

Togo Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Entretien individuel et focus groupe auprès des informateurs clés (acteurs publics, privés, associatifs et confessionnels)

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: Réunion d'information sur le processus GARPR 2014, Transmission des outils de collecte de données, organisation des entretiens individuels organisation de focus groupe.

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

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

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

Organization	Names/Positions	Respondents to Part A
SP/CNLS-IST	Pr PITCHE Palokinam Vincent/Coordonnateur	A1,A2,A3,A4,A5,A6
Ministère de la Justice	Point Focal VIH	A3,A4,A5
Plateforme des OSC	Coordonnateur	A1
Ministère du développement à la base	Point focal VIH	A4,A5
UGP-MS	Coordonnatrice	A6
DGPE	Point focal VIH	A4,A5
ONUSIDA	Conseillère en Information Stratégique	A4,A5
PNLS	Responsable Suivi evaluation	A1,A2,A3,A4,A5,A6
CCM-TOGO	Coordonnateur	A1,A2
Ministère de la fonction Publique	Point focal VIH	A4,A5

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

Organization	Names/Positions	Respondents to Part B
Plateforme des OSC	Coordonnateur	B1
RAS+	Président	B2,B3,B4,B5
ASI TOGO	Coordonnatrice	B4
JADE	Directeur Exécutif	B1,B2,B3,B4,B5
ACS	Chargée de Programme	B2,B3,B4
OMS	Chargé de Programme VIH	B1,B2
GIP -ESTHER	Coordonnateur prise en charge médicale	B1,B2
UONGTO	Responsable Suivi et évaluation	B1,B2,B4,B5
ATBEF	Responsable Suivi et évaluation	B1,B2,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2012-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Contrairement au PSN 2007-2010, le nouveau Plan Stratégique National 2012-2015 est innovant sur certains points : i) dans le domaine de la prévention, la priorité est accordée aux populations les plus vulnérables qui ont un impact important dans la dynamique de notre épidémie (professionnels de sexe et autres minorités) ; ii) l'impact et les effets des interventions sont clairement définis et mesurables iii) un changement a été apporté à l'organigramme du CNLS-IST de manière à l'adapter à la nouvelle donne afin de lui permettre d'assurer pleinement et efficacement son leadership dans la coordination de la réponse nationale.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Le Conseil National de Lutte contre le Sida et les Infections Sexuellement Transmissibles.

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Minsitère de la Justice, Ministère de l'Agriculture, élevage et Pêche, Ministère de l'environnement et Ressources Forestières, Ministère du developpement à la base, Ministère des Droits de l'Homme, Ministère du tourisme

Included in Strategy: Yes

Earmarked Budget: Yes

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/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

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?

People living with HIV: Yes

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

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Corps habillés

: Yes

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

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

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?: Yes

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

e) A monitoring and evaluation framework?: Yes

1.8. 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.: Mise en place de la plateforme des OSC-VIH. La Plateforme est impliquée dans l'élaboration du PSN 2012- 2015 et dans sa mise en oeuvre.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

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

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

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

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

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-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: No

HIV impact alleviation (including palliative care for adults and children): 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 protection or other schemes): Yes

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

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have 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 and children: accréditation des Centres de prise en charge dans les structures hospitalières publiques. Renforcements du système sanitaire ont permis de mettre en place la prise en charge globale des PVVIH au niveau des formations sanitaires. 74 structures sanitaires publiques soit 52% du total. Plateau technique renforcé.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Many

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :

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 your country's HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: Mise en place et formation d'une équipe en budgétisation et élaboration des PSN de 3e génération. Analyse de la situation de l'épidémie et de la riposte au VIH. Organisation de l'atelier d'élaboration et de validation du PSN 2012-2015. Élaboration des Plans Opérationnels, renforcement des capacités des acteurs. Production des rapports périodiques. Mise en place du Groupe National de Référence en Suivi Évaluation.

What challenges remain in this area: Difficultés de mobilisation des ressources pour la mise en œuvre du PSN. Manque d'appui financier pour réaliser des études spécifiques permettant d'approfondir la connaissance de l'épidémie.

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. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Visite de structures associatives ONG, de lutte contre le VIH/SIDA par des autorités publiques et partenaires.

