

Survey Response Details

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Response Details

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1) Country

Costa Rica (0)

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

Adrian Vieto Piñeres

3) Postal address:

Distrito Hospital, calle 16, ave 6 y 8, Ministerio de Salud de Costa Rica

4) Telephone:

Please include country code

(506)22227887 (506)87215190

5) Fax:

Please include country code

(506)22223918

6) E-mail:

avieto@gmail.com

7) Date of submission:

Please enter in DD/MM/YYYY format

18/03/2010

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

Para la realización del ICPN primero se definieron las personas responsables de ambas partes, los cuales fueron para la parte A, Dr. Adrián Vieto Piñeres, y parte B Licda. Gabriela Solano, representante de sociedad civil ante el CONASIDA. Se convocaron por parte de estas personas a talleres según los involucrados para trabajar en el instrumento definido para tal fin. Cada

participante pudo brindar su opinión en cada pregunta y posterior a una amplia consulta y debate se lograba una posición conjunta de los participantes la cual se constata en el documento escrito como anexo. (versión escrita del UNGASS). Posteriormente un equipo técnico conformado por representantes de todos los sectores se hizo una revisión de documentos pertinentes y de ambos cuestionarios consolidados, identificando las divergencias y similitudes de las partes. Igualmente analizando ésta nueva edición con las dos anteriores (2005 y 2007).

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

Durante los talleres se dio amplia participación para que los desacuerdo de cada sector pudieran ser discutidos y consolidados. Posteriormente se realizó una reunión entre ambas partes para poder analizar los dos consolidados y así conciliar las discrepancias y rescatar las opiniones que se mantienen divergentes y que puedan mostrarse como un aporte al ICPN y a la respuesta Nacional del VIH y sida.

10)

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

Se puede mencionar que los datos del ICPN son de calidad y confiables pues responden a una amplia consulta y participación de los diferentes sectores involucrados. Durante los talleres los participantes tuvieron dificultad en la interpretación de algunas preguntas pues el lenguaje utilizado no era el común para el país, por ejemplo en la pregunta sobre "En los últimos dos años se han sensibilizado/capacitado a los miembros de la judicatura?"... en este caso Judicatura no se tenía claro que instancias abarcaban. Otro aspecto fue relacionado a la definición de "vigilancia y evaluación", pues a juicio de país asumimos que debe ser "Monitoreo y Evaluación" separado de la vigilancia. Así mismo hubo dificultad en definir que se entiende por "Unidad funcional" Igualmente se encontró redundancia en algunas partes del instrumento lo cual en ocasiones generó confusión y discusión, por ejemplo cuando se refiere a: Órgano de gestión y coordinación, Mecanismo que promueve la interacción y Comisión Nacional de Sida.

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

Organization Names/Positions			Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministerio de Salud	Adrian Vieto Piñeres/ Coordinador Nacional de VIH y sida	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministerio de Salud	Alejandra Acuña Navarro/Jefe Planificación Estratégica de la Salud	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministerio de Salud	Ana León Vargas/Unidad Científica y Tecnológica	A. I, A. II, A. III, A. IV, A. V
Respondent 4	Ministerio de Salud	Yadira Fernández Nuñez/ División Técnica de Rectoría	A.I, A.II, A.III, A.IV, A.V

