

Haiti Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

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

Data measurement tool / source: GARPR

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any: Programme National de Lutte contre les IST/VIH-Sida

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Describe the process used for NCPI data gathering and validation: Ateliers de travail avec les differentes parties prenantes de la societe. Synthese par secteur. Traitement des donnees pour la synthese finale.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Pour resoudre les divergences, la position de la majorite est retenue tout en notant dans les commentaires, les remarques les plus pertinentes des minorites.

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
Ministere de la Sante Publique et de la Population	Public	A1,A2,A3,A4,A5,A6
Ministere de l'Economie et des Finances	Public	A2,A3,A4,A5
Ministere des Affaires Sociales et du Travail	Public	A2,A3,A4,A5
Ministere a la Condition Feminine et aux Droits de la Femme	Public	A2,A3,A4,A5
Ministere de la Planification et de la Cooperation Externe	Public	A2,A3,A4,A5
Ministere de la Jeunesse et des Sports et de l'Action Civique	Public	A2,A3,A4,A5

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

Organization	Names/Positions	Respondents to Part B
Catholic Medical Mission Board (CMMB)	Secteur Sante	B1,B2,B3,B4,B5
World Vision	Secteur Sante / Social	B1,B2,B3,B4,B5
National Alliance of State & Territorial Aids Directors (NASTAD)	Secteur Sante	B1,B2,B3,B4,B5
Partners In Health (PIH)	Secteur Sante	B1,B2,B3,B4,B5
Centre de Developpement et Sante (CDS)	Secteur Sante	B1,B2,B3,B4,B5
International Training and Education Center for Health (I-Tech)	Secteur Sante	B1,B2,B3,B4,B5
Programme National de Lutte contre le SIDA (PNLS)	Secteur Sante	B1,B2,B3,B4,B5
Association de Solidarite	Societe civile/ Association PVVIH	B1,B2,B3,B4,B5
Ligue Culturelle Haitienne Pour les Droits Humains (LCHDH)	Droits Humains	B1,B2,B3,B4,B5
Centre de Promotion des Femmes Ouvrieres (CPFO)	Societe civile	B1,B2,B3,B4,B5
Unite Nationale de Gestion "Aba Grangou" (UNAG)	Societe Civile	B1,B2,B3,B4,B5
Fondation Esther Bourcicault Stanislas (FEBS)	Societe civile/ Association PVVIH	B1,B2,B3,B4,B5
Association Nationale De Protection des Femmes et Enfants Haitiens (ANAPFGH)	Societe Civile / Association de Travailleurs Sexe	B1,B2,B3,B4,B5
Femmes en Action Contre la Stigmatisation et la Discrimination Sexuelle (FACSDIS)	Societe Civile / Association des lesbiennes	B1,B2,B3,B4,B5
Fondation pour la Sante Reproductive et l'Education Familiale (FOSREF)	Secteur Sante/ Social	B1,B2,B3,B4,B5
KOURAJ	Societe civile / Association d'Homosexuels	B1,B2,B3,B4,B5
SEROVIE	Societe civile / Association d'Homosexuels	B1,B2,B3,B4,B5
Federation Protestante d'Haiti	Secteur Religieux	B1,B2,B3,B4,B5
Coalition Haitienne sur les Femmes et la Sante	Secteur Sante	B1,B2,B3,B4,B5
Konfederasyon Nasyonay Vodou Ayisyen (KNVA)	Secteur Religieux	B1,B2,B3,B4,B5
UNESCO	Nations Unies	B1,B2,B3,B4,B5
ONUSIDA	Nations Unies	B1,B2,B3,B4,B5
UNICEF	Nations Unies	B1,B2,B3,B4,B5
MINUSTAH	Nations Unies	B3,B4
UNFPA	Nations Unies	B1,B2,B3,B4,B5
PNUD	Nations Unies	B1,B2,B3,B4
OIM	Nations Unies	B1,B2,B3,B4,B5

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: 2008-2012 avec extension a 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 stratégie nationale actuelle rejoint la stratégie précédente en mettant l'accent sur la prévention, les soins et le traitement, l'environnement juridique, la pérennisation des interventions. Suite aux enquêtes réalisées au niveau national qui ont mis en évidence une féminisation et une ruralisation de l'épidémie .le PSNM s'est penché davantage sur la problématique des groupes vulnérables qui sont des éléments moteurs à la propagation de l'épidémie. Pour atteindre les objectifs fixés, il faut d'une multisectorialité effective et ceci interpelle la gouvernance actuelle .C'est pourquoi le plan accorde une place de choix à ces deux éléments.