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

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

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?: Son Excellence Faure Essozimna GNASSINGBE, président de la République Togolaise

Have a defined membership?: Yes

IF YES, how many members?:

Include civil society representatives?: Yes

IF YES, how many?:

Include people living with HIV?: Yes

IF YES, how many?: 02

Include the private sector?: Yes

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

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

IF YES, briefly describe the main achievements:: Le Conseil National et ses démembrements au niveau décentralisé, Le Forum des Partenaires, Le CCM, Le comité sectoriel Santé, VIH et Sida, Les ateliers de planification et de validation des rapports périodiques Projets/Programmes et d'Etudes

What challenges remain in this area:: Difficultés pour rendre opérationnels certains organes du mécanisme

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 15

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

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]: Financement de la coordination de la Plateforme des OSC-VIH

: Yes

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: La Loi N° 2010 - 018 du 31 décembre 2010 modifiant la loi n°2005-012 du 14 décembre 2005 Portant protection des personnes en matière de VIH et du sida en tenant

davantage compte des aspects droits humains et genre. Cette loi a été amendée lors d'un atelier national. Les directives sur la prise en compte des populations clés dans la stratégie nationale . Ces directives ont été amendées lors de la formulation de la politique nationale de lutte contre le VIH élaborée en 2012. Les nouvelles recommandations OMS 2013 sur la prise en charge par les ARV élaborées lors d'un atelier de consensus en février 2014.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: Bien qu'il ait des avancées dans la prise en compte des populations clés dans les interventions menées au niveau national, l'environnement juridique n'est pas favorable.

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 2013?: 5

Since 2011, what have been key achievements in this area:: Rencontres de plaidoyer avec les Ministres du gouvernement, mobilisation des différents départements ministériels autour de la célébration Journée Mondiale du Sida, rencontres avec les préfets et autres autorités dans les différentes régions. Implication des différents secteurs ministériels dans la planification stratégiques.

What challenges remain in this area:: Difficultés de rendre opérationnel le mécanisme mis en place.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

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: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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:: Loi N° 80-1 du 13 août 1980 instituant code pénal. Elle prévoit et punit des actes rentrant dans la définition de la discrimination ou stigmatisation.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Mise en place d'un observatoire de lutte contre la discrimination et la stigmatisation en particulier les PVVIH.

Briefly comment on the degree to which they are currently implemented:: L'observatoire est à ses débuts.

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

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

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?:

Delay sexual debut: Yes

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: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]::

: No

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

a) age-appropriate sexual and reproductive health elements?: Yes

b) 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: Le pays a élaboré une stratégie de communication intégrée visant à promouvoir l'information, l'éducation et la communication ainsi que les autres interventions préventives auprès des différents cibles y compris les sous-populations vulnérables.

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

People who inject drugs: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]:

:

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 2013?: 8

Since 2011, what have been key achievements in this area: Le Plan Stratégique National de lutte contre le Sida et les IST 2012-2015, la célébration de la JMS, Le plan national de communication, le document d'analyse de la distribution des nouvelles infections par le VIH au Togo: Rapport Etude MOT 2013, mise en place de l'observatoire, le Cadre d'investissement, l'implication des ministres et des préfets, le document Politique Nationale de lutte contre le VIH et le Sida au Togo: Vision 2020, Politique Nationale de prévention et de prise en charge globale du VIH des population clés au Togo, Programme National de Prévention combinée et de prise en charge globale du VIH chez les PS et leurs clients 2014-2018.

What challenges remain in this area: Environnement juridique peu favorable. Insuffisance des ressources financières et matérielles.

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

IF YES, how were these specific needs determined?: Les revues des rapports d'études et d'enquêtes, Lors des ateliers de planification.

IF YES, what are these specific needs? : Développement des plaidoyers pour un environnement juridique favorable, Renforcement des capacités des acteurs et des structures de prise en charge des groupes clés, Renforcement des services de soins adaptés aux différents cibles.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Disagree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Strongly agree

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Strongly agree

Risk reduction for sex workers: Strongly agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Strongly agree

Treatment as prevention: Strongly agree

Universal precautions in health care settings: Strongly 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 2013?: 7

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:: Le traitement par les ARV, la prophylaxie et le traitement des IO, les soins à domicile et le soutien des PVVIH, la prise en charge nutritionnelle, psychosociale et spirituelle

Briefly identify how HIV treatment, care and support services are being scaled-up?: Renforcement de capacités des ressources humaines impliquées, accréditation de nouveaux sites de prise en charge des PVVIH, de PTME et de dispensation des ARV, supervisions formatives des prestataires, développement des programmes spécifiques de prise en charge des populations clés, mise en place de l'observatoire, renforcement de la coordination de la société civile impliquée dans la réponse à travers la mise en place d'un secrétariat technique