Respondent 5	Ministerio de Salud	Teresita Solano Chinchilla/Vigilancia de la Salud	A. I, A. II, A. III, A. IV, A. V
Respondent 6	Ministerio de Salud	Rosa María Vargas/Vigilancia de la Salud	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministerio de Salud	Elba Aguirre Saldaña/Jefatura Mercadotecnia Social	A. I, A. II, A. III, A. IV, A. V
Respondent 8	Ministerio de Salud	Erick Rodríguez S./Garantía Acceso a Servicios de Salud	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Ministerio de Salud	Cecilia Zúñiga/Mercadotécnica de la Salud	A. I, A. II, A. III, A. IV, A. V
Respondent 10	Universidad de Costa Rica	Horacio Chamizo/Escolea Salud Pública	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Ministerio de Salud	Erika Mora Sandoval/ Desarrollo Científico y Tecnológico	A. I, A. II, A. III, A. IV, A. V
Respondent 12	Ministerio de Educación	Melissa Ávila Mendez	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Ministerio de Educación	Guady Solano Mora	A. I, A. II, A. III, A. IV, A. V
Respondent 14	Ministerio de Justicia y Paz	Dixiana Alfaro A.	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Caja Costarricense del Seguro Social	Gloria Terwes Posada	A. I, A. II, A. III, A. IV, A. V
Respondent 16	Ministerio de Trabajo y Seguridad Social	Ana Lorena Chavez R.	A.I, A.II, A.III, A.IV, A.V
Respondent 17	Ministerio de Seguridad	Matilde Vargas Guzmán	A. I, A. II, A. III, A. IV, A. V
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 Centro de Investigación y Promoción para América Central de Derechos Humanos (CIPAC)	Gabriela Solano	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	BITRANGS	Carlos Alfaro Villegas	B.I, B.II, B.III, B.IV
Respondent 3	BITRANGS	Patricia Barraza	B. I, B. II, B. III, B. IV
Respondent 4	MULABI	Natasha Jimenez	B.I, B.II, B.III, B.IV
Respondent 5	Asociación Demográfica Costarricense	Cinthia Chacón Aguilar	B. I, B. II, B. III, B. IV
Respondent 6	ONUSIDA	Ivonne Zelaya Moreno	B.I, B.II, B.III, B.IV
Respondent 7	USAID/PASCA	Mariela Garrón	B. I, B. II, B. III, B. IV
Respondent 8	ASOVIHSIDA	Gustavo Chinchilla	B.I, B.II, B.III, B.IV
Respondent 9	ICW	Ruth Linarez	B. I, B. II, B. III, B. IV
Respondent 10	ICW	Ana María Solano	B.I, B.II, B.III, B.IV
Respondent 11	REDCOR+	Antonio Matamoros	B. I, B. II, B. III, B. IV
Respondent 12	ILCO	Manuel Agüero	B.I, B.II, B.III, B.IV
Respondent 13	Esperanza Viva	Rosible Zuñiga	B. I, B. II, B. III, B. IV
Respondent 14	Fundación Michael	Luis Gerardo Mairena	B.I, B.II, B.III, B.IV
Respondent 15	Humanitas	Sergio Ruiz D	B. I, B. II, B. III, B. IV
Respondent 16	REDCOR+	Andrés Hernández	B.I, B.II, B.III, B.IV
Respondent 17	Asociación Servicio Solidario Misionero	Sandra Rivera Bianchini	B. I, B. II, B. III, B. IV
Respondent 18	Asociación Servicio Solidario Unidos en la Esperanza	Mariangela Mata	B.I, B.II, B.III, B.IV
Respondent 19	REDCOR+	Alexander Venegas Solís	B. I, B. II, B. III, B. IV
Respondent 20	Humanitas	Hellen Cordero Araya	B.I, B.II, B.III, B.IV
Respondent 21	BITRANGS	Andrea Mahartsberger	B. I, B. II, B. III, B. IV
Respondent 22	REDCOR+	Juan Carlos Hernández	B.I, B.II, B.III, B.IV
Respondent 23	La Sala	Ericka Ríos Moreira	B. I, B. II, B. III, B. IV
Respondent 24	BITRANGS	Marvin Aparicio	B.I, B.II, B.III, B.IV
Respondent 25			

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Part A, Section I: STRATEGIC PLAN

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

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

10

17)

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

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

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

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Justicia y Sociedad Civil

19)

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?

Si están incluidos pero algunos de ellos no tienen presupuesto asignado. La ejecución de sus actividades se financian con agentes externos y apoyos bilaterales y multilaterales.