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?: 1- Le Ministère de la Santé Publique et de la Population; 2- Ministère de l'Economie et des finances; 3- Ministère de la Jeunesse des sports et des actions civiques; 4- Ministère des affaires sociales et du travail; 5- Ministère a la condition féminine et aux droits de la femme; 6- Ministère de la planification et de la coopération externe.

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: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other: Justice

Included in Strategy: Yes

Earmarked Budget: Yes

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?: Le Ministère de la Santé supporte les ressources humaines. Les aspects prévention, prise en charge et M&E sont pris en compte par d'autres partenaires. Les autres ministères n'ont pas de budget alloué pour le VIH/SIDA.

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: Yes

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?: Drogues: Il n'y a pas de données indiquant l'utilisation des drogues par injection, se constitue un problème important en Haiti. Handicapes: L'association VIH et Handicap physique ne se signalent pas comme un problème évident.

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]:

: No

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.: - Des ateliers ont été organisés pour un partage d'informations sur l'analyse de la situation et la collecte de proposition et d'intervention pour le nouveau plan.

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: No

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): Yes

Other [write in]:

:

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 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: - En Haiti les fonds alloués au VIH ont contribué à renforcer le système de santé; - Processus d'implantation d'un système unique de distribution des médicaments; - Renforcement du système d'information sanitaire.

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: Few

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: Many

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

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?: 9

Since 2011, what have been key achievements in this area: - Soumission au parlement d'une loi envisageant a la fois la protection du VIH et la protection de la population. - Préparation d'un plan d'élimination de la PTME; - Dépistage du VIH dans les sites TB; - Traitement des patients co-infectés. - Plan stratégique national multisectoriel 2008-2012;0 - Évaluation a mi parcours du PSNM 2008-2012; - Réaménagement du PSNM et extension à 2015; - Révision du PSNM 2012-2015 avec extension a 2018 en cours; - Plan de suivi Évaluation 2013; - Plans Opérationnels départementaux.

What challenges remain in this area: - Accès aux soins; - Disponibilité des ressources humaines qualifiées; - Limitation du financement pour la prévention; - Limitation de l'intégration au niveau des services; - Rendre effective la Multisectorialite; Création d'une instance de coordination/ gouvernance multisectorielle.

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. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: - Participation a des activités organisées par les secteurs sante publique et prive; - Atelier de travail et de réflexion pour faciliter les séances de sensibilisation lors des grandes dates et les grands événements. - Distribution de préservatifs lors des événement; - Supervision des boites de nuit; - Prise de parole a la célébration officielle de la journée mondiale du SIDA le 1e décembre 2013; - Associer le VIH au développement du spot national a l'occasion de la journée mondiale du SIDA; - Inauguration d'un stade sportif a cette cette occasion.

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?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Mme la Première Dame, Sofia Martelly

Have a defined membership?: Yes

IF YES, how many members?:

Include civil society representatives?: Yes

IF YES, how many?:

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?: Yes

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:: -Élaboration du PSNM; - Réalisation des projets publics de lutte contre le VIH/SIDA; - Coordination avec les instances internationales, nationales et locales; - Réalisation de tables sectorielles départementales; - Réalisation clusters techniques par thématique (suivi évaluation, formation, prise en charge, communication etc.).

What challenges remain in this area: - Coordination efficace; - Manque de leadership réel et effectif du secteur gouvernemental; - Manque de participation effective des PVVIH et la population à risque; - Ressources financières insuffisantes; - En absence de la CNLS, la coordination du PNL se voit engager dans des responsabilités qui ne lui sont pas incombées; - Maintenir une fréquence régulière de rencontre pour chaque cluster;

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 50

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: 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]: -

