

## Portugal Report NCPI

### NCPI Header

#### COUNTRY

**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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**Describe the process used for NCPI data gathering and validation:**

Different persons with different backgrounds and responsibilities proposed responses and evaluated their validity.

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

Consensus.

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

The discussion among stakeholders was very limited.

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

| Organization                    | Names/Positions          | A.I | A.II | A.III | A.IV | A.V | A.VI |
|---------------------------------|--------------------------|-----|------|-------|------|-----|------|
| National Programme for HIV/AIDS | Antonio Diniz / Director | Yes | Yes  | Yes   | Yes  | Yes | Yes  |
| -                               | -                        | No  | No   | No    | No   | No  | No   |

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

| Organization        | Names/Positions        | B.I | B.II | B.III | B.IV | B.V |
|---------------------|------------------------|-----|------|-------|------|-----|
| Civil Society Forum | Pedro Silverio Marques | Yes | Yes  | Yes   | Yes  | Yes |

## A - 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

**IF YES, what was the period covered:**

2011-2015

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

The current strategy follows the previous main objectives to what HIV/AIDS infection is concerned and additionally includes STI, hepatitis an TB.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministries of Health, Education, Labour and Employment, Solidarity and Social Security, Justice and Defense

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

#### SECTORS

| Included in Strategy | Earmarked Budget |
|----------------------|------------------|
|----------------------|------------------|

|     |     |
|-----|-----|
| Yes | Yes |
| Yes | Yes |
| Yes | Yes |
| Yes | Yes |
| No  | No  |
| Yes | Yes |
| Yes | Yes |

**Other [write in]:**

Prisons, Labour Unions, Industrial and Trade Confederations

**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?:**

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

No

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

-

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

The same identified above (1.3.).

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

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

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

The civil society active involvement was organised through the development of a Civil Society Forum.

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

Yes

1.9

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

Yes, some partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:**

The Transportation sector is not involved.

**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?:**

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

-

**National Development Plan:**

-

**Poverty Reduction Strategy:**

-

**Sector-wide approach:**

Yes

**Other [write in]:**

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

Yes

**Women’s economic empowerment (e.g. access to credit, access to land, training):**

N/A

**Other[write in below]:**

-

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

N/A

**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

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

No

**5.2. 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

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

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

Yes

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

Yes

**IF YES, for which population groups?:**

MSM, Migrants, vulnerable children, IDU, sex workers and pregnant women.

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

This information is used to making decision process towards priorities definition.

**(c) Is coverage monitored by geographical area:**

Yes

**IF YES, at which geographical levels (provincial, district, other)?:**

At regional level (Regional Health Administrations).

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

This information is used to making decision process towards regional priorities definition.

**5.4. Has the country developed a plan to strengthen health systems?:**

Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

These measures started being implemented in 2012.

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

HIV early detection through rapid tests policy (community based counseling and testing to MSM), IT system to monitor treatment and positive prevention and care.

**What challenges remain in this area:**

Better surveillance and monitoring system.

## A - II. POLITICAL SUPPORT AND LEADERSHIP

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

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

The Ministry of Health publicly supported HIV strategies and priorities. A Resolution Project recommending the adoption by the Government of fighting measures towards HIV/AIDS infection in Portugal, aiming its alleviation and eradication, was unanimously approved at the Parliamentary Commission of Health. A Member of Parliament publicly defended clear and strong governmental action to decrease the impact of HIV/AIDS infection in Portugal.

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

Paulo Macedo / Minister of Health

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

28

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

3

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

2

**Include the private sector?:**

Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

-

**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

**IF YES, briefly describe the main achievements:**

A better strategic plan.

**What challenges remain in this area:**

-

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

30%

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

-

**Technical guidance:**

Yes

**Other [write in below]:**

-

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

Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**

Yes

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

Access to syringes and needle exchange in prisons; access to care and treatment by undocumented migrants regulations regarding pregnant women, regulations on blood safety.

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**

Testing related to house mortgages and other credits.

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

Better knowledge of the epidemic, greater concern with positive prevention, scale up of the access to treatment and prevention.