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20)

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

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

22)

IF NO, explain how were target populations identified?

Si bien no se ha realizado una evaluación de necesidades el país tiene identificadas sus poblaciones destinatarias a través de un proceso interactivo entre los sectores y tomando en cuenta los datos estadísticos disponibles

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23)

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

Hombres que tienen sexo con hombres y travestis Trabajadores y trabajadoras del sexo Privados de Libertad Poblaciones Móviles

24)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

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

26)

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

Active involvement (0)

Page 12

27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

La sociedad civil se ha integrado a todos los procesos, tienen espacios formales en CONASIDA, MCP y comisiones y equipos de trabajo en la Respuesta Nacional

28)

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

Yes (0)

29)

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

Yes, some partners (0)

Page 13

30)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

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

Investigación, niñez y migración hay ausencia de apoyo de multilaterales y bilaterales

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31)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

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32)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	No
d. Sector-wide approach	No
e. Otros: especificar	

33)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	No
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
Women's economic empowerment (e.g. access to credit, access to land, training)	No
Otros: especificar	

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34)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

35)

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

Yes (0)

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36)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Otros: especificar	

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37)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

La prueba de VIH es voluntaria, la política institucional sobre VIH contempla los procedimientos con consejería y consentimiento informado

38)

5. Does the country have non-discrimination laws or regulations which specify

protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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39)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Otros: especificar	

40)

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

Por medio de la aplicación de la Ley General de VIH - sida 7771, Contralorías de Servicio, Defensoría de los Habitantes, Sala Constitucional, Juzgado de Ejecución de la Pena

41)

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

Costa Rica es un Estado de Derecho, por lo que existen múltiples mecanismos que contribuyen a que las leyes se cumplan. En el caso de no cumplimiento se reciben denuncias en los lugares correspondientes y se les da el debido trámite y seguimiento. Aún existen a nivel administrativo, servicios u otros, infracciones a la Ley para lo cual hay que reforzar el monitoreo, la cultura de denuncia y la sensibilización al tema y el cumplimiento de derechos.

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42)

Part A, Section I: STRATEGIC PLAN**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

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43)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

44)

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

No (0)

45)

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

No (0)

Page 25

46)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

47)

7.4 Is HIV programme coverage being monitored?

No (0)

Page 29

48)

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

No (0)

Page 30

49)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

7 (7)

50)

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

1. Contar con una política nacional de VIH-sida 2006-2010 2. Revisión y actualización del plan estratégico nacional 3. Fortalecimiento del Sistema de Vigilancia 4. Desarrollo de un sistema nacional de información 5. Formulación de una estrategia de prevención primaria en la CCSS 6. Planes operativos institucionales 7. Fortalecimiento en la Rectoría del Ministerio de Salud

51)

What are remaining challenges in this area:

1. Implementación del Plan de Monitoreo y Evaluación 2. Mejorar la gestión intersectorial 3. Obtener la reforma de la Ley General de VIH 4. Costeo del PEN

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52)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

53)

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

Yes (0)

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54)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1998

55)

2.2 IF YES, who is the Chair?

Name Dra. Ana Morice Trejos
 Position/title Viceministra de Salud

56)

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

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

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57)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

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

Please enter an integer greater than or equal to 1

7

58)

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

Please enter an integer greater than or equal to 1

1

59)

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

Please enter an integer greater than or equal to 1

1

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60)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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61)

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

La emisión de informes, planes, decisiones entre otros, han sido con participación multisectorial, entre ellos la sociedad civil.

62)

Briefly describe the main challenges:

1. La división existente entre la misma sociedad civil, además de la dificultad de participación en algunas convocatorias. 2. Debilidad en la operativización de las decisiones.