: 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?: No

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

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: - Mobilisation des ressources; - Révision PSNM et Plan M&E; - Élaboration et conception du plan stratégique de communication pour la prévention du VIH; - Révision de manuel de normes de dépistage du VIH; - Renforcement des capacités en communication interpersonnelle; - Promouvoir l'utilisation du préservatif; - Promotion du dialogue communautaire au niveau local; - Lutte contre le phénomène "after school" pour éviter l'abus sexuel chez les écoliers; - Accueil, référence des OEV vers les centres d'accueil et les centres de santé au besoin par l'IBERS; - Sensibilisation des jeunes sur le choix entre l'abstinence, préservatif, fidélité. Vulgarisation des messages sur le viol, accueil des femmes et des filles violées. Organisation de la référence dans les institutions de santé pour la prise en charge des cas de viol; - Etude pilote sur la sensibilisation auprès des jeunes de la 9e à la philo; - Sensibilisation dans les boîtes de nuit et hôtels de passe avec la plateforme d'organisation de la société civile pilote par IBERS;

What challenges remain in this area: - Les fonds n'arrivent pas temps pour réaliser les activités planifiés et ils ne sont pas suffisants pour assurer une bonne couverture géographique dans le cadre du VIH; - Pas de fond alloué pour les autres

ministères spécifiquement l'IBERS qui a une gamme d'activités (service contrôle de la prostitution et d'inspection dans les boîtes de nuit et les bordels, la prise en charge des enfants abandonnés et des femmes violées etc. - Insuffisance de fonds alloués au programme; - Vote de la loi sur les PVVIH par les parlementaires..

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: No

Men who have sex with men: No

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: No

Women and girls: Yes

Young women/young men: No

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?:
No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: Le pays a pris des dispositions et a déjà déposé un avant projet de loi au parlement.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: - Une loi sur la protection des détenus, IBERS est responsable du suivi de cette loi qui nécessite une actualisation mais par contre il y a des règlements pour les détenus qui ne sont pas encore ratifiés.

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 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?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

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: 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]:

: No

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?: 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?: Yes

b) gender-sensitive sexual and reproductive health elements?: No

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?: Yes

Briefly describe the content of this policy or strategy: - Élaboration de la stratégie de communication incluant d les groupes clés. - Counseling, ciblage des foyers de l'épidémie, éducation par le divertissement a travers les programmes sportifs, musiques etc. - Utilisation des NTIC (Téléphone cellulaire, Hotline, réseaux sociaux; - Activités d'informations et de sensibilisation: fêtes champêtres, péristyles, garages, gares routières. - Plaidoyer pour la promotion du respect des droits humains;

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: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers:

Prison inmates: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction

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?: 8

Since 2011, what have been key achievements in this area?: - Réduction de la TME; - Amélioration de la Couverture PTME; - Intensification de la Prise en charge Psychosociale; - Augmentation des services de Promotion et de Prévention; - Education sur l'abstinence aux groupes jeunes; - Promotion de la distribution des préservatifs - Implication d'avantage des ministères dans la riposte au VIH.

What challenges remain in this area?: - Réticence culturelle; - Manque de ressources financières; - Faible contrôle de la qualité des services; - Déficit de leadership; - Implication de tous les secteurs .

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

IF YES, how were these specific needs determined?: - A travers une analyse de la situation dans le cadre de l'élaboration de la stratégie de Communication;

IF YES, what are these specific needs? : - Renforcement de l'éducation; - Promotion de la prévention TME; - Renforcement des informations au niveau des groupes spécifiques; - Renforcement des structures de prise en charge, cas de viol; - Renforcement des structures de prise en charge des IST; - Prophylaxie post-exposition; - Extension des services de soins et traitement;

4.1. To what extent has HIV prevention been implemented?

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

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Disagree

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: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

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

Prevention for people living with HIV: Agree

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

Risk reduction for intimate partners of key populations: Strongly disagree

Risk reduction for men who have sex with men: Strongly disagree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Strongly agree

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?: 7

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:: - Soins de base, Soins Palliatifs; - Dépistage; - Traitement aux ARV; - Soutien Psychosocial PF, PTME; - soutien nutritionnel.

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Communauté (Implication des agents de sante communautaires polyvalents dans la prise en charge communautaire et le suivi des patients) -----> Centre de Dépistage -----> Réseaux de Soins -----> Prise en charge aux ARV-----> Centres d'excellence.

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

Economic support: Strongly disagree

Family based care and support: Disagree

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

Palliative care for children and adults Palliative care for children and adults: Agree

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: Agree

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

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: 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?: 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?: - ARV; - OI; - Intrants de labo; - Preservatifs; - Intrants IST.

