

Survey Response Details

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Response Details

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1) Country

Sweden (0)

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

Viveca Urwitz

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7) Date of submission:

Please enter in DD/MM/YYYY format

10/01/2010

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

Data has been collected from: Commissioned scientific studies on KAP of several MARP from 4 Universities Epidemiological data on incidence and prevalence from The National institute of Disease Control. Reports from government Authorities. The monitoring reports records of organisational structures, interventions and intermediary results from NGOs and local governments

throughout Sweden from The National Board of Health and Welfare

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

All writers have had the possibility to review how their input has been used within the report. No time frame has been allowed for to discuss the report and its analysis in depth. This has to be done afterwards and there will be a meeting in the national Council for HIV prevention in May

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

Data from 2009 are sometimes preliminary. Not all sources cover the whole of Sweden.

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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	The National Board of Health & Welfare	Viveca Urwitz/Head of the HIV unit	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	Swedish Institute for Infectious Disease Control	Malin Arneborn	A.III, A.IV, A.V
Respondent 3	Swedish Institute for Infectious Disease Control	Inga Velicko	A. III, A. IV, A. V
Respondent 4	Ministry for Foreign Affairs	Lennart Hjelmåker	A.I, A.II, A.III, A.V
Respondent 5	Swedish International Development Agency	Pia Engstrand	A. I, A. II, A. III, A. V
Respondent 6	Swedish National Agency for Education	Agneta Nilsson	A.I, A.III, A.IV, A.V
Respondent 7	Swedish National Institute of Public Health	Monica Nordvik	A. III, A. IV, A. V
Respondent 8	Swedish Prison and Probation Service	Maria Hägerstrand	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

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

The NCPI part A has been filled in by the NBHW as the coordinating body in Sweden. However, the above listed governmental counterparts have contributed to the narrative report, from which many of the answers in the NCPI part A has been built upon.

14) 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 HIV-Sweden* Andreas Berglöf	B.I, B.II, B.III, B.IV

15)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 AFRICANET		B.I, B.II, B.III, B.IV
Respondent 3 Afrikanska Kvinnors Nätverk		B.I, B.II, B.III, B.IV
Respondent 4 Arab Information and Cultural Centre		B.I, B.II, B.III, B.IV
Respondent		

Respondent 5	Asian Urdu Society	B.I, B.II, B.III, B.IV
Respondent 6	Convictus**	B.I, B.II, B.III, B.IV
Respondent 7	Föreningen Gay Camp	B.I, B.II, B.III, B.IV
Respondent 8	Föreningen Homosexuella Läkare	B.I, B.II, B.III, B.IV
Respondent 9	Hälsoteamet förebygger HIV	B.I, B.II, B.III, B.IV
Respondent 10	Heteroplus	B.I, B.II, B.III, B.IV
Respondent 11	IFMSA Sweden	B.I, B.II, B.III, B.IV
Respondent 12	Kamratföreningen Oasen	B.I, B.II, B.III, B.IV
Respondent 13	KCS - Kvinnocirkeln Sverige	B.I, B.II, B.III, B.IV
Respondent 14	Kongo Riksförbund i Sverige	B.I, B.II, B.III, B.IV
Respondent 15	LDA - Liberia Dujar Association	B.I, B.II, B.III, B.IV
Respondent 16	Noah's Ark**	B.I, B.II, B.III, B.IV
Respondent 17	Posithiva Gruppen	B.I, B.II, B.III, B.IV
Respondent 18	RFHL**	B.I, B.II, B.III, B.IV
Respondent 19	RFSL**	B.I, B.II, B.III, B.IV
Respondent 20	RFSU**	B.I, B.II, B.III, B.IV
Respondent 21	RIFFI	B.I, B.II, B.III, B.IV
Respondent 22	Riksföreningen Hepatit C	B.I, B.II, B.III, B.IV
Respondent 23	Sensus	B.I, B.II, B.III, B.IV
Respondent 24	SHAI	B.I, B.II, B.III, B.IV
Respondent 25	Stockholm Gay Life	B.I, B.II, B.III, B.IV

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

Respondent 26: Swedish Hemophilia Society Respondent 27: The Somali Health Team *HIV-Sweden was chosen by the NGO community to function as their representative towards the NBHW when it came to answering the UNGASS NCPI part B. Consequently, all NGOs have been given the possibility to participate in the process. ** The following NGOs have actively participated in the NCPI part B report writing process.

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17)

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

18)

1.1 How long has the country had a multisectoral strategy?

Number of Years

0

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	No
Education	Yes	No
Labour	No	No
Transportation	No	No
Military/Police	No	No
Women	Yes	No
Young people	Yes	No
Other*	Yes	No

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

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Migration, Justice, Social Welfare,

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	
g. Other specific vulnerable subpopulations*	Yes

Settings

h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes

Cross-cutting issues

k. HIV and poverty	
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

2003

Page 11

24)

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

MSM, Vulnerable migrant groups, IDU, Youth and Young adults, people travelling to high endemic areas for HIV, persons buying and selling sex, pregnant women (to prevent MTCT), people living with HIV/AIDS living with HIV/AIDS

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

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:**

The Strategy was developed in 2003-2005. All major stakeholders including the main active NGOs were invited to part-take in the needs assessment and strategy development prior to the government bill was written.