63)

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

Please enter the rounded percentage (0-100)

0

64)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Otros: especificar	

65)

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

No (0)

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66)

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

8 (8)

67)

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

1. Apoyo efectivo de los jefes de gobierno 2. Fortalecimiento en la integración multisectorial 3. Ejercicio de Rectoría de la Salud por parte del Ministerio de Salud 4. La realización del CONCASIDA en Costa Rica ha fortalecido la respuesta nacional del VIH y sida

68)

What are remaining challenges in this area:

1. Mantener el tema en la agenda política frente a los cambios de gobierno que se presentan 2. Asignación presupuestaria 3. Incorporación del sector privado

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69)

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

No (0)

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70)

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

Yes (0)

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71)

Part A, Section III: PREVENTION**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

72)

2.1 Is HIV education part of the curriculum in:

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

73)

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

Yes (0)

74)

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

Yes (0)

75)

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

No (0)

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76)

Part A, Section III: PREVENTION

Question 3 (continued)

IF NO, briefly explain:

Porque cada organización ha ido elaborando estrategias internas según su enfoque institucional

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77)

Part A, III. PREVENTION

Question 3.1 (continued)

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

7 (7)

78)

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

1. Extensión en la cobertura de la promoción y tamizaje por VIH 2. Inclusión del tema en la agenda política 3. Mayor conocimiento del comportamiento de la epidemia en la población HSH 4. Elaboración de directriz para incluir el VIH y sida en la salud ocupacional empresarial y en la administración pública 5. Proyectos dirigidos a población juvenil desarrollado en Limón y Puntarenas 6. Emisión de la Directriz de no discriminación en el Ministerio de Educación 7. Decreto Ejecutivo para la declaración del Día Nacional contra la Homofobia 8. Emisión de la política institucional para el abordaje del VIH y sida en el Ministerio de Seguridad Pública

79)

What are remaining challenges in this area:

1. Contar con una estrategia Nacional para la promoción y prevención del VIH y sida 2. Evaluación de la incorporación de la prueba rápida para el tamizaje del VIH en el país 3. Apoyo financiero para la sostenibilidad de los programas de prevención 4. Campañas masivas con enfoque de promoción y prevención de VIH y sida

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80)

Part A, III. PREVENTION

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

Yes (0)

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81)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

A través de los análisis situacionales internacionales, de estudios específicos como el de HSH y el análisis de estadísticas nacionales. Además con talleres de consulta en poblaciones específicas.

82)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree

HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Otros: especificar	

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83)

Part A, III. PREVENTION

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

7 (7)

84)

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

1. Extensión en la cobertura de la promoción y tamizaje por VIH 2. Inclusión del tema en la agenda política 3. Mayor conocimiento del comportamiento de la epidemia en la población HSH 4. Elaboración de directriz para incluir el VIH y sida en la salud ocupacional empresarial y en la administración pública 5. Proyectos dirigidos a población juvenil desarrollado en Limón y Puntarenas 6. Emisión de la Directriz de no discriminación en el Ministerio de Educación 7. Decreto Ejecutivo para la declaración del Día Nacional contra la Homofobia 8. Emisión de la política institucional para el abordaje del VIH y sida en el Ministerio de Seguridad Pública

85)

What are remaining challenges in this area:

1. Contar con una estrategia Nacional para la promoción y prevención del VIH y sida 2. Evaluación de la incorporación de la prueba rápida para el tamizaje del VIH en el país 3. Apoyo financiero para la sostenibilidad de los programas de prevención 4. Campañas masivas con enfoque de promoción y prevención de VIH y sida

Page 48

86)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

87)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

88)

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

No (0)

89)

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

Yes (0)

Page 50

90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

1. A través de la relación médico-pacientes 2. Con encuestas de satisfacción de usuarios 3. Por las mismas ONG's que trabajan en el tema de VIH

91)

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

The majority of people in need have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree

TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Otros programas: especificar	

Page 51

92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

93)

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

Yes (0)

Page 53

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

95)

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

1. El país autofinancia la atención integral del paciente VIH+ 2. Descentralización de servicios 3. Más del 90% en acceso a tratamiento antiretrovirocico 4. Fortalecimiento de las estrategias para la disminución de la transmisión materno infantil