**What challenges remain in this area:**

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

-

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

Constitution of the Portuguese Republic - Article 13th (Principle of equality); Law 46/2006 of August 28 (Handicaped and aggravated health risks anti-discrimination Statute of Parliament; Labour Code - Article 27th (lquality and non-discrimination - sex).

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

The State is in charge for the implementation of the Constitution.

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

-

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

**IF YES, for which subpopulations?**

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

-

**Prison inmates:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-  
Other specific vulnerable subpopulations [write in below]:  
-

Briefly describe the content of these laws, regulations or policies:

-  
Briefly comment on how they pose barriers:  
-

## A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

-

**Avoid commercial sex:**

-

**Avoid inter-generational sex:**

-

**Be faithful:**

-

**Be sexually abstinent:**

-

**Delay sexual debut:**

-

**Engage in safe(r) sex:**

Yes

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

-

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

-

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

-

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

Yes

**Other [write in below]:**

-

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

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

Yes

**Secondary schools?:**

Yes

**Teacher training?:**

Yes

**2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:**

Yes

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

Yes

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

Yes

**Briefly describe the content of this policy or strategy:**

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

| IDU | MSM | Sex workers | Customers of Sex Workers | Prison inmates | Other populations |
|-----|-----|-------------|--------------------------|----------------|-------------------|
| Yes | Yes | Yes         | Yes                      | Yes            | -                 |
| Yes | No  | No          | No                       | Yes            | -                 |
| Yes | Yes | Yes         | Yes                      | Yes            | -                 |
| Yes | No  | No          | No                       | Yes            | -                 |
| Yes | No  | No          | Yes                      | Yes            | -                 |
| Yes | Yes | Yes         | No                       | No             | -                 |
| Yes | Yes | Yes         | No                       | Yes            | -                 |
| Yes | No  | No          | No                       | Yes            | -                 |

**3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

Increased free condom distribution and condom price reduction; female condoms; better TV spots PrExPro

**What challenges remain in this area:**

Sexual education in all schools; better MSM prevention strategies.

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

Yes

**IF YES, how were these specific needs determined?:**

Monitoring infection among IDUs (still too high); MSM and sex workers.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Agree

**HIV prevention for out-of-school young people:**

Disagree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Disagree

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

Agree

**Prevention for people living with HIV:**

Agree

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

Disagree

**Risk reduction for intimate partners of key populations:**

-

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**



Agree

**Universal precautions in health care settings:**

Agree

**Other[write in]:**

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

6

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

**If YES, Briefly identify the elements and what has been prioritized:**

HIV testing and counseling, treatment and care.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

Using information obtained through many different specific surveys. Civil society consultation.

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

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

N/A

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

N/A

**Nutritional care:**

Neutral

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

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

Neutral

**Sexually transmitted infection management:**

Neutral

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

Agree

**TB preventive therapy for people living with HIV:**

Neutral

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

**Please clarify which social and economic support is provided:**

-

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of

medications for HIV?:

No

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

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

There was a clear increase in the number of people on treatment (more than 30%). Positive prevention was scaled up. Free universal access to every type of treatment. Decrease of regional inequities.

What challenges remain in this area:

A strong public network devoted to home care is still lacking.

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

N/A

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

## A - VI. MONITORING AND EVALUATION

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

In Progress

Briefly describe any challenges in development or implementation:

To build up a sustained structure with well-trained epidemiologists, statisticians and infectious diseases specialists. To build up a viable network with health structures and research or academic centres trained to collect and analyse data.