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	Yes

Page 19

33)

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

34)

Part A, Section I: STRATEGIC PLAN

5.1 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	

35)

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

All persons residing legally in Sweden have access to testing and treatment according to The Swedish Communicable Diseases and Prevention Act. Monitoring of testing and counselling procedures including confidentiality are carried out by The National Board of Health and Welfare There are laws to ensure human rights irrespective of gender, sexual orientation, ethnicity, functional handicaps, and for PLWHA etc. The ombudsman system for human rights and against discrimination for gender, sexual orientation, ethnicity and functional handicaps is institutionalised in Sweden Possibilities for NGO support on human rights issues for PLWHA.

36)

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

All the above laws are implemented

Page 21

37)

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)

Page 22

38)

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	No
g. Migrants/mobile populations	Yes
Other: Please specify	No

39)

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

Undocumented migrants to Sweden cannot legally access prevention, testing, counselling treatment and support

40)

Briefly comment on how they pose barriers:

see above

Page 23

41)

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?**

Yes (0)

Page 24

42)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

43)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

44)

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 needs only (0)

45)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

46)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)**(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

47)

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

Yes (0)

Page 27

48)

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

MSM Migrants to Sweden IDU Youth and young adults Women and men Different age groups

49)

Briefly explain how this information is used:

To amend problems for groups in accessing treatment and support.

Page 2850) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

51)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?****Monitoring exists at regional level and at national level through quality control registers.**

52)

Briefly explain how this information is used:

To monitor the access to treatment and support

53)

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

54)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

6 (6)

55)

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

An overall communications strategy for all main actors A n action plan for prevention among youth and young adults

56)

What are remaining challenges in this area:

Action plans for MSM and for vulnerable migrants groups. Better needs assessment on provision for IDUs

Page 31

57)

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

58)

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

59)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2006

60)

2.2 IF YES, who is the Chair?

Name	Christer Wennerholm
Position/title	Politician appointed by the Prime Minister

61)

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?	

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62)

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

11

63)

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

5

Page 34

64)

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?

No (0)

Page 35

65)

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)

30

66)

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	No
Other: Please specify	

67)

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

Yes (0)

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68)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

Yes (0)

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69)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****IF YES, name and describe how the policies / laws were amended:**

Needle exchange programs were made legal in Sweden when the National Strategy was launched

Page 38

70)

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

3 (3)

71)

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

Regional programs have been updated and acknowledged by the regional decision-makers

72)

What are remaining challenges in this area:

Coordination between sectors and funding on the regional and local levels

Page 39

73)

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

74)

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)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

75)

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

76)

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)

77)

2.1 Is HIV education part of the curriculum in:

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

78)

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

Yes (0)

79)

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

Yes (0)

80)

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

81)

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

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82) **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".

Newly arrived migrants to Sweden Pregnant women to prevent MTCT Youth and Young Adults

Page 44

83)

Part A, III. PREVENTION

Question 3.1 (continued)

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

3 (3)

84)

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

Better coordinated regional policies and programs concerning newly arrived migrants and refugees

85)

What are remaining challenges in this area:

national policies concerning IDU , persons buying and selling sex, in prisons

Page 45

86)

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

Yes (0)

Page 46

87)

4.1 To what extent has HIV prevention been implemented?The majority of people in need
have access**HIV prevention component**

Blood safety	N/A
Universal precautions in health care settings	N/A
Prevention of mother-to-child transmission of HIV	N/A
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	Don't 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	Agree

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88)

Part A, III. PREVENTION

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

6 (6)

89)

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

Better targeted interventions on MSM , Youth; IDU and newly arrived asylum seekers and refugees

90)

What are remaining challenges in this area:

Even better targeted and more locally funded interventions

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91)

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)

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92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

93)

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

Yes (0)

94)

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

Yes (0)

Page 50

95)

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

Through need assessments and dialogues with NGOs

96)

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	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	

Page 53

97)

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)

98)

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

No development of resistance to treatment A person diagnosed who could comply with treatment could access treatment

99)

What are remaining challenges in this area:

To offer treatment for undocumented migrants To reduce the number of late testers through better access to testing for vulnerable migrants group and travellers to high endemic areas.

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100)

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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101)

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

102)

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

Yes (0)

Page 65

103)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)****IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

Assessment is done through regular monitoring the work and outcome in regions and the work of NGOs Evaluations are conducted for several defined reasons: 1. To establish evidence or best practice in projects 2. To assess if the work of a particular actor or a specific project is line with the national strategy

104)

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

In progress (0)

Page 69

105)

What are the major challenges?

To increase the knowledge of M&E among key stake holders To use funds for M&E instead of activities and interventions

Page 70

106)

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)

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107)

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

No (0)

Page 73

108)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

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109)

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)?

At regional and national levels

110)

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

Yes (0)

111)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

112)

Provide a specific example:

A yearly analysis is submitted to the MoHW. On the basis of this report priorities are set for targeted funding

113)

What are the main challenges, if any?