96)

What are remaining challenges in this area:

1. Lograr el acceso universal a tratamiento al 100% 2. Fortalecimiento de la atención integral a la persona con VIH+ (coordinación entre actores) 3. Integración de a la atención médico privada 4. Fortalecimiento de la atención psicológica del paciente y sus familiares

Page 54

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)

Page 57

98)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

Page 58

99)

1.1 IF YES, years covered:**Please enter the start year in yyyy format below**

2007

100)

1.1 IF YES, years covered:**Please enter the end year in yyyy format below**

2010

101)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

102)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

103)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, but only some partners (0)

Page 60

104)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	No
a well-defined standardised set of indicators	No
guidelines on tools for data collection	No
a strategy for assessing data quality (i.e., validity, reliability)	No
a data analysis strategy	No
a data dissemination and use strategy	No

Page 61

105)

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

No (0)

Page 64

106)

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

No (0)

Page 65

107)

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

Por medio del análisis de situación de la epidemia a nivel global, de las estadísticas nacionales, y por experiencias de las personas y ONG's

108)

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

Yes (0)

Page 66

109)

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

in the National AIDS Commission (or equivalent)? No
 in the Ministry of Health? Yes
 ¿en otra parte? (especificar)

110) Number of permanent staff:

Please enter an integer greater than or equal to 0

2

111) Number of temporary staff:

Please enter an integer greater than or equal to 0

5

Page 67

112)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Coordinador Nacional VIH	Full time	2009
Permanent staff 2	Encargada VIH de Vigilancia de la Salud	Full time	2009
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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113)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 70

114)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly (0)

115)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

116)

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

Yes (0)

Page 72

117)

Part A, Section V: MONITORING AND EVALUATION

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

Se gestiona desde Vigilancia de la Salud del Ministerio de Salud. Contempla un módulo de laboratorio para el registro de los ELISAS que se realizan y un módulo de vigilancia de primera y segunda generación.

118)

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

Yes, but only some of the above (0)

Page 73

119)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

Page 74

120)

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

Yes (0)

121)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

5 (5)

122)

Provide a specific example:

Proceso de actualización del PEN

123)

What are the main challenges, if any?

Sub-registro de información

Page 75**124) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

2 (2)

125)

Provide a specific example:

Los datos existentes o la ausencia de algunos datos ha permitido gestionar algunos recursos a cooperantes como lo fue el estudio de HSH

126)

What are the main challenges, if any?

Que el monitoreo y evaluación sea un proceso de construcción colectiva y sostenible

Page 76

127)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

128)

Provide a specific example:

Descentralización de algunos servicios

129)

What are the main challenges, if any?

No hay cultura de análisis y la ausencia de alguna información

Page 77

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

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

No (0)

Page 78

131)

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

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

Page 79

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

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

Page 80

133)

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

No (0)

Page 82134) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

6 (6)

135)

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

1. Conformación del equipo Nacional de Monitoreo y Evaluación 2. Desarrollo del SINVIH (Sistema Nacional de Información en VIH y Sida)

136)

What are remaining challenges in this area:

1. Fortalecer el equipo nacional de M y E 2. Actualización del Plan de Monitoreo y Evaluación y su plan operativo 3. Extender cobertura del SINVIH y mejorarlo 4. Capacitación en monitoreo y evaluación

Page 83

137)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

138)

Part B, Section I. HUMAN RIGHTS**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

La Ley General de VIH/sida número 7771, es específica para este tema y abarca las áreas de atención y prevención; cuenta con disposiciones generales contra la discriminación por VIH.