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

-

**A data analysis strategy:**

-

**A data dissemination and use strategy:**

-

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

-

**Guidelines on tools for data collection:**

-

3. Is there a budget for implementation of the M&E plan?:

-

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

In Progress

Briefly describe any obstacles:

-

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**

-

**In the National HIV Commission (or equivalent)?:**

Yes

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

| POSITION [write in position titles in spaces below] | Fulltime | Part time | Since when? |
|---|----------|-----------|-------------|
| -   | -        | -         | -           |

Temporary Staff [Add as many as needed]

**POSITION** [write in position titles in spaces below] Fulltime Part time Since when?

- - - -

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

-  
**Briefly describe the data-sharing mechanisms:**

-  
**What are the major challenges in this area:**

-  
**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

Yes

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

No

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

-

**6.2. Is there a functional Health Information System?**

**At national level:**

No

**At subnational level:**

No

**IF YES, at what level(s)?:**

-

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

Yes

**8. How are M&E data used?**

**For programme improvement?:**

No

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

No

**Other [write in]:**

-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

Testing policies for IDUs have changed according to the results of the evaluation of the previous policy. The data regarding HIV surveillance and evaluation does not reflect the reality of HIV/AIDS infection in Portugal, since it is subnotified.

**9. 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?:**

-

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

Yes

**IF YES, describe what types of activities:**

An IT hospital based system is being implemented.

**10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**

-

**Since 2009, what have been key achievements in this area:**

Good cooperation with the civil society and universities that can result in real good data in the near future.

**What challenges remain in this area:**

To build a professional M&E team.

## **B - I. CIVIL SOCIETY INVOLVEMENT**

**1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:**

4

**Comments and examples:**

The Portuguese Civil Society Forum on HIV/AIDS was acting as a consulting body of the former Aids National Coordination. A Civil society member was included in the National Treatment Guidelines panel.

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:**

5

**Comments and examples:**

The Portuguese Civil Society Forum on HIV/AIDS was asked to give input to the National Strategic Plan on HIV, and the document was available for public discussion during a reasonable period.

3.

**a. The national HIV strategy?:**  
2

**b. The national HIV budget?:**  
2

**c. The national HIV reports?:**  
3

**Comments and examples:**  
Best surrogate indicator for national expenditure on HIV is expenditure on treatments and prophylaxis. Last figures available (2009) indicated 194 M€. Funding of CS was 3.2 M€ (1.68%). Funding to CS increa

4.

**a. Developing the national M&E plan?:**  
0

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

0

**c. Participate in using data for decision-making?:**  
0

**Comments and examples:**  
-

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:**

5

**Comments and examples:**

The Portuguese Civil Society Forum on HIV/AIDS includes a wide range of organization, e.g., PLWHA, children living with HIV/AIDS, services providing organization, faith-based organizations, members from the Network on Sex Work.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

**a. Adequate financial support to implement its HIV activities?:**  
2

**b. Adequate technical support to implement its HIV activities?:**  
2

**Comments and examples:**  
In the last few years civil society have struggled do maintain the project/services founding programs. However, due to the Portuguese economic situation, we believe that the financial support will decrease dramatically in the future.

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

**People living with HIV:**  
>75%

**Men who have sex with men:**  
>75%

**People who inject drugs:**  
51-75%

**Sex workers:**  
>75%

**Transgendered people:**  
>75%

**Testing and Counselling:**  
<25%

**Reduction of Stigma and Discrimination:**

25-50%

**Clinical services (ART/OI)\*:**

&lt;25%

**Home-based care:**

&gt;75%

**Programmes for OVC\*\*:**

-

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

Civil society was involved in the data generation regarding the incidence of HIV infection in HSH and SW; Together with the Parliamentary All Party Group, we set a resolution that was approved by all parties in 2011;

**What challenges remain in this area:**

a more comprehensive involvement of CS in the development, implementation, monitoring and evaluation, not only of IEC and prevention or risk reduction materials and distribution but also early detection and test programs targeted to specific populations

**B - II. POLITICAL SUPPORT AND LEADERSHIP**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened:**

This has been done in the last few years in a very incipient way still. Mainly HIV+ people and CBO have been consulted about the National Aids Program. However, there is a lot to do in what concerns other key populations, such as Sex Workers and Migrants. A good example is form instance the consultation of NGO working in the sex work field and sex workers as well in the conception of a TV prevention campaign aiming sex workers.