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?: 7

Since 2011, what have been key achievements in this area:: - Extension des sites; - Formation des prestataires; - Implémentation de la méthodologie HEALTHQUAL; - Révision et dissémination des normes de prise en charges Adultes et adolescents, pédiatrique, PTME et de Dépistage; - Effort de coordination avec les partenaires; - Collaboration des deux programmes TB-VIH dans un souci d'intégration pour la prise en charge de la co-infection TB/VIH; - Meilleure couverture des examens de suivi : Test de CD4 et projet pilote de réalisation de charge virale; - Participation des PVVIH dans la lutte a partir des Evaluations faites sur la satisfaction des clients; - Meilleure implication des patients;

What challenges remain in this area:: - Difficulté de coordination; - Limitation dans l'extension des services; - Décentralisation des soins non encore effective; - La Couverture des soins en ARV reste encore préoccupante; - Trop grande dépendance du programme de l'aide externe; - Extension de la prise en charge aux centres périphériques.

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

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

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:: - Identification des orphelins (subvention, paiement écolage/ uniforme, acte de naissance, distribution de Kits scolaires);

What challenges remain in this area:: - Pas de subvention au niveau national; - Initiative de certaines ONG seulement; - Manque de Coordination des Fonds et des interventions avec l'autorité centrale responsable qui est IBESR; - Absence de fonds du trésor public alloués a l'IBESR.

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:: - Il y avait une nécessité d'actualiser le PSNM par rapport a l'officialisation d'une nouvelle politique de Sante; - Le projet de Fond Mondial en Haiti arrivait a terme, il fallait soumettre un nouveau projet nécessitant un Plan révisé avec extension jusqu'en 2018; - Avec l'adoption des nouvelles lignes directrices de l'OPS/OMS relatives au traitement aux ARV.

1.1. IF YES, years covered: 2012-2015

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:: - Nécessité d'intégrer des indicateurs prioritaires lies a la performance des projets en fonction des exigences de certains partenaires. - Limitation d'actualiser les outils par manque de Ressources;

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: No

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?: 11%

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

Briefly describe any obstacles:: - Manque de fonds; - Manque de leadership du niveau central; - Manque d'implication des responsables départementaux dans la coordination des interventions.

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?: 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?
Responsable de Surveillance Epidemiologique	Temps plein	1998
Statisticien	Temps plein	2008
Consultant en S&E	Temps plein	2010
Gestionnaire de donnees (3)	Temps plein	2006 (1) / 2013 (2)
Officier de Projet (2)	Temps plein	2012 / 2013

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

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:: - Par voie électronique sur une base mensuelle et des procédures de validation en place pour assurer la qualité des données.

What are the major challenges in this area:: - Réticence de certains partenaires a soumettre des données relatives a tous les aspects du programme c'est-a-dire aspect Programmatique (séances IEC...);

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.: - Elle contient les données relatives non seulement au VIH mais aussi d'autres pathologies et services de sante y compris la Surveillance épidémiologique du VIH/SIDA; - Elle génère les données de tous les sites; - Elle gérée par une firme privée locale en partenariat avec le MSPP.

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?: - La couverture géographique (Les départements sanitaires, les populations dépistées, prise en charge, PTME, enrôlés en soins, CDV, etc.); - Les organisations qui les mettent en oeuvre ; -

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: Départemental et central

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 and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

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

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

IF YES, for which population groups?:

Briefly explain how this information is used.: - Ces informations sont utilisées a des fins de planification et d'évaluation et sont régulièrement diffusées dans le bulletin de Surveillance Épidémiologique de la coordination du Programme National de Lutte contre le Sida; - Elles sont utilisées pour établir des comparaisons avec les données de Projection et d'estimation.

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

IF YES, at which geographical levels (provincial, district, other)?: Institutionnel, Départemental et National.

Briefly explain how this information is used.: - Les données servent d'indice a la priorisation des interventions par région.

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

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

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: - Publication de bulletins de surveillance Épidémiologique dans les assises internationales; - Mise au point annuelle sur la riposte; - Les données servent d'indicatif d'orientation des supervisions; -Détermination des cibles et des besoins en intrants; - Elles permettent de répondre valablement aux exigences de rapports internationaux sur la riposte, des indicateurs OMD, les comptes nationaux etc.

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

At national level?: Yes

IF YES, what was the number trained:: Différents partenaires faisant partie du cluster S&E ont organisé des sessions de formation en 2013 mais tous les rapports ne sont pas encore disponibles.