139)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

140)

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

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Otras: especificar	

141)

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

Instancias judiciales como: Sala IV, Sala Constitucional. Defensoría de los Habitantes, CIDDHH

142)

Briefly describe the content of these laws:

Derechos Fundamentales Infracciones y sanciones Prevención y Atención Ley contra la violencia doméstica Atención integral en salud

143)

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

Costa Rica cuenta con buenos mecanismo de defensa y de aplicación de las leyes; sin embargo, estos mecanismos no son puestos en práctica efectivamente. Existe una brecha entre la promulgación de las leyes y su ejecución. Además de la poca cultura de denuncia del

costarricense.

Page 86

144)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

145)

Part B, Section I. HUMAN RIGHTS**3.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	Yes
Otras: Adolescentes y niños/as en explotación sexual comercial	Yes

146)

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

Por no dar amplia cobertura en atención de estas poblaciones, dejar sin atención en salud o acceso a educación y prevención en VIH.

147)

Briefly comment on how they pose barriers:

Limitan el acceso a la prevención y tratamiento de estas poblaciones, se restringe el derecho a la atención y servicios de calidad.

Page 88**148) Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

149)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

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

En el contenido de la Ley General de VIH número 7771, política nacional de VIH, componente de DDHH

150)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

Page 90

151)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)**

IF YES, briefly describe this mechanism:

Defensoría de los habitantes, procuraduría de los Derechos Humanos, ONG's que trabajan en CVIH, Sistema Judicial, Sala IV, si bien existen los mecanismos para tratar los casos de discriminación, no siempre existe la forma de probar esa discriminación. La carga de la prueba corresponde a la persona afectada.

152)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

No (0)

Page 91

153)

7. Does the country have a policy of free services for the following:

- | | |
|---|-----|
| a. HIV prevention services | Yes |
| b. Antiretroviral treatment | Yes |
| c. HIV-related care and support interventions | Yes |

Page 92

154)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Poco acceso de servicios de atención y prevención para población migrante. La identidad de género es un obstáculo para el acceso a la prevención (estigma y discriminación). Exensiones para ONG's que trabajan con PVS.

155)

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

Yes (0)

Page 93

156)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

157)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

158)

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

IF YES, briefly describe the content of this policy:

Estrategia de atención de la política pública en VIH

159)

9.1 IF YES, does this policy include different types of approaches to ensure equal

access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

160)

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

Yes (0)

161)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

162)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

Page 97

163)

– 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

No (0)

164)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

165)

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

No (0)

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166)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

167)

– Legal aid systems for HIV casework

Yes (0)

168)

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

Yes (0)

169)

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

Yes (0)

170)

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

No (0)

Page 101

171)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

8 (8)

172)

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

Presentación de la Reforma a la Ley General de VIH Número 7771 Aprobación de una directriz en atención y prevención de VIH en el ámbito laboral

173)

What are remaining challenges in this area:

Hay sistemas de ayuda jurídica pero no están sensibilizadas en el tema de VIH Poca participación del sector privado en la normativa nacional Aprobación de la reforma de la Ley General de VIH Se debe adecuar toda la legislación nacional respecto a de la ley de VIH

Page 102

174)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

4 (4)

175)

What are remaining challenges in this area:

Reconocer que existen problemáticas que deben ser atendidas. Apertura a trabajar con poblaciones históricamente invisibilizadas. Empezar por reconocer cuales son nuestros derechos, inversión pública para la garantía y defensa de los DDHH. Crear programas de mitigación de impacto que garanticen los derechos laborales como inserción laboral, salud, aseguramiento, educación sin discriminación

Page 103

176)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

177)

Comments and examples:

Se han apoyado y promovido las acciones para la implementación y formulación de acciones y políticas en VIH; sin embargo, falta fortalecer los procesos de auditoria social.

Page 104

178)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

5 (5)

179)

Comments and examples:

Con la salvedad que nos siempre la opinión de la sociedad civil no queda plasmada en los documentos que se trabajan

Page 105

180)

a. the national AIDS strategy?

4 (4)

181)

b. the national AIDS budget?

1 (1)

182)

c. national AIDS reports?