**B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

Parliament Law 46/2006 forbids and punishes any kind of discrimination based on disability or increased health risk. discrimination is understood as the violation of any fundamental human rights or the refusal or limitation in the exercise of any economic, social, cultural rights in all contexts, housing, schooling, work place, access to bank loans and insurance.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

Anyone who feels discriminated should submit a complain to the specif regulatory authority with copy to the Ministry of Solidarity and Social Security and the National Institute for Rehabilitation (NIR). The person discriminated is only obliged to describe and fundament the situation, the burden of proof is reversed to the person or institution being acused.

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

Very few cases have submitted, since 2007, under this legislation and the vast majority was dismissed by the regulatory authorities. the annual report produced by the NIR doesn't allow for a full understaning of the discrimination issues.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

2.1. IF YES, for which sub-populations?

**People living with HIV:**  
No

**Men who have sex with men:**  
No

**Migrants/mobile populations:**  
No

**Orphans and other vulnerable children:**  
No

**People with disabilities:**  
No

**People who inject drugs:**  
No

**Prison inmates:**  
No

**Sex workers:**  
No

**Transgendered people:**  
No

**Women and girls:**  
No

**Young women/young men:**  
No

**Other specific vulnerable subpopulations [write in]:**  
-

**Briefly describe the content of these laws, regulations or policies:**

-

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

Barrires are in social and cultural practices and behaviour not in law or regulation.

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

The Penal Code considers a "public crime" - meaning that can be pursued independently of complain of the victim, any kind of violence, physical or psychological including corpaol punishements, deprivation of freedmon or sexual offenses against person of different or same sex, including in the context of a marital or equivalent relation.

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

Yes

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

Present National AIDS Programme has the same vision of UNAIDS and states as its major values the values of the Universal Declaration of Human Rights, specificaly right to get a job, non discrimination, good name and reputation, protection of private life, freedom and safety, confidentiality of private data, sexual and reproductive rights and the rights of minorities, mogrants and displaced persons.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

No

6. Does the country have a policy or strategy of free services for the following?

| Provided free-of-charge to all people in the country | Provided free-of-charge to some people in the country | Provided, but only at a cost |
|--|---|------------------------------|
| Yes  | -   | -                            |
| Yes  | -   | -                            |
| Yes  | -   | -                            |

If applicable, which populations have been identified as priority, and for which services?:

-

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

Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

the constitution forbids any kind of discrimination or difference of treatment based on gender Special instructions and guidelines from the Ministry of Health extend HIV treatment and care to everyone present in the country independently of legal status.

8.1

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:**

No

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

Yes

**IF YES, briefly describe the content of the policy or law:**

The Labour Code specifically forbids HIV screening for general employment purposes but for very special cases that must be fundamental seriously and in written form. Labour health services or doctors are forbidden to inform the employers of health status of employees, although most cases of labour discrimination we are aware of are originated in doctors not following that legal command

10. Does the country have the following human rights monitoring and enforcement mechanisms?

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:**

Yes

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

No

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

Ombudsperson office regularly considers HIV related cases in their work as do Civil Society organizations promoting HR

11. In the last 2 years, have there been the following training and/or capacity-building activities

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:**

Yes

**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:**

No

12. Are the following legal support services available in the country?

**a. Legal aid systems for HIV casework:**

Yes

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

No

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:**

No

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**

4

**Since 2009, what have been key achievements in this area:**

From the first time ever a community based project to promote, guide and protect HR of PLWHA - Anti-Discrimination Centre - have been funded by the Government

**What challenges remain in this area:**

Involve the members of the judiciary and law enforcement systems in HR issues related to HIV. Simplify and better monitor the

complain system in order to gain credibility and efficacy in combating discrimination

**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:**

0

**Since 2009, what have been key achievements in this area:**

The first ever labour discrimination case related to HIV to come to court got a decision against the worker with HIV. Review by Second instance court the decision was kept and found right based on "eventual risk of transmission in the work place" The Anti-Discrimination Centre mentioned above was able to successfully counseled, referred and support 83% of the almost 50 cases of discrimination or threats of discrimination brought to them.