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Disagree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: 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: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Strongly disagree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: 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: Le Togo a adopté en 2013 la politique nationale de protection sociale et la stratégie nationale de protection sociale

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

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?: Yes

IF YES, for which commodities?: Les ARV, les médicaments contre les IO, les préservatifs

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 2013?: 7

Since 2011, what have been key achievements in this area?: Formation des prestataires de soins, accréditation de nouveaux sites de prise en charge des PVVIH, de PTME et de dispensation des ARV, supervisions formatives des prestataires, développement des programmes spécifiques de prise en charge des populations clés, mise en place de l'observatoire, renforcement de la coordination de la société civile impliquée dans la réponse à travers la mise en place d'un secrétariat technique

What challenges remain in this area?: Ruptures d'intrants, insuffisance de personnels qualifiés, insuffisance de suivi biologique, problèmes d'organisation des services, problèmes liés au système de santé

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

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

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 2013?: 4

Since 2011, what have been key achievements in this area?: Élaboration d'une politique nationale de prise en charge des OEV, d'une stratégie nationale de prise en charge des OEV et d'une politique nationale de protection sociale, la suppression des frais scolaires dans le primaire,

What challenges remain in this area?: Les documents de politique et de stratégie existent mais ne sont pas mis en œuvre de manière adéquate

A.VI Monitoring and evaluation

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

Briefly describe any challenges in development or implementation:: Insuffisance de ressources, insuffisance de personnels qualifiés, insuffisance dans la mise en œuvre de certaines des 12 composantes notamment des niveaux 1 et 2.

1.1. IF YES, years covered: 2012-2015

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are:: Insuffisance de personnels qualifiés, insuffisance de plaidoyer pour la culture du suivi évaluation, faiblesse du système de suivi évaluation communautaire

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

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

Guidelines on tools for data collection: Yes

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

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 4,69

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

Briefly describe any obstacles:: Insuffisance de personnel

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

In the Ministry of Health?: No

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

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
	Full-time	
Gestionnaire de base de données	Temps plein	2011
Assistant de Suivi Evaluation	Full-time	2013
Assistante de Suivi Evaluation	Temps plein	2013

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Chef Service Planification Suivi Evaluation	Full-time	2012
Assistant de Suivi Evaluation	Full-time	2013

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?: Yes

Briefly describe the data-sharing mechanisms:: Collecte périodique des données et production des rapports, établissement de fluxogramme, atelier de validation des rapports et revue périodique

What are the major challenges in this area:: Non promptitude dans la production des rapports

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?: Yes

IF YES, briefly describe the national database and who manages it.: Un SGBDR sur RTS(NASA), des banques de données sous Excel, des données sous site web du SP/CNLS-IST (www.cnlstogo.org), des données gérées sous Access et Windev. Le Gestionnaire de base de données

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?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: Régions et préfectures

7.1. 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

7.2. Is HIV programme coverage being monitored?: Yes

(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?: Femmes, jeunes, Enfants, Adultes, populations clés et populations vulnérables.

Briefly explain how this information is used:: Pour des planifications, approvisionnement des intrants, décisions stratégiques et politiques sur la riposte nationale.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: régions, Préfectures/Districts, Ville

Briefly explain how this information is used:: Pour des planifications, approvisionnement des intrants, décisions stratégiques et politiques sur la riposte au niveau local.

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

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Réorienter le renforcement des capacités, Évaluer la fonctionnalité du système, Amélioration et harmonisation des outils de collecte de données. Difficulté de remontée des données, difficulté dans la production des informations stratégiques fiables, difficulté dans l'utilisation des données et rapports produits.

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

At national level?: Yes

IF YES, what was the number trained:: 100

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Mission de supervision, de suivi et de coaching sur les données à collecter.

11. 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 2013?: 7

Since 2011, what have been key achievements in this area:: Élaboration des documents opérationnels (Plan national de S&E, Manuel de S&E, outils de collecte, rapports CNLS), opérationnalisation du système de S&E communautaire.

What challenges remain in this area:: Problèmes liés à la qualité des données, insuffisance de ressources, difficulté d'opérationnalisation au niveau décentralisé du S&E (Région et Districts).

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:: Implication à toutes les étapes du processus de formulation de la stratégie nationale, Implication dans le Plaidoyer, la mobilisation des ressources et dans la mise en oeuvre.