At subnational level?: Yes

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?:

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

IF YES, describe what types of activities: - Supervision par les niveaux central et départemental (contrôles de qualité) ; - Echanges électroniques;

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?: 8

Since 2011, what have been key achievements in this area:: - Création d'un Comité National de la Qualité des Données (CNQD); - Révision du Plan Stratégique National Multisectoriel (PSNM); - Organisation de différentes rencontres de clusters; - Amélioration et renforcement plateau technique du PNLs.

What challenges remain in this area: - Manque de ressources pour l'élaboration du Manuel de Procédures en S&E, pour la formation du personnel implique dans la gestion de données et l'exécution de certaines études; - Collecte de données fiables dans tous les domaines d'intervention. - Surcharge de travail ;

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:: 1- La société civile est partiellement impliquée dans la formulation des stratégies étatiques nationales (Ex. L'organisation "Religion Pour la Paix" participe régulièrement dans les activités de la Société civile relative a la lutte contre le VIH-SIDA). 2- Renforcement des organisations locales au sein de la société civile; ?????????????????? 3- Amélioration de la prestation de service.

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)?: 2

Comments and examples: - Certaines organisations de la société civile participent dans la planification mais ne sont pas impliquées dans l'élaboration des budgets. -

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?: 1

Comments and examples: - Faible ressources allouées a certains secteurs dans le cadre de la riposte.

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?: 3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 3

c. Participate in using data for decision-making?: 3

Comments and examples:

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)?: 3

Comments and examples: - Manque d'implication des TS masculins et des TS féminins non formelles; - Implication des partenaires et des clients des TS dans la sensibilisation.

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?: 2

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples: - Reduire les contraintes liées a l'accès au financement des organisations de la société civile par les bailleurs; - Il est temps de sortir sous la tutelle des ASP.

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: 25-50%

People who inject drugs: <25%

Sex workers: 25-50%

Transgender people: <25%

Palliative care : 51-75%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): 25-50%

Home-based care: 25-50%

Programmes for OVC: 25-50%

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?: 6

Since 2011, what have been key achievements in this area:: - Sensibilisation, dépistage, distribution de condoms et de lubrifiants; - Diffusion de spots et de dépliants - Rencontres multisectorielles pour discuter des problèmes liés au VIH. - Intensification des campagnes favorisant la réduction de la stigmatisation envers certains groupes clés.

What challenges remain in this area:: - Manque de moyens financiers; - Intégration de certains groupes dans l'affectation des ressources; - Problème de pérennisation et de coordination des interventions; - Manque de transparence dans la gestions des fonds; - Limitation du financement pour les plaidoyers; - Problème de communication.

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:: - La plateforme de PVVIH (PHAP+) est représentée au CCM; - Participation active des différents groupes dans l'élaboration des documents de référence 2013, -Actuellement, le pays examine le plan stratégique national. Au cours de ce processus, les membres de la société civile ont participe activement dans cette activite. A travers trois ateliers Organisés pour les groupes clés (HSH, les travailleurs du sexe et PVVIH) et c'était l'occasion propice pour eux d'exprimer les principaux besoins. Cette méthodologie a permis à ces groupes de la société civile de participer activement a l'élaboration du plan stratégique nationale.

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: 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: Yes

Sex workers: Yes

Transgender people: No

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:: Haïti est un signataire officiel de la convention internationale des droits de l'homme. En outre, le pays dispose de plusieurs lois nationales relatives à son code pénal qui punissent toutes les formes de violence perpétrées sur une personne, peu importe la raison. La plupart de ces lois et les politiques ne sont pas connus par le gouvernement ni par les fonctionnaires de la population, ne sont donc pas vraiment mis en œuvre.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Le "RNDDH" (Réseau national pour la défense de droits Humain), certaines ONG nationales et internationales sont actifs dans la protection des droit humain.

Briefly comment on the degree to which they are currently implemented:: Comme indiqué précédemment, il est une connaissance très limitée de la loi internationale et les lois relatives aux ressources humaines entre les responsables nationaux, d'où les traités ne sont pas vraiment mis en œuvre.