**What challenges remain in this area:**

almost everything

## B - IV. PREVENTION

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

Yes

**IF YES, how were these specific needs determined?:**

This need were determined with incidence data. We now have data that shows that the epidemic is mostly concentrated in MSM and SW.

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Strongly Agree

**HIV prevention for out-of-school young people:**

Disagree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

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

Strongly Agree

**Prevention for people living with HIV:**

Agree

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

Disagree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Disagree

**Universal precautions in health care settings:**

Strongly Agree

**Other [write in]:**

-

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

More emphasis on the fight against discrimination, increase of intervention with indoors sex workers and MSM; access to treatment has becoming gradually more available in prisons and early detection programmes increase in number of HIV tests, however in 2010 still more of 67% of AIDS and almost 91% ARC cases notified were diagnosed in the first test performed. Data not yet made public shows that from Jan-Nov 2011 notifications, only 30% of notifications were of asymptomatic cases.

**What challenges remain in this area:**

As regards the some target population, work has been done in reaching the key risk population such as men who have sex with man and prisoners. However, there are urgent efforts to be done to reach and work with sex workers and migrants through



outreach interventions. Other population that need a new approach are the young people because sexual education in schools, although legislated, is not yet incorporated in daily practice. Another challenge ahead us is the decentralization of programs and projects developed in the context of HIV infection, since they are mostly located in big cities, leaving the rest of the country without any intervention or support structures in this area. Increasing intervention that fights against discrimination should be remaining strategy and open consumption rooms.

## B - V. TREATMENT, CARE AND SUPPORT

### 1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

#### IF YES, Briefly identify the elements and what has been prioritized:

Scaling up HIV testing and counseling, access to treatment.

#### Briefly identify how HIV treatment, care and support services are being scaled-up?:

Although limited in scope, content and application, Treatment Guidelines exist in Portugal since 1994. In 2006 the National AIDS Coordination establish a task force including clinicians, investigators and representatives of the civil society to develop new and more comprehensive and detailed treatment guidelines, including general ARV HIV 1 treatment, MTC and paediatric guidelines, HIV2 treatment, Standards of care, Occupational and non occupational PEP, resistance, tropism and therapeutic concentration tests and monitorization and first and second line prophylactic drugs. The new Guidelines has been issued in 2007 and updated in 2009 and 2011. However scarce and limited information exist on their general use and application and there is evidence of extensive mal practice or use of non recommended treatments, particularly in smaller centres. More serious is the present menace of strong restrictions on access resulting from the existing financial limitations and constrains upon the NHS as the number of patients under treatment increased from 11,645 in 2007 to 22,409 in 2009 .

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

##### Antiretroviral therapy:

Strongly Agree

##### ART for TB patients:

Agree

##### Cotrimoxazole prophylaxis in people living with HIV:

Agree

##### Early infant diagnosis:

Strongly Agree

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

Strongly Disagree

##### HIV testing and counselling for people with TB:

Strongly Agree

##### HIV treatment services in the workplace or treatment referral systems through the workplace:

Strongly Disagree

##### Nutritional care:

Strongly Disagree

##### Paediatric AIDS treatment:

Strongly Agree

##### Post-delivery ART provision to women:

Strongly Agree

##### Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

##### Post-exposure prophylaxis for occupational exposures to HIV:

Agree

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

Disagree

##### Sexually transmitted infection management:

Disagree

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

Agree

##### TB preventive therapy for people living with HIV:

Agree

##### TB screening for people living with HIV:

Agree

##### Treatment of common HIV-related infections:

Strongly Agree

##### Other [write in]:

-

#### 1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

**Since 2009, what have been key achievements in this area:**

The number of patients under treatment increased from 11,645 (2007) to 22,409 (2009)

**What challenges remain in this area:**

To be able to provide correct testing and referral to most at risk population, and to provide treatment to all the infected people in the country. Retention rates in HIV health care related services are and will be also a challenge.

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

No

**3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":**

0

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

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Source URL: <http://aidsreportingtool.unaids.org/158/portugal-report-ncpi>