

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

- 1) **Country**  
Denmark (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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- 6) **Date of submission:**  
Please enter in DD/MM/YYYY format  
31/03/2010

#### Page 3

- 7) **Describe the process used for NCPI data gathering and validation:**  
The National Board of Health filled out the questionnaire with help from the epidemiological department of the State Serum Institute, who gathered the statistical data
- 8) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**  
No disagreements

9)

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

None

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10)

**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	National Board of Health	Jan Fouchard, Medical Officer, MD, PhD, National AIDS Coordinator	A.I, A.II, A.III, A.IV, A.V

11)

**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	STOP AIDS (Gay men's HIV organization)	Klaus Legau/Managing director	B.I, B.II, B.III, B.IV

12)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	HIV-Denmark	Bent Hansen/ Head of secretariat	B.I, B.II, B.III, B.IV
Respondent 3	AIDS-Fondet	Henriette Laursen/Managing director	B.I, B. II, B. III, B. IV
Respondent 4			
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
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Respondent  
24  
Respondent  
25

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13)

**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)**

**Yes (0)****Page 7**14) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2006-2009

15)

**1.1 How long has the country had a multisectoral strategy?****Number of Years**

24

16)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	No	No
Transportation	No	No
Military/Police	No	No
Women	No	No
Young people	Yes	No
Other*	No	No

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17)

**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?**

Decentralized local/regional budgets

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18)

**Part A, Section I: STRATEGIC PLAN****1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

<b>Target populations</b>	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
<b>Settings</b>	
h. Workplace	No
i. Schools	Yes
j. Prisons	No
<b>Cross-cutting issues</b>	

k. HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	No

19)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

Page 10

20)

**Part A, Section I: STRATEGIC PLAN****Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2006

Page 11

21)

**Part A, Section I: STRATEGIC PLAN****1.5 What are the identified target populations for HIV programmes in the country?**

MSM Young people Immigrants HIV+ IDU's

22)

**1.6 Does the multisectoral strategy include an operational plan?**

No (0)

23)

**1.7 Does the multisectoral strategy or operational plan include:**

a. Formal programme goals?	No
b. Clear targets or milestones?	No
c. Detailed costs for each programmatic area?	No
d. An indication of funding sources to support programme?	No
e. A monitoring and evaluation framework?	No

24)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Moderate involvement (0)

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25)

**IF NO or MODERATE involvement, briefly explain why this was the case:**

Civil society has been consulted prior to the development of the strategy and has commented on the end result. The decision of the final strategy has been made by the National Board of Health (a GO)

26)

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

Yes (0)

27)

**1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, all partners (0)

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28)

**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)

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29)

**Part A, Section I: STRATEGIC PLAN****3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

No (0)

**Page 17**

30)

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

No (0)

**Page 19**

31)

**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**

32)

**Part A, Section I: STRATEGIC PLAN**

**5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	No

33)

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

The courts

34)

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

Not used much

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35)

**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?**

Yes (0)

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36)

**Part A, Section I: STRATEGIC PLAN****6.1 IF YES, for which subpopulations?**

- |                                |     |
|--------------------------------|-----|
| a. Women                       | No  |
| b. Young people                | No  |
| c. Injecting drug users        | No  |
| d. Men who have sex with men   | No  |
| e. Sex Workers                 | No  |
| f. Prison inmates              | Yes |
| g. Migrants/mobile populations | No  |

Other: Please specify

37)

**IF YES, briefly describe the content of these laws, regulations or policies:**

No needle exchange programs in prisons No screening for hiv or hepatitis

38)

**Briefly comment on how they pose barriers:**

Spread of viral diseases are likely to happen Undiagnosed cases are unattended

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39)

**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**

40)

**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?**

Estimates of current and future needs (0)

41)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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42)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

43)

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

Yes (0)

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44)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (b) (continued)****IF YES, for which population groups?**

People tested HIV-positive

45)

