDA no se ha creado el equipo (aunque está definida su estructura en el Organgrama) de Monitoreo y Evaluación, y tampoco esta entidad ha tenido una regularidad en su funcionamiento Desde la Sociedad Civil y Cooperación Internacional sí se ha participado, aunque no de una manera óptima, en el uso de datos para toma de decisiones

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

Comments and examples: Existe representación en sociedad civil de personas viviendo con VIH, trabajadores sexuales, personas Trans, población GLBTI, HSH

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: El apoyo financiero para proyectos de sociedad civil proviene principalmente del Fondo Mundial. La asistencia técnica no es sistemática o conitnua, sino solamente para el cumplimiento de actividades concretas. Con estudios que se han realizado se ha contado con el apoyo del Sistema de Naciones Unidas

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

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: 51-75%

People who inject drugs:

Sex workers: 51-75%

Transgender people: 51-75%

Palliative care : <25%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: >75%

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI): <25%

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 2013?: 7

Since 2011, what have been key achievements in this area: - Conformación del CEMSIDA con la participación de sociedad civil - Generación de información estratégica a través de los estudios realizados, en población más expuesta, que han permitido la toma de decisiones e instancias estatales - Mayor incidencia política con las autoridades de salud relacionadas a la temática de VIH, dando un mayor enfoque a promoción y prevención - Mayor vinculación del VIH con temas de salud sexual - Participación de sociedad civil en consejos sectoriales de los Ministerios de Gobierno

What challenges remain in this area: - Debe haber una mayor sinergia entre la sociedad civil y crear un esfuerzo multisectorial - El financiamiento sostenido que deben tener las organizaciones de sociedad civil para su funcionamiento - Se debe sensibilizar más al Gobierno sobre el rol de la sociedad civil en la temática de VIH - Sociedad civil debería tener una mayor participación en la toma de decisiones, y en los procesos de planificación de la estrategia nacional

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: - En la primera acta del CEMISDA relacionada al tema de derechos humanos, y se contó con la participación de sociedad civil. - Existe una apertura del Ministerio de Salud en la inclusión de poblaciones clave dentro de los procesos de generación de normativas y políticas públicas - A través de incidencia política existen avances en el funcionamiento de la red pública de salud. Esto implica que una persona que tiene seguro social pueda ser atendida en hospitales estatales y el Seguro social transfiere los fondos respectivos. - Se han desarrollado proyectos gubernamentales que tienen un alto impacto en poblaciones jóvenes, como por ejemplo la estrategia ENIPLA (Estrategia nacional de Planificación Familiar) - A través de incidencia política se está logrando iniciar actividades de fortalecimiento de la Estrategia Nacional de VIH/Sida/ITS

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

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: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

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:: La Constitución del Ecuador del año 2008, que en el artículo 11 señala de manera explícita la no discriminación por portar VIH Existe la ley de amparo al paciente, La Ley Orgánica de Salud, la cual al momento se encuentra en discusión. Se entiende que esta ley recogería lo logrado en la ley de VIH. El acuerdo Ministerial 398 del Ministerio de Relaciones Laborales, sobre la no obligatoriedad de la prueba del VIH

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Se cuenta con grupos de veeduría y observatorios, como ejemplo en el año 2012 se realizó una veeduría en algunos hospitales de la ciudad de Quito. El informe fue presentado en 2013 y contó con la participación de algunas autoridades entre ellas la Ministra de Salud. Otros mecanismos existentes son: la Defensoría del Pueblo, la Defensoría Pública, Está en construcción el sistema de protección de derechos humanos de las personas afectadas por el VIH del Ecuador

Briefly comment on the degree to which they are currently implemented:: Al momento las leyes están siendo aplicadas de manera parcial.