3 (3)

183)

Comments and examples:

En la respuesta C los aportes en la sociedad civil se diluyen como informe de país y no se reconoce como labor de sociedad civil. La responsabilidad de la sociedad civil no se valora igualmente con la asignación de presupuesto.

Page 106

184)

a. developing the national M&E plan?

2 (2)

185)

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

1 (1)

186)

c. M&E efforts at local level?

1 (1)

187)

Comments and examples:

a. Se participó en la elaboración del PEN pero no se ha implementado b. Se crea el SINVIH en el que no se convocó a la sociedad civil ni se dió participación para velar por aspectos de discriminación, manejo de confidencialidad, manejo de información y capacitación al personal, etc.

Page 107**188) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

3 (3)

189)

Comments and examples:

Falta mayor representación de organizaciones basadas en Fe, niñez, personas Trans. A pesar de la casi inexistencia de recursos la sociedad civil no ha abandonado su compromiso

Page 108

190)

a. adequate financial support to implement its HIV activities?

1 (1)

191)

b. adequate technical support to implement its HIV activities?

3 (3)

192)

Comments and examples:

Corresponde a las pocas organizaciones que tienen capacidad institucional para realizarlo. El país no aporta datos actualizados sobre la epidemia para justificar la necesidad de financiamiento, pese al incremento de casos en los diferentes grupos.

Page 109**193) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

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

Page 110

194)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

8 (8)

195)

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

Participación en el MCP, CONASIDA, Comités de CONASIDA y otros espacios de toma de decisiones.

196)

What are remaining challenges in this area:

A pesar de ser invitados insistentemente, algunas ONG's no participan por lo que hay que aumentar la participación

Page 111

197)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

198)

Part B, Section III: PREVENTION

Question 1 (continued)**IF YES, how were these specific needs determined?**

Estudio HSH, investigaciones y trabajo de campo del a sociedad civil en poblaciones específicas. Hay sectores como la CCSS y el MEP que han realizado su análisis como necesidades específicas en pevensión

199)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	N/A
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Otros: especificar	

Page 113

200)

Part B, Section III: PREVENTION**Question 1.1 (continued)****Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

5 (5)

201)

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

A la fecha, los logros en prevención son resultados de la iniciativa de la sociedad civil, sin el acompañamiento y respaldo de la rectoría en salud. Ha sido un compromiso de la sociedad civil a pesar de la falta de recursos

202)

What are remaining challenges in this area:

Compromisos y acciones desde la sociedad civil, sin el acompañamiento ni respaldo de la recorria en salud. NO se ha llegado a poblaciones más específicas como trabajadores/as del sexo, población trans, HSH, bisexuales. Los recursos de las ONG's son escasos. LA mayoría de las acciones en prevención son realizadas desde la sociedad civil. Debe buscarse un respeto y reconocimiento del trabajo realizado por la sociedad civil, en un diálogo más horizontal desde el gobierno

Page 114

203)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

Page 115

204)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

Desde un sistema nacional delegado en las Clínicas de VIH de la CCSS. Existe una atención más desde el punto de vista clínico pero falta fortalecer el apoyo psicosocial. Además, falta considerar poblaciones excluidas (poblaciones móviles, trans, etc)

205)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree

Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Otros programas: especificar	

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206)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

6 (6)

207)

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

Fortalecimiento y creación de las clínicas de VIH Apoyo financiero de la Junta de Protección Social a proyectos relacionados a la atención y prevención del VIH

208)

What are remaining challenges in this area:

Existe una cobertura de tratamiento antiretroviral en una gran mayoría de las personas con VIH; sin embargo, este acceso es irregular dado en que en algunos hospitales el desabastecimiento o la falta de al menos uno de los medicamentos es recurrente. Tampoco hay una atención más integral de las infecciones oportunistas y de los efectos secundarios del TARV, no se ve la salud como un estado integral. También hay deficiencia de atención para las poblaciones específicas como HSH, Trans, poblaciones móviles. La cobertura en cuidados paliativos no es amplia.

Page 117

209)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)