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.: - Il existe un document officiel qui traite des aspects liés à la violence faite aux femmes et l'agression sexuelle (non encore en application). Cependant certaines procédures relatives à la protection des femmes abusées physiquement et sexuellement sont en application. -Le Décret du 6 juillet 2005 promulgué dans le Moniteur du jeudi 11 août 2005 a modifié le régime des agressions sexuelles et éliminé les discriminations contre les femmes en modifiant les articles 278- 279 et 280 du Code Pénal haïtien. Le viol est devenu une agression sexuelle punie sévèrement, à au moins dix (10) ans de travaux forcés, - Haïti a signé la Convention interaméricaine sur la prévention, la sanction et l'élimination de la violence à l'égard des femmes, plus a une série de lois en accord avec le traité international. Malheureusement, ces lois ne sont pas toujours mis en application et suivi par les autorités compétentes.

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: -Dans le Plan stratégique national 2012-2018 pour le VIH /Sida, l'un des objectifs est la réduction de la stigmatisation et de la discrimination envers les PVVIH, en particulier dans les minorités sexuelles et d'autres groupes vulnérables,

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?: Yes

IF YES, briefly describe this mechanism: Le pays est en train de piloter l'adaptation et la mise en œuvre de la stratégie "MARTUS" élaboré en 2001 par la firme Benetech et expérimenté dans plusieurs pays d'Afrique et le logiciel du Maghreb. Cet outil sera efficace dans la collecte des violations des droits des minorités sexuelles et de continuer à encourager la réflexion sur les conditions de vie des PVVIH. MARTUS (<https://www.martus.org/>) est un logiciel qui permet la gestion de l'information sécurisée et sensibles sur la violation des droits humains.

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: Yes

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

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?: - Soins et soutien liés au VIH en faveur des personnes âgées, handicapées, OEV, -Les PVVIH, les femmes enceintes séropositives au VIH, les nouveau-nés de mère séropositive au VIH sont prioritaires suivant les normes de prises en charges du VIH en Haïti (Un paquet de services de dépistage volontaire, de prévention et de prise en charge gratuits leur sont offerts). Toutefois les populations clés comme les MSM, les TS demeurent prioritaires suite à l'étude réalisée en 2012 établissant la prévalence chez ces groupes respectivement à 18,1% et 8,4 % en Haïti.

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:: - PNSM -2018 fait une analyse visant les populations clés comme cible privilégié dans la riposte au VIH.

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)?: No

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: Yes

IF YES on any of the above questions, describe some examples:: Dans le plan national de S&E, il n'y a qu'un indicateur relatif à la protection des ressources humaines: "Nombre de dispositions légales prises en faveur des PVVIH dans la Lutte contre le SIDA". Malheureusement, il n'existe pas de base de référence pour l'indicateur et aucun mécanisme n'est défini pour recueillir ces données.

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: 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: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]: Personnes agees, handicapees, groupes cles, voudouisant,

: Yes

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?: 4

Since 2011, what have been key achievements in this area:: - Beaucoup d'efforts visant a réduire la stigmatisation envers les PVVIH; - Rencontre avec des acteurs clés avec les parlementaires; - Sensibilisation au niveau de la Police, de la justice et des centres de sante. -Le gouvernement a commencé la discussion sur une loi pour la protection des droits des PVVIH. Avec les autres organismes des Nations Unies notamment PNUD a appuyé plusieurs ateliers avec les différents acteurs de la société civile.

What challenges remain in this area:: - L'exclusion a travers la répartition du budget; - Mise en application des conventions ratifiées par Haiti; - Manque d'implication pour les programmes Homophiles. -Le premier projet de loi contre la discrimination des PVVIH doit être approuvé. Formations et sensibilisations doivent être menées sur le contenu de cette loi. L'entité centrale doit être en charge de la surveillance des droits de l'homme et de l'application dans le pays. Des mécanismes

de collectes doivent être utilisées pour l'enregistrement des cas de discrimination. -La proposition de loi sur le VIH, qui, jusqu'à maintenant a été déposé au Parlement, n'a pas encore été adopté.

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?: 6

Since 2011, what have been key achievements in this area?: - Implication des parties prenantes dans la réalisation du PSNM 2014 et dans l'élaboration des 2 derniers rapports GARPR; - Avant projet de loi pour la protection des PVVIH. - Révision de la proposition de loi de 2005 sur le VIH. - Dépôt par le gouvernement haïtien au Parlement le 12 juillet 2013 de huit (8) projets de loi de santé incluant le projet de loi sur le VIH. - Consultations nationales tenues au Parlement autour du Projet de loi sur le VIH.