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?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

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

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

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.: La Constitución del año 2008. El código orgánico integral penal (COIP) reconoce al femicidio

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: No

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 other vulnerable populations?: No

IF YES, briefly describe this mechanism::

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: Población PEMAR se ha identificado como prioritaria para los servicios de tratamiento y atención. Mujeres embarazadas en los servicios de atención y tratamiento

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

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?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different 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:: El acuerdo Ministerial 398 del Ministerio de Relaciones Laborales, sobre la no obligatoriedad de la prueba del VIH. Sin embargo se encuentran limitaciones en su aplicación por parte de empresas públicas y privadas.

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)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ 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: No

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

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: Yes

Programmes for the media: No

Programmes in the work place: Yes

Other [write in]:

: No

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 2013?: 8

Since 2011, what have been key achievements in this area:: - Sociedad civil se encuentra promoviendo activamente para que el Estado asuma su rol en garantizar los derechos humanos

What challenges remain in this area:: - No se promueven las leyes, políticas y normativas por parte del Estado

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 2013?: 4

Since 2011, what have been key achievements in this area:: N/D

What challenges remain in this area:: - El Estado no asume el cumplimiento del marco jurídico del VIH en el Ecuador - El Estado debe promover y promocionar este marco jurídico para las personas afectadas por el VIH - Se debe garantizar el derecho de las personas afectadas por el VIH por parte del Estado - El Estado debe hacer efectivo el acceso universal y la atención integral

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: No

IF YES, how were these specific needs determined?:

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Disagree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Disagree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Disagree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Disagree

Universal precautions in health care settings: Disagree

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 2013?: 4

Since 2011, what have been key achievements in this area?: - Las Organizaciones de la sociedad civil a través de los proyectos que se ejecuta, están respondiendo a la prevención del VIH. Aunque esto debería ser un rol del Estado con una creación de una política pública

What challenges remain in this area?: - Falta de una política de prevención y promoción del VIH - Que el Estado asuma el rol en prevención y promoción de VIH - Que el Estado dote de los insumos necesarios para prevención (preservativos y lubricantes) para población PEMAR - Que el Estado garantice la disponibilidad de ARVs en las unidades de atención integral

B.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?: - La adquisición y entrega de ARVs de manera gratuita - La creación de las unidades de atención integral en VIH - Insumos para CD4 y Carga viral - La descentralización de la atención Aunque estos elementos hayan sido priorizados, no siempre están disponibles

Briefly identify how HIV treatment, care and support services are being scaled-up?: En el 2013 hubo una ampliación en el número de las unidades de atención integral en VIH, de forma descentralizada. Aunque en esta descentralización no se ha realizado un diagnóstico previo.

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: 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: Disagree

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

Nutritional care: Disagree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Disagree

Psychosocial support for people living with HIV and their families: Strongly disagree

Sexually transmitted infection management: Disagree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Disagree

Treatment of common HIV-related infections: Disagree

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 2013?: 4

Since 2011, what have been key achievements in this area?: - Se han realizado esfuerzos para garantizar la terapia antirretroviral

What challenges remain in this area?: - Desabastecimientos recurrentes de medicamentos ARVs - Falta de un sistema de información - Falta de planificación para la adquisición de ARVs - Falta de un sistema de M&E - Falta de insumos para CD4 y Carga viral, así como pruebas diagnósticas - No se cuenta con pruebas de resistencia (genotipo y fenotipo) - No se cumple con la guía de atención integral de VIH en personas adultas - Escaso personal especializado en atención a personas que viven con VIH - Limitación de presentaciones pediátricas - No funcionamiento de la red integral de salud - Unidades de atención integral no cuenta con espacio físico adecuado, equipos ni personal suficiente - El Seguro social no cumple con la normativa vigente ni con las normas de atención - No hay medicamentos completos para enfermedades oportunistas (Hepatitis C, Citomegalovirus, y antimicóticos) - Centralización del suministro de ARVs

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and 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 in the implementation of HIV treatment, care and support programmes in 2013?:

Since 2011, what have been key achievements in this area::

What challenges remain in this area::