

Survey Response Details

Response Information

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Response Details

Page 1

1) Country

Luxembourg (0)

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

Dr. Robert Hemmer

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7) Date of submission:

Please enter in DD/MM/YYYY format

26/03/2010

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

through and together with the National Aids Committee (NAC)

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

discussions in the NAC

10)

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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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 | National Aids Committee | Robert Hemmer, chairman | 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 | Directorate of Health, MoH | Danielle Hansen-Koenig, director | A.I, A.II, A.III, A.IV, A.V |
| Respondent 3 | Directorate of Health, MoH | Alain Origer, National Drug Coordinator | A. I, A. II, A. III, A. IV, A. V |
| Respondent 4 | Directorate of Health, MoH | Pierrette Huberty-Krau, deputy director | A.I, A.II, A.III, A.IV, A.V |
| Respondent 5 | Directorate of Health, MoH | Somone Steil, chief, Division of Preventive Medecine | A. I, A. II, A. III, A. IV, A. V |
| Respondent 6 | National Health Laboratory | François Schneider, director emeritus | A.I, A.II, A.III, A.IV, A.V |
| Respondent 7 | Ministry of Education | Astrid Schorn, Health Promotion Service | A. I, A. II, A. III, A. V |
| Respondent 8 | Ministry of Justice | Jos Schlink, prison doctor | A.I, A.II, A.III, A.IV, A.V |
| Respondent 9 | | | |
| Respondent 10 | | | |
| Respondent 11 | | | |
| Respondent 12 | | | |
| Respondent 13 | | | |
| Respondent 14 | | | |
| Respondent 15 | | | |
| Respondent | | | |

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

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 | Aidsberodung/Red Cross | Henri Goedertz, director | B.I, B.II, B.III |

14)

| | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|---------------|------------------------|-----------------------------------|--|
| Respondent 2 | Aidsberodung/Red Cross | Laurence Mortier, psychologist | B.I, B.II, B.III, B.IV |
| Respondent 3 | Stop Aids Now | Jean-Claude Schlim, film director | B.I, B. II, B. III, B. IV |
| Respondent 4 | Jugend an Drogenhellef | Gunther Biversi, street worker | B.I, B.II, B.III, B.IV |
| Respondent 5 | | Monique Betz, legal counsel | B. I, B. II, B. III, B. IV |
| Respondent 6 | | Jean-Claude Faber, hematologist | B.I, B.II, B.III, B.IV |
| Respondent 7 | | | |
| Respondent 8 | | | |
| Respondent 9 | | | |
| Respondent 10 | | | |
| Respondent | | | |

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Respondent
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Respondent
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Respondent
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Respondent
25

15) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.

Comment: The 14 named persons participate in the National Aids Committee, and as such participate in the evaluation of all national HIV/AIDS activities and programmes

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16)

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

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

Question 1 (continued)**Period covered:**

1984-2010

18)

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

26

19)

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 | Yes | No |
| Transportation | No | |
| Military/Police | Yes | No |
| Women | Yes | No |
| Young people | Yes | No |
| Other* | | |

Page 8

20)

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?

included in the general country budget

Page 9

21)

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

| Target populations | |
|--|-----|
| 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 |

Settings

| | |
|--------------|-----|
| h. Workplace | No |
| i. Schools | Yes |
| j. Prisons | Yes |

Cross-cutting issues

| | |
|--|-----|
| 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 | Yes |

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

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

24)

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

mainly: MSM, IDU, sex workers, migrants, prisoners, young women, young men

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

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? | Yes |
| d. An indication of funding sources to support programme? | Yes |
| e. A monitoring and evaluation framework? | Yes |

27)

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

Active involvement (0)

Page 12

28)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

participation in the NAC participation in the elaboration of the national HIV/AIDS action plan
implementation of the national HIV/AIDS action plan public funding

Page 14

29)

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

30)

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

31)

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

32)

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 | Yes |
| Care and support | Yes |
| Other: Please specify | |

Page 19

33)

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):

voluntary

34)

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

35)

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: handicapped people elderly, religion, | Yes |

36)

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

Centre Pour l'Egalité de Traitement (CET)- (independant organisation surveying all sorts of discriminations, like discriminations based on race, ethnic origin, sexual orientation, religion, philosophical beliefs, handicap, age...)

