

Survey Response Details

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Response Details

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1) Country

New Zealand (0)

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

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Please enter in DD/MM/YYYY format
15/03/2010

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8) Describe the process used for NCPI data gathering and validation:

The Ministry of Health and the various stakeholders worked together to gather and data for answering the NCPI questions.

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

Civil society discussed areas of disagreement with the aim of reaching agreement for responses to the questions with answers at variance. Accordingly, there was not always total agreement among civil society on some answers.

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

The Ministry of Health identified a number of problems with the online data reporting tools, including data mapping errors, data input problems and data loss problems. UNAIDS was notified on these matters. Accordingly, the Ministry of Health notes these problems in this section of the reporting.

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

Organization Names/Positions		Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health Grant Storey, Principal Technical Specialist(Blood)	A.I, A.II, A.III, A.IV, A.V

12)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	District Health Boards in New Zealand	HIV/AIDS Clinical Specialists A.IV
Respondent 3	Ministry of Defence	Director of Defence Health A.I
Respondent 4	Ministry of Foreign Affairs (NZAID)	Senior Advisor
Respondent 5		
Respondent 6		
Respondent 7		
Respondent 8		
Respondent 9		
Respondent 10		
Respondent 11		
Respondent 12		

- Respondent 13
- Respondent 14
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- Respondent 16
- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

13)

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

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 New Zealand AIDS Foundation	Policy Analyst	B.I, B.II, B.III, B.IV

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 Positive Women Inc	National Coordinator	B.I, B.II, B.III, B.IV
Respondent 3 Maori, Indigenous & South Pacific HIV/AIDS Foundation	Executive Director	B. I, B. II, B. III, B. IV
Respondent 4 Body Positive	National Coordinator	B.I, B.II, B.III, B.IV
Respondent 5 New Zealand Prostitutes Collective	National Coordinator	B. I, B. II, B. III, B. IV
Respondent 6 Needle Exchange New Zealand	National Manager	B.I, B.II, B.III, B.IV
Respondent 7		

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Respondent
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Page 5

15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

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

Not applicable (N/A) (0)

Page 6**16) Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)**IF NO or NOT APPLICABLE, briefly explain why**

The development and update of the national strategy/action framework remains under the auspices of the New Zealand Ministry of Health. The Ottawa Charter provides the framework for prevention of HIV in New Zealand.

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17)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 16

18)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 17

19)

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

Yes (0)

Page 18

20)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes

Antiretroviral treatment	No
Care and support	No
Other: Please specify	

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21)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

Previously, HIV testing was performed routinely pre and post deployment but all tests returned negative results and therefore this practice was ceased. However, UN missions still require HIV testing prior to deployment.

22)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

23)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

a. Women	
b. Young people	
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	
g. Migrants/mobile populations	
Other: Please specify	

24)

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

Legislation that provides the protections are in place.

25)

Briefly comment on the degree to which these laws are currently implemented:

Fully implemented.

Page 21

26)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

27)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

No (0)

Page 25

28)

Part A, Section I: STRATEGIC PLAN

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

No (0)

29)

7.4 Is HIV programme coverage being monitored?

No (0)

Page 29

30)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

No (0)

Page 30

31)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)**

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

7 (7)

32)

Since 2007, what have been key achievements in this area:

Progressive implementation of the Universal Routine-Offer Antenatal HIV Screening Programme. As at 1 December 2009, 18 of the 21 District Health Boards have implemented the Programme.

33)

What are remaining challenges in this area:

Continuation of efforts to address ongoing new HIV diagnoses occurring among men who have sex with men in New Zealand.

Page 31

34)

Part A, Section II: POLITICAL SUPPORT

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

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

35)

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

No (0)

Page 32

36)

Part A, Section II: POLITICAL SUPPORT**Question 2 (continued)**

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

AIDS programmes are managed under the auspices of the New Zealand Ministry of Health.

Page 34

37)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

38)

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

Information on priority needs

Technical guidance

Procurement and distribution of drugs or other supplies

Coordination with other implementing partners

Capacity-building

Other: Please specify

39)

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

No (0)

Page 38

40)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)**

Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

41)

Since 2007, what have been key achievements in this area:

Increased access to new antiretroviral agents for treating HIV infection.

Page 39

42)

Part A, Section III: PREVENTION

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

N/A (0)

Page 40

43)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

No (0)

Page 41

44)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

45)

2.1 Is HIV education part of the curriculum in:

primary schools? No
secondary schools? Yes
teacher training? Yes

46)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

47)

2.3 Does the country have an HIV education strategy for out-of-school young people?

No (0)

48)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

49)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Prison inmates
Stigma and discrimination reduction	Men having sex with men
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Other populations
Vulnerability reduction (e.g. income generation)	Prison inmates
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

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50) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Refugees and migrants from high-prevalence countries

Page 44

51)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

8 (8)

52)

Since 2007, what have been key achievements in this area:

Progressive implementation of the Universal Routine-Offer Antenatal HIV Screening programme. Community-based HIV rapid testing service. Increased access to new antiretroviral agents.

53)

What are remaining challenges in this area:

Constrained funding due to global economic circumstances.

Page 45

54)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

No (0)

Page 46

55)

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

New Zealand is a low prevalence country for HIV and AIDS. Prevention programmes are targeted at groups most vulnerable to HIV infections.

56)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	N/A
HIV prevention in the workplace	Agree
Other: please specify	

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57)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

58)

Since 2007, what have been key achievements in this area:

Expanded access to free community-based HIV rapid testing and implementation of recommendations on the normalisation of HIV testing of adults in healthcare settings.