**Briefly explain how this information is used:**

1. For future needs of antiretroviral therapy 2. Need for preventive measures

**Page 28**46) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

47)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

**Regional**

48)

**Briefly explain how this information is used:**

1. For future needs of antiretroviral therapy 2. Need for preventive measures

49)

**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**

50)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.5 (continued)**

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

8 (8)

51)

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

New policy to test people at risk more systematically (opt out strategy - and checkpoints in the community of MSM and immigrants)

52)

**What are remaining challenges in this area:**

To find undiagnosed HIV+

**Page 31**

53)

**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	No
Other high officials	No
Other officials in regions and/or districts	Yes

54)

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

Yes (0)

**Page 32**

55)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

1986

56)

**2.2 IF YES, who is the Chair?**

Name Else Smith, MD, PhD

Position/title Head of section, National Centre for Health Promotion and Disease Prevention, National Board of Health

57)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	No
include civil society representatives?	No
include people living with HIV?	No
include the private sector?	No
have an action plan?	No
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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58)

**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**

59)

**Part A, Section II: POLITICAL SUPPORT****Question 3 (continued)****IF YES, briefly describe the main achievements:**

Coordination, mutual information

60)

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

Please enter the rounded percentage (0-100)

80

61)

**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	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

62)

**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**

63)

**Part A, Section II: POLITICAL SUPPORT****Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

8 (8)

64)

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

None

65)

**What are remaining challenges in this area:**

To put sexual health on the agenda at the municipal level

**Page 39**

66)

**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*?**

Yes (0)

**Page 40**

67)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

68)

**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**

69)

**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)

70)

**2.1 Is HIV education part of the curriculum in:**

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

71)

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

Yes (0)

72)

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

No (0)

73)

**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)

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74)

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

**Page 43****75) 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".

1. People living with HIV
2. Young people

**Page 44**

76)

**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)

77)

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

Promotions of early testing among risk groups

78)

What are remaining challenges in this area:

Implementation of local, municipal programs

**Page 45**

79)

**Part A, III. PREVENTION**

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

Yes (0)

**Page 46**

80)

**Part A, III. PREVENTION****Question 4 (continued)**

IF YES, how were these specific needs determined?

General screening of all pregnant women were decided due to faults in selective screening

81)

**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	Agree
HIV prevention in the workplace	Agree
Other: please specify	

**Page 47**

82)

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

Promotions of early testing among risk groups

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83)

**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**

84)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

85)

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

Yes (0)

86)

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

Yes (0)

**Page 50**

87)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 2 (continued)****IF YES, how were these determined?**

By the centrally reported number of new cases of HIV

88)

**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	N/A
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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89)

**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?**

No (0)

90)

**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**

91)

**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?**

9 (9)

**Page 54**

92)

**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?**

N/A (0)

**Page 57**

93)

**Part A, Section V: MONITORING AND EVALUATION**

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

No (0)

**Page 58****94) Part A, Section V: MONITORING AND EVALUATION****Question 1 (continued)**

**IF NO, briefly describe the challenges:**

We do to a certain point wish to evaluate all single projects, but not on a scientific, integrated scale for all efforts

**Page 64**

95)

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

No (0)

**Page 65**

96)

**IF NO, briefly describe how priorities for M&E are determined:**

Nationally funded projects are always evaluated internally by the receivers of the funds

97)

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

No (0)

**Page 66**

98)

**Part A, Section V: MONITORING AND EVALUATION****Question 5 (continued)****IF NO, what are the main obstacles to establishing a functional M&E Unit?**

It is considered unnecessary, as single projects are evaluated by the receivers

**Page 69**

99)

**What are the major challenges?**

None really. We think we "know" the development pretty well without having an actual unit

**Page 70**

100)

**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)

101)

**6.1 Does it include representation from civil society?**

No (0)

**Page 71**

102)

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

Yes (0)

**Page 72**

103)

**Part A, Section V: MONITORING AND EVALUATION**

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

The State Serum Institut manages all statistics concerned with reported cases of HIV/AIDS