To write the M&E plan

Page 75

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

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

4 (4)

115)

Provide a specific example:

Evaluation of the national outreach program resulted in a smaller amount of funding

116)

What are the main challenges, if any?

to change funding from one NGO to another

Page 76

117)

Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

118)

Provide a specific example:

An evaluation of the national outreach program totally changed the method and outcome of the program.

119)

What are the main challenges, if any?

Methods and costs of evaluation

Page 77

120) **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?:

Yes, but only addressing some levels (0)

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

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at subnational level (0)

122)

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

123)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81

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

Question 10.2 (continued)**IF YES, describe what types of activities:**

Seminar for regional coordinators

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)

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

All NGO work has been evaluated and was found to be contributing towards reaching the objectives of the national strategy

Page 83**127)****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**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	Yes
b. Young people	No
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	No
Other: Please specify	

130)

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

The Equality Ombudsman was formed on 1 January 2009 when the four previous anti-discrimination ombudsmen were merged into a new body. The previous authorities were the Equal Opportunities Ombudsman (JämO), the Ombudsman against Ethnic Discrimination (DO), the Disability Ombudsman (HO) and Ombudsman against Discrimination on grounds of Sexual Orientation (HomO).

131)

Briefly describe the content of these laws:

On 1 January 2009 a new comprehensive Discrimination Act, which covers more areas than before, came into force. The Discrimination Act prohibits discrimination on grounds of sex, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation or age.

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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?**

Yes (0)

Page 87

133)

Part B, Section I. HUMAN RIGHTS**3.1 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. SexWorkers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	Yes

Page 88**134) 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

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:

How the Equality Ombudsman can help you - Receive and investigate your discrimination complaints. - Provide information on the rights protected by anti-discrimination legislation. - Provide advice on how to assert your rights when you have been discriminated against. - Represent you in court. - Receive and investigate your complaint if you feel you have been treated less favourably because of parental leave. - Provide advice on how to promote equal rights and prevent discrimination. - Provide education on protection against discrimination.

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:**

- The National Council for Coordination of HIV Prevention (Nationella Hivrådet) includes organizations representing HIV-positive people, most at-risk populations and other vulnerable groups. - The National Board of Health and Welfare has prior to 2009 created a civil society forum which still is in place (Organisationsforum).

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	No

Page 92

140)

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

141)

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)

142)

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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143)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)**IF YES, briefly describe the content of this policy:**

- In the Swedish National Strategy to Combat HIV/AIDS and other Certain Diseases it states that: "An important starting point for preventive and supportive efforts is to make the groups that are most at risk from HIV/AIDS visible. It is vital that targeted measures are implemented to reduce the vulnerability of these groups. The groups considered most in need of targeted measures are: - men who have sex with men - injecting drug misusers, - young people and young adults - people from foreign backgrounds - people travelling abroad - pregnant women - people who are the victims of prostitution."

Page 95

144)

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

No (0)

145)

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)

Page 96

146)

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)

Page 97

147)

– 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)

148)

– 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)

149)

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

No (0)

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150)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

IF YES on any of the above questions, describe some examples:

- The Equality Ombudsman monitors this.

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151)

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)

152)

– **Legal aid systems for HIV casework**

Yes (0)

153)

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

No (0)

154)

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

No (0)

155)

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

No (0)

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156)

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?

3 (3)

157)

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

- Sweden has presented its international strategy: The Right to a Future – policy for Sweden's international HIV/AIDS efforts.

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158)

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?

4 (4)

Page 103

159)

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)

Page 104

160)

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)?

0

Page 105

161)

a. the national AIDS strategy?

4 (4)

162)

b. the national AIDS budget?

3 (3)

163)

c. national AIDS reports?

0

Page 106

164)

a. developing the national M&E plan?

0

165)

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

0

166)

c. M&E efforts at local level?

0

167)

Comments and examples:

- Civil society are being monitored and evaluated, but not involved.

Page 107168) **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)

169)

Comments and examples:

- The National Board of Health and Welfare involves civil society in HIV and AIDS efforts through its Civil Society Forum (Organisationsforum). Included in that Forum are networks of people living with HIV, AIDS service organizations, MSM, LGBT youth organization, migrants, sex education and IDU organizations.

Page 108

170)

a. adequate financial support to implement its HIV activities?

3 (3)

171)

b. adequate technical support to implement its HIV activities?

2 (2)

Page 109**172) 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	<25%
- Men who have sex with men	25-50%
- Sex workers	<25%
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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173)

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

1 (1)

Page 111

174)

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

Yes (0)

Page 112

175)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

- Through a government proposition and also via the Swedish National Strategy to Combat HIV/AIDS and other Certain Diseases

176)

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	Don't 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	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Migrants & Undocumented	Don't agree

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177)

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?

2 (2)

Page 114

178)

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)

Page 115

179)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

- Via statistics from the Swedish Institute for Infectious Disease Control (SMI), via the Swedish National Strategy to Combat HIV/AIDS and other Certain Diseases and via civil society.

180)

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	N/A
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	Don't 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) Don't agree

Other: please specify

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181)

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?

7 (7)

Page 117

182)

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)