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)?: 4

Comments and examples:: La société civile est représentée dans toutes les instances de décision

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 4

c. The national HIV reports?: 4

Comments and examples:: La société civile intervient dans la collecte, la rédaction, la validation et la dissémination des rapports nationaux relatifs au VIH, ainsi que dans la budgétisation des ressources nécessaires.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 4

c. Participate in using data for decision-making?: 4

Comments and examples:: La société civile fait partie du Groupe National de référence Suivi Evaluation (GNRSE).

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

Comments and examples:: Les membres de la société civile sont les pionniers dans le domaine.

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?: 3

Comments and examples:: Malgré la volonté manifeste des organisations de la société civile, le soutien financier reste le maillon faible dans le processus d'appui.

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

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: >75%

People who inject drugs: >75%

Sex workers: >75%

Transgender people:

Palliative care : 25-50%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): 25-50%

Home-based care: >75%

Programmes for OVC: >75%

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 2013?: 7

Since 2011, what have been key achievements in this area:: Mise en place d'une plateforme des OSC pour améliorer la coordination et la visibilité des interventions de la société civile, Soutien des organisations de la société civile à travers la plateforme, son implication dans les instances décisionnelles.

What challenges remain in this area:: Insuffisance des ressources humaines et financières

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:: Représentation des personnes vivant avec le VIH dans le CCM, le CNLS et dans divers groupes thématiques. Les HSH sont représentés dans les groupes thématiques IST-Interventions ciblées.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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:: Loi N° 80-1 du 13 août 1980 instituant code pénal. Elle prévoit et punit des actes rentrant dans la définition de la discrimination ou stigmatisation. La loi contre les mutilations génitales féminines. La loi N° 2010/ 018 du 31 décembre 2010 portant protection des personnes en matière de VIH

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Mise en place de l'observatoire.

Briefly comment on the degree to which they are currently implemented:: L'observatoire est à ses débuts

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?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: Art 88 du code pénal du Togo: sera puni d'un emprisonnement d'un à 3 ans et d'une amende de 100 000 à 500 000 FCFA quiconque aura commis un acte impudique ou contre nature avec un individu de son sexe. Art. 91 - Sera puni de 2 000 à 30 000 francs d'amende toute personne de l'un ou l'autre sexe qui se livre publiquement au racolage en vue de se prostituer. En cas de récidive dans le délai d'un an, le coupable sera passible de dix à trente journées de travail pénal. Art. 92 - Sera puni d'un à cinq ans d'emprisonnement et d'une amende de 100 000 à 1 000 000 francs quiconque, en vue de satisfaire les passions d'autrui, incite ou livre une ou plusieurs personnes à la prostitution, par promesse, dons menaces, fraude ou violence.

Briefly comment on how they pose barriers: Les textes répressifs ne sont pas appliqués; cependant leur existence reste une barrière. Les populations concernées se voient obligées de vivre dans la clandestinité et sont donc difficiles d'accès aux activités de prévention.

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?: No

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

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: Les principes fondamentaux qui sous-tendent la politique nationale sont les suivants : Tous les togolais sont égaux devant la loi, sans distinction de sexe, de race, de religion, de conviction et de statut sérologique. Les services de conseil et dépistage, de prévention de la transmission du VIH de la mère à l'enfant, de prise en charge doivent être disponibles, accessibles en tenant compte des aspects économiques, géographiques, du taux de prévalence et des groupes vulnérables et les groupes à haut risque La prise en charge du VIH/SIDA est basée sur une approche multisectorielle, multidimensionnelle, multidisciplinaire, communautaire et décentralisée ; Les PVVIH, dans leurs capacités et à tous les niveaux, seront impliquées dans tous les aspects de la politique, de la gestion et des services liés au VIH/SIDA ; La dimension genre et des droits humains doit être systématique prise en considération dans l'élaboration et la mise en œuvre de tous les programmes et projets de lutte contre le SIDA au Togo ; Les personnes à haut risque d'infection de l'infection VIH doivent bénéficier des programmes de prévention du VIH/SIDA adaptés ; Les personnes vulnérables constituent les cibles prioritaires des programmes prévention et de prise en charge

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

IF YES, briefly describe this mechanism: L'observatoire fonctionne à travers un réseau d'observateurs bénévoles issus : - Des structures de santé (CHU, CHR, hôpitaux de district, ...) - Des structures associatives impliquées dans le soutien et la prise en charge des PVVIH - Des structures sociales (centres pour OEV, orphelinats...) - Des ministères et comités d'entreprise de lutte contre le Sida - Toute personne de bonne volonté dont la position lui permet d'être au courant de situations de

stigmatisation/discrimination à l'encontre de PVVIH.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: Populations clés:
Prévention Femmes enceintes: Prévention

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:: Au Togo, la politique a défini un paquet minimum d'activités (PMA) composé de services en direction des populations clés qui sont intégrés à des services de santé préexistants (centre adapté) ou qui sont développés dans des centres spécifiques autonomes(Drop in center).