Page 48

59)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

60)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

61)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

62)

2. Has the country identified the specific needs for HIV treatment, care and support services?

No (0)

Page 50

63)

IF NO, how are HIV treatment, care and support services being scaled-up?

HIV treatment is a publicly funded service in New Zealand.

64)

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

The majority of people in need
have access

HIV treatment, care and support service

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

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65)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

66)

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

No (0)

Page 53

67)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

10 (10)

68)

Since 2007, what have been key achievements in this area:

Access to new antiretroviral agents for treating cases with drug resistance. Community-based rapid HIV testing services. High sensitivity laboratory testing services.

69)

What are remaining challenges in this area:

Funding for newer antiretroviral agents.

Page 54

70)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

71)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

72)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

No (0)

Page 56

73)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

10 (10)

74)

Since 2007, what have been key achievements in this area:

Meeting the HIV-related needs of orphans and other vulnerable children diagnosed with HIV infection.

Page 57

75)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

No (0)

Page 64

76)

4. Are M&E priorities determined through a national M&E system assessment?

No (0)

Page 65

77)

5. Is there a functional national M&E Unit?

No (0)

Page 70

78)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No (0)

Page 71

79)

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

No (0)

Page 73

80)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

Page 74**81) Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

District Health Boards

82)

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

Yes (0)

83)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

84)

Provide a specific example:

Policy development; health reports and briefings for Government and international meetings; resourcing considerations.

Page 75**85) Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

3 (3)

86)

Provide a specific example:

Targeting funding at vulnerable groups most at risk of HIV.

Page 76

87)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

3 (3)

88)

Provide a specific example:

Antenatal HIV Screening programme implementation surveying women their views about the Programme.

Page 7789) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

No (0)

Page 78

90)

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

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

Page 80

91)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

Page 8292) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

4 (4)

Page 83

93)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

94)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

Human Rights Act 1993 s21 Prohibited grounds of discrimination, (h) Disability; which includes (vii) the presence in the body of organisms capable of causing illness; Health & Disability Commissioner Act 1994 - provides for investigating complaints against healthcare providers in relation to the Code of Health and Disability Consumers' Rights which includes non-discrimination.

95)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

96)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes

f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

97)

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

Human Rights Act 1993; IDU -Misues of Drugs Amendment Act 1997; MSM -Homosexual Law Reform Act 1986; Sex Workers - Prostitution Reform Act 2003.

98)

Briefly describe the content of these laws:

These legislations decriminalise possession of needles and syringes; homosexualacts between consenting adults; and sex work-related activities.

99)

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

Fully implemented.

Page 86

100)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 88

101) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

102)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

Ensure that legislative and policy frameworks for HIV testing, for general population or a defined population, are evidence-based and minimise human rights and privacy impacts on individuals living with or affected by HIV/AIDS.

103)

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

No (0)

Page 90

104)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

No (0)

Page 91

105)

7. Does the country have a policy of free services for the following:

- | | |
|---|-----|
| a. HIV prevention services | Yes |
| b. Antiretroviral treatment | Yes |
| c. HIV-related care and support interventions | Yes |

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106)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

New Zealand has a publicly funded health care system and eligibility is defined in the Eligibility Direction (see Ministry of Health website) <http://www.moh.govt.nz/eligibility>. Migrant sex workers are unable to work legally. If they need treatment and care for HIV, they fear they will be deported.

107)

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

Yes (0)

Page 93

108)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

109)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

110)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

New Zealand has a publicly funded health care system.

111)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

112)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)**

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

New Zealand's Ministry of Health has had a focus of decreasing health disparities through strategies such as "Achieving Health for All People (2003); setting health targets and a commitment to the Ottawa Charter(1986) and the Treaty of Waitangi (New Zealand's founding document).

113)

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

Yes (0)

114)

11. Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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115)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

116)

IF YES, describe the approach and effectiveness of this review committee:

As a low-prevalence country, there are very few clinical research programmes on HIV/AIDS undertaken in New Zealand.

Page 97

117)

– 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 (0)

118)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

119)

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

Yes (0)

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120)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)****IF YES on any of the above questions, describe some examples:**

Human Rights Commission

Page 99

121)

Part B, Section I. HUMAN RIGHTS**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

No (0)

122)

– Legal aid systems for HIV casework

Yes (0)

123)

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

Yes (0)

124)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

No (0)

125)

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

No (0)

Page 101

126)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

7 (7)

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127)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

6 (6)

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128)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

3 (3)

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129)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

3 (3)

Page 105

130)

a. the national AIDS strategy?

3 (3)

131)

b. the national AIDS budget?

3 (3)

132)

c. national AIDS reports?

3 (3)

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133)

a. developing the national M&E plan?

3 (3)

134)

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

3 (3)

135)

c. M&E efforts at local level?

1 (1)

Page 107136) **Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

Page 108

137)

a. adequate financial support to implement its HIV activities?

2 (2)

138)

b. adequate technical support to implement its HIV activities?

2 (2)

Page 109139) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	<25%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	51-75%
- Sex workers	51-75%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

6 (6)

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Part B, Section III: PREVENTION

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

Yes (0)

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1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	
IEC* on stigma and discrimination reduction	
Condom promotion	Agree

HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	
HIV prevention for out-of-school young people	
HIV prevention in the workplace	
Other: please specify	

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Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

4 (4)

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Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree

HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

6 (6)

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Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)