37)

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

every citizen can ask CET to analyse a perceived discrimination

Page 21

38)

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

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)

Page 26

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)

Page 27

44)

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

MSM, IDU, migrants, sex, age

45)

Briefly explain how this information is used:

to target prevention

Page 2846) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

No (0)

Page 29

47)

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

Yes (0)

Page 30

48)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

9 (9)

49)

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

prevention efforts towards migrants

50)

What are remaining challenges in this area:

reach hard to reach population groups earlier during their infection

Page 31

51)

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 | Yes |
| Other officials in regions and/or districts | |

52)

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

53)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1984

54)

2.2 IF YES, who is the Chair?

| | |
|----------------|---|
| Name | Robert Hemmer |
| Position/title | M.D., National Service of Infectious Diseases |

55)

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? | Yes |
| include civil society representatives? | Yes |
| include people living with HIV? | Yes |
| include the private sector? | No |
| have an action plan? | Yes |
| 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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56)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

13

57)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

6

58)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

Page 34

59)

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

60)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

through NAC : elaboration of all national HIV/AIDS policy Interaction in NAC of all the national HIV/AIDS actors

61)

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)

60

62)

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 | |

63)

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

64)

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)

65)

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

prevention efforts towards migrants

66)

What are remaining challenges in this area:

reach the hard to reach persons

Page 39

67)

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

68)

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)

69)

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

Yes (0)

Page 41

70)

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)

71)

2.1 Is HIV education part of the curriculum in:

| | |
|--------------------|-----|
| primary schools? | Yes |
| secondary schools? | Yes |
| teacher training? | Yes |

72)

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

Yes (0)

73)

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

Yes (0)

74)

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

75)

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 | Injecting drug user, Men having sex with men, Sex workers, |
|--|--|

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

Page 43**76) 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. Migrants for the 3
2. General population for the stigma and discrimination issue

Page 44

77)

Part A, III. PREVENTION**Question 3.1 (continued)**

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

9 (9)

78)

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

Implementation of a Mobile Unit which permits prevention (including quick tests) at places where one meets target groups

79)

What are remaining challenges in this area:

reach the hard to reach

Page 45

80)

Part A, III. PREVENTION

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

Yes (0)

Page 46

81)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

hard to reach populations, especially migrants, who come to medical attention often too late in the course of their infection

82)

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 | N/A |
| Other: please specify | |

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83)

Part A, III. PREVENTION

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

8 (8)

84)

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

Mobile Unit (see above)

85)

What are remaining challenges in this area:

Hard to reach (see above)

Page 48

86)

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

87)

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

No (0)

Page 50

88)

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

everybody who needs treatment and services, has access to it, free of charge

89)

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 | N/A |
| HIV care and support in the workplace (including alternative working arrangements) | N/A |
| Other: please specify | |

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90)

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)

91)

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

92)

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)

93)

What are remaining challenges in this area:

infected persons who come too late to medical attention during the course of their infection

Page 54

94)

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)

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95)

Part A, Section V: MONITORING AND EVALUATION

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

In progress (0)

Page 64

96)

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

No (0)

Page 65

97)

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

by the National HIV/AIDS strategic plan

98)

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

Yes (0)

Page 66

99)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes
in the Ministry of Health?
Elsewhere? (please specify)

100) Number of permanent staff:

Please enter an integer greater than or equal to 0

0

101) Number of temporary staff:

Please enter an integer greater than or equal to 0

1

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102)

Please describe the details of all the temporary staff:

| | Position | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|--------------------|--------------|----------------------|---|
| Temporary staff 1 | data manager | Part time | 1999 |
| Temporary staff 2 | | | |
| Temporary staff 3 | | | |
| Temporary staff 4 | | | |
| Temporary staff 5 | | | |
| Temporary staff 6 | | | |
| Temporary staff 7 | | | |
| Temporary staff 8 | | | |
| Temporary staff 9 | | | |
| Temporary staff 10 | | | |
| Temporary staff 11 | | | |
| Temporary staff 12 | | | |
| Temporary staff 13 | | | |
| Temporary staff 14 | | | |
| Temporary staff 15 | | | |

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103)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

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

Question 5.3 (continued)

IF YES, briefly describe the data-sharing mechanisms:

during the monthly meetings of NAC

Page 70

105)

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?

Yes, meets regularly (0)

106)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

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

Question 6.1 (continued)

IF YES, briefly describe who the representatives from civil society are and what their role is:

NGOs PLWHA Clinicians Lawyers

108)

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

Yes (0)

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109)

Part A, Section V: MONITORING AND EVALUATION

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

National Service of Infectious Diseases

110)

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?

Yes, all of the above (0)

Page 73

111)

7.3 Is there a functional* Health Information System?

| | |
|----------------------|-----|
| At national level | Yes |
| At subnational level | No |

Page 74

112)

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

Yes (0)

113)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

114)

Provide a specific example:

emphasis on prevention towards migrants

Page 75115) **Part A, Section V: MONITORING AND EVALUATION**

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

4 (4)

116)

Provide a specific example:

Implementation of a Mobile Unit (see above)

117)

What are the main challenges, if any?

Economic and financial crisis

Page 76

118)

Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

119)

Provide a specific example:

Mobile Unit

120)

What are the main challenges, if any?

Economic and financial crisis

Page 77

121) **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

122)

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

| | |
|--|-----|
| At national level? | Yes |
| At subnational level? | |
| At service delivery level including civil society? | No |

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

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

1

Page 80

124)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

Page 82

125) **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?