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?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: En vue d'atteindre un plus grand nombre de personnes, il est offert des services en stratégie avancée et mobile, notamment à travers des unités mobiles adaptées (voitures ou bus) ou dans des locaux aménagés spécialement pour la circonstance (tentes, salle de classe ou autres bâtiments adaptables).

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:: Loi N° 2010 - 018 du 31 décembre 2010 modifiant la loi n°2005-012 du 14 décembre 2005 Portant protection des personnes en matière de VIH et du sida loi interdit également de refuser l'admission et le séjour d'une PVVIH ou des personnes affectées dans les établissements ou centres d'enseignement publics ou privés, laïcs ou confessionnels (art. 26) ; de soumettre les PVVIH ou personnes affectées à des conditions de travail ou d'hébergement incompatibles avec la dignité humaine (art. 27) ; d'exiger un test de dépistage du VIH pour l'admission ou le séjour dans un centre sportif ou de loisir (art. 28) ; de subordonner l'embauche d'un travailleur à un test de dépistage du VIH (art. 30).

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::

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 enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

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: Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: No

IF YES, what types of programmes?:

Programmes for health care workers: No

Programmes for the media: No

Programmes in the work place: No

Other [write in]::

: 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 2013?: 7

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: Les textes d'application de la loi portant protection non encore disponibles. Des textes punitifs subsistent encore: Art 88 du code pénal du Togo: sera puni d'un emprisonnement d'un à 3 ans et d'une amende de 100 000 à 500 000 FCFA quiconque aura commis un acte impudique ou contre nature avec un individu de son sexe. Art. 91 - Sera puni de 2 000 à 30 000 francs d'amende toute personne de l'un ou l'autre sexe qui se livre publiquement au racolage en vue de se prostituer. En cas de récidive dans le délai d'un an, le coupable sera passible de dix à trente journées de travail pénal. Art. 92 - Sera puni d'un à cinq ans d'emprisonnement et d'une amende de 100 000 à 1 000 000 francs quiconque, en vue de satisfaire les passions d'autrui, incite ou livre une ou plusieurs personnes à la prostitution, par promesse, dons menaces, fraude ou violence.

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 2013?: 7

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

B.IV Prevention

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

IF YES, how were these specific needs determined?: Des études spécifiques ont été réalisées dont les résultats ont été utilisés pour la planification stratégique;

IF YES, what are these specific needs? : Stratégies de prévention du PVIH au sein des populations clés

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Strongly agree

HIV prevention in the workplace: Strongly agree

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: Strongly agree

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

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Strongly agree

Risk reduction for sex workers: Strongly agree

School-based HIV education for young people: Strongly agree

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 2013?: 7

Since 2011, what have been key achievements in this area?: L'élaboration de la politique nationale de prévention et de prise en charge globale du VIH des population clés au Togo.

What challenges remain in this area?: La mise en oeuvre de cette politique souffre d'insuffisance de ressources financières.

B.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?: Les interventions retenues comme prioritaires sont: - Renforcement des services de prévention de l'infection à VIH et des IST ; - Accélération de l'accès aux soins, aux traitements et à l'appui ; - Promotion des droits humains : lutte contre la discrimination et la stigmatisation ; - Promotion de la recherche en matière de VIH/sida et des IST ; - Renforcement du cadre national de suivi et évaluation ; - Renforcement de la coordination et la bonne gouvernance.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Sur la base des études et rapports programmatiques

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: 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: Strongly agree

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

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: 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 2013?: 8

Since 2011, what have been key achievements in this area?: Accréditation de nouveaux sites de prise en charge médicale des PVVIH.

What challenges remain in this area?: Insuffisance de ressources pour le suivi des patients.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and 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 in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area?:

What challenges remain in this area?: problèmes de couverture des besoins réels en TARV.