104)

**7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

No, none of the above (0)

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105)

**7.3 Is there a functional\* Health Information System?**

At national level	Yes
At subnational level	Yes

**Page 74**

106)

**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)?**

Regional level

107)

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

No (0)

108)

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

1 (1)

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109) **Part A, Section V: MONITORING AND EVALUATION**

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

1 (1)

**Page 76**

110)

**Part A, Section V: MONITORING AND EVALUATION**

**9.3 To what extent are M&E data used for programme improvement?:**

1 (1)

**Page 77**

111) **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**

112)

**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

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113)

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

No (0)

**Page 82**114) **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?**

1 (1)

**Page 83**

115)

**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.)**

No (0)

**Page 84**

116)

**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**

117)

**Part B, Section I. HUMAN RIGHTS****2.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	No

c. Injecting drug users	No
d. Men who have sex with men	Yes
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	No

118)

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

General anti-discrimination regulations

119)

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

Fully implemented

**Page 86**

120)

**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**

121)

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

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

No (0)

**Page 89**

122)

**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?**

Yes (0)

**Page 90**

123)

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

**Question 5 (continued)**

**IF YES, briefly describe this mechanism:**

The municipality of Copenhagen runs a web-based data base of hate crimes against LGBT populations

124)

**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?**

Yes (0)

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125)

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

**Question 6 (continued)**

**IF YES, describe some examples:**

Financial support for NGO's working on HIV/AIDS

126)

**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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127)

**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:**

The national budget for HIV-prevention has been cut over many years, hence the budget is too small to carry out necessary HIV-prevention work.

128)

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

Yes (0)

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129)

**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)

130)

**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)

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131)

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

**IF YES, briefly describe the content of this policy:**

The National Board of Health has a strategy specifically targetting most at risk populations

132)

**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)

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133)

**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:**

Working through CSO's representing most at risk populations

134)

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

Yes (0)

135)

**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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136)

**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?**

No (0)

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137)

**– 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)

138)

**– 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**

No (0)

139)

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

No (0)

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140)

**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)

141)

– Legal aid systems for HIV casework

No (0)

142)

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

No (0)

143)

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

No (0)

144)

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

No (0)

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145)

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)

146)

What are remaining challenges in this area:

Removal of punitive law on HIV-transmission/risk

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147)

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?**

10 (10)

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148)

**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?**

4 (4)

149)

**Comments and examples:**

NGO's/CBO's participating in strategy/policy formulation fx teh strategy og national Board of Health

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150)

**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)?**

1 (1)

**Page 105**

151)

**a. the national AIDS strategy?**

5 (5)

152)

**b. the national AIDS budget?**

4 (4)

153)

**Comments and examples:**

c. N/A

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154)

**Comments and examples:**

N/A

**Page 107**

155) **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)?**

5 (5)

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156)

**a. adequate financial support to implement its HIV activities?**

3 (3)

157)

**b. adequate technical support to implement its HIV activities?**

3 (3)

**Page 109**

158) **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	25-50%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	<25%
- Men who have sex with men	>75%
- Sex workers	25-50%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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159)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

9 (9)

160)

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

Included in planning of new strategy for HIV/AIDS of the National Board of Health

**Page 111**

161)

**Part B, Section III: PREVENTION****1. Has the country identified the specific needs for HIV prevention programmes?**

No (0)

**Page 112**

162)

**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	Agree
IEC* on stigma and discrimination reduction	Don't 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	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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163)

**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?**

9 (9)

164)

**What are remaining challenges in this area:**

Need for long term anti-stigma and anti-discrimination programmes

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165)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

No (0)

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166)

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

	The majority of people in need have access
<b>HIV treatment, care and support service</b>	
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	Don't agree

HIV care and support in the workplace (including alternative working arrangements) Don't agree  
Other: please specify

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167)

**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?**

10 (10)

**Page 117**

168)

**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?**

No (0)