What challenges remain in this area?: - Manque d'implication dans le CCM; - Manque d'encadrement des différentes couches vulnérables. - Proposition de loi sur le VIH, qui, jusqu'à maintenant a été déposé au Parlement, n'a pas encore été adopté.

B.IV Prevention

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

IF YES, how were these specific needs determined?: - A travers des enquêtes (EMMUS V, sur les TS et HSH); - A travers le Plan Stratégique, les clusters; - Par le Document de Politique Sante Globale; - Par des Echanges avec des Groupes spécifiques, -PNLS a publié en 2013 la stratégie de communication pour la prévention du VIH, -

IF YES, what are these specific needs? : - Adherence aux médicaments de première et deuxième ligne; - Matériels de communication adaptés aux Groupes clés; - Disponibilité des intrants en quantité appropriées pour la prévention (Médicaments, condoms, lubrifiants); - La stratégie de communication pour la prévention du VIH piloté par le PNLS a ciblé : Les personnes les plus exposées tels les 5 groupes de pop prioritaires : jeunes de 16 à 24, femmes, personnes plus à risques, hommes et PVVIH) ; les segments de populations prioritaires tels les HARSAH, les travailleuses de sexe ; les foyers de l'épidémie (centres urbains, suburbains, zones marginalisées, sites d'activité économique intenses).

1.1 To what extent has HIV prevention been implemented?

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

Blood safety: Strongly agree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs: 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: Agree

IEC on stigma and discrimination reduction: Strongly agree

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

Prevention for people living with HIV: Strongly agree

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

:

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?: 5

Since 2011, what have been key achievements in this area: - Campagne de sensibilisation, de prévention et d'éducation aux droits humains liés au VIH SIDA; - Expansion et renforcement de service de soins palliatifs et traitement aux ARV dans les institutions; - Mise en place des activités ciblées chez les groupes clés; - La MINUSTAH dont sa mission est d'assurer les services incluant le dépistage du VIH, la distribution du Kits AES, distributions matériels IEC et distribution de préservatifs masculins et féminins mais n'a pas le mandat d'étendre les services de prévention du VIH, - Les Centres de jeunes offrent des services de prévention VIH et d'info sur la SSR.

What challenges remain in this area: - Manque de financement; - Manque de coordination; - Prévalence VIH encore élevée; - Intégration du VIH et de la SSR dans les curricula du MENFP.

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: - Élaboration et application des Normes de prise en charge; - Élaboration de politique globale de santé; - Counseling et dépistage volontaire; - Traitement anti-retroviral gratuit pour tout PVVIH enrôlé et éligible selon leur taux de CD4 ; - Prévention et traitement des IO; - Prévention et traitement des IST; - Traitement co-infection TB/VIH ; - Support nutritionnel ; - Support aux OEV et leurs familles ;

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Insérer la prise en charge des PVVIH dans une approche globale de santé. - Intensifier l'offre de services (structure de santé dans les sections communales); - Renforcer la formation et la sensibilisation des prestataires contre la stigmatisation. - Tous les services cités ci-dessus ont été pris en compte par le programme national et intensifiés à travers le financement externe.

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: 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: Agree

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): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

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

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: 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]:

:

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?: 7

Since 2011, what have been key achievements in this area: - Extension des centres ARV; - Actualisation des normes; - Application des nouvelles directives de l'OPS/OMS sur les CD4; - Extension du projet de Surveillance active de la Femme enceinte; - Campagnes de sensibilisation a travers les spots publicitaires; -

What challenges remain in this area: - Accès au traitement limite; - Amélioration de la qualité des soins; - Infrastructure a renforcer; - Faiblesse de la couverture des ARV. -Retension des patients en soin; -65% des femmes enceintes accouchent a domicile et les bébés exposes au VIH ne sont pas amenés dans les délais de 72 heures pour la prophylaxie.

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

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

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?: 5

Since 2011, what have been key achievements in this area: - Extension des centres ARV; - Actualisation et dissémination des normes de prise en charge du VIH; - Application des nouvelles directives de l'OPS/OMS sur les CD4; - Campagnes de sensibilisation a travers les spots publicitaires; -

What challenges remain in this area: - Acces au traitement limite; - Faiblesse de la couverture des ARV; -Réduire l'écart entre les personnes qui reçoivent le traitement anti retroviral et celles qui ont besoin.