5 (5)

Page 83

126)

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)

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127)

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:

Code du Travail L 326-3: "Ni les examens médicaux auxquels il est procédé en vertu du présent titre, ni aucun autre examen médical effectué en relation avec le contrat de travail ne peuvent comporter un dépistage direct ou indirect du HIV/SIDA."

128)

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

129)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

| | |
|------------------------------|-----|
| a. Women | No |
| 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 |
| Autre: insérer | |

130)

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

Création du Centre d'Egalité de Traitement -www.CET.lu

131)

Briefly describe the content of these laws:

législation anti discriminatoire-il y a 5 motifs de discrimination retenus: l'âge, la conviction religieuse, l'orientation sexuelle, l'handicap et l'origine ethnique (loi du 28 novembre 2006)

Page 86

132)

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

133) **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

134)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

examples : National guidelines for consensual, voluntary and- if desired - anonymous testing Law which prohibits HIV testing before or during employment

135)

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

136)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

1. via NAC members, especially those representing Civil Society 2. CET - Centre pour l'Egalité des traitements(see above)

137)

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)

Page 91

138)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

through NGOs participating in the National Aids Committee

139)

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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140)

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:

no barriers

141)

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

142)

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)

143)

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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144)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

free of charge, including for persons (e.g. migrants) without valid legal documents

145)

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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146)

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:

free of charge, including for those without valid legal documents

147)

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

Yes (0)

148)

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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149)

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)

150)

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

1. As there is no mandatory testing , it is difficult to know if there are PLWHA members on the committee - but there are surely persons representing Civil Society 2.The review committee is national and an approval of all research projects is required before starting any investigation 3. This committee is not special to HIV/AIDS, but for all medical research projects

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151)

– 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)

152)

– 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)

153)

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

No (0)

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154)

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

National Human Rights Commission Ombudsman for all Ombuds-committee for the rights of children CET - Centre pour l'Egalité des Traitements

Page 99

155)

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)

156)

– Legal aid systems for HIV casework

Yes (0)

157)

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

Yes (0)

158)

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

Yes (0)

159)

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

Yes (0)

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160)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

| | |
|--------------------------------------|-----|
| Media | Yes |
| School education | Yes |
| Personalities regularly speaking out | No |
| Other: please specify | |

Page 101

161)

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)

162)

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

all the policies, laws and regulation mentionned were in place before 2007

163)

What are remaining challenges in this area:

1. There is a danger that HIV infected persons who need ARV treatment and who have no valid documents may be sent back to their countries of origin, if their country claims to provide now ARV treatment (even if the treatment coverage includes only a small part of the country). 2. The question about life insurance of HIV-infected persons has never been completely solved- we have the impression that the life insurance companies decide on a case by case basis rather than on rational arguments.

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164)

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?

7 (7)

165)

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

in place before 2007

166)

What are remaining challenges in this area:

same as above

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167)

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?

5 (5)

168)

Comments and examples:

via NAC

Page 104

169)

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)?

5 (5)

170)

Comments and examples:

via NAC

Page 105

171)

a. the national AIDS strategy?

5 (5)

172)

b. the national AIDS budget?

5 (5)

173)

c. national AIDS reports?

5 (5)

174)

Comments and examples:

Publication of a yearly national AIDS activity report since 1989

Page 106

175)

a. developing the national M&E plan?

5 (5)

176)

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

5 (5)

177)

c. M&E efforts at local level?

5 (5)

178)

Comments and examples:

via NAC

Page 107**179) 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)?**

3 (3)

180)

Comments and examples:

No organized networks of PLWHA nor of sexworkers in Luxembourg. No faith-based organizations as such are involved in HIV/AIDS activities

Page 108

181)

a. adequate financial support to implement its HIV activities?

5 (5)

182)

b. adequate technical support to implement its HIV activities?

4 (4)

Page 109**183) 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 | >75% |
| Prevention for most-at-risk-populations | |
| - Injecting drug users | >75% |
| - Men who have sex with men | >75% |
| - Sex workers | >75% |
| Testing and Counselling | <25% |
| Reduction of Stigma and Discrimination | 51-75% |
| Clinical services (ART/OI)* | <25% |
| Home-based care | <25% |
| Programmes for OVC** | |

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184)

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

10 (10)

185)

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

increasing multisectoral participation in NAC

Page 111

186)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

187)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

by M & E

188)

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 | 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 | |

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189)

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)

190)

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

Mobile Unit including quick tests

191)

What are remaining challenges in this area:

Better reach the "hard to reach"

Page 114

192)

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)

Page 115

193)

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

no specific services need to be scaled up see also : Consumer Index Powerhouse (will be separately sent to you)

194)

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 | 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) | N/A |
| Other: please specify | |

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195)

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)

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196)

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)