

Survey Response Details

Response Information

Started: 3/16/2010 11:15:43 AM

Completed: 4/19/2010 11:21:13 AM

Last Edited: 4/23/2010 9:38:17 AM

Total Time: 34.00:05:30.1630000

User Information

Username: ce_BE

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Response Details

Page 1

1) Country

Belgium (0)

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

Dr. Monique Coppens

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monique.coppens@health.fgov.be

5) Date of submission:

Please enter in DD/MM/YYYY format

19/04/2010

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

The NCPI data were gathered through a consultative process organized by the Federal Public Service of Public Health, Food Chain Safety and Environment.

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

Disagreements did not occur during the validation period

8)

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

not applicable

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9)

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	Direction Générale de la Santé de la Communauté française	Philippe Demoulin	A.I, A.II, A.III, A.IV, A.V

10)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Vlaams Agentschap Zorg en Gezondheid	Marleen van Dijk	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Scientific Institute of Public Health	Andre Sasse	A.I, A.II, A.III, A.IV, A.V
Respondent 4	German-speaking Community of Belgium	Isabelle Maystadt	A.I, A.II, A.III, A.IV, A.V
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent			

- 19 Respondent
- 20 Respondent
- 21 Respondent
- 22 Respondent
- 23 Respondent
- 24 Respondent
- 25 Respondent

11)

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 N/A	N/A B.I

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12)

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)

No (0)

Page 14

13)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

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14)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 17

15)

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

Yes (0)

Page 18

16)

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	No
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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17)

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):

In Belgium tests are voluntary. There is universal access to treatment.

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18)

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)

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19)

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

Yes (0)

20)

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

Yes (0)

Page 25

21)

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

Estimates of current needs only (0)

22)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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23)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

24)

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

Yes (0)

Page 27

25)

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

Age categories of 5years from birth up to over 70 years old (General population by age) Male/female
Heterosexuals and homosexuals Migrants Prostitution (male, female, minors)

Page 28**26) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

27)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

Provincial, regions and communities

28)

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

Yes (0)

Page 30

29)

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)

30)

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

The expertise of the different "laboratory" centres and centres for "medical and psycho-social follow up" has been adopted in time to the changes of needs of vulnerable groups.

Page 31

31)

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

32)

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

No (0)

Page 32

33)

Part A, Section II: POLITICAL SUPPORT

Question 2 (continued)

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

The inter ministerial work group consists of representatives, responsible for "health" at federal and community level and thus experts in the matter, who were appointed by the various political cabinets at these levels.

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34)

Part A, Section II: POLITICAL SUPPORT

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

No (0)

Page 35

35)

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
Technical guidance
Procurement and distribution of drugs or other supplies
Coordination with other implementing partners
Capacity-building
Other: Please specify

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36)

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

6 (6)

Page 39

37)

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

Yes (0)

Page 40

38)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- c. Be faithful (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)

k. Greater acceptance and involvement of people living with HIV (0)

n. Know your HIV status (0)

39)

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

Yes (0)

Page 41

40)

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)

41)

2.1 Is HIV education part of the curriculum in:

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

42)

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

Yes (0)

43)

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

Yes (0)

44)

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

Yes (0)

Page 42

45)

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

Check which specific populations and elements are included in the policy/strategy

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

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46) Part A, III. PREVENTION

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Migrants from sub-Saharan countries

Page 44

47)

Part A, III. PREVENTION

Question 3.1 (continued)

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

6 (6)

48)

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

The prevention strategy remains fragmented. The approach and selection of target groups with regards to the promotion of information, education and communication as well as other preventive health interventions, differs from community to community. There is a trend to focus the efforts on vulnerable groups while we see a reduction of IEC in the general population. The level of knowledge about HIV among the youth and homosexuals is not clear. A study performed in 58 schools of the

Flemish community revealed that 25% of the students mention to be unsatisfied about the importance given to reproductive and sexual health education.

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49)

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	Don't agree
Risk reduction for sex workers	Don't 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	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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50)

Part A, III. PREVENTION

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

7 (7)

51)

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

Target groups are well defined and good prevention programs were implemented. Even though, the need to increase prevention activities in general, still exists

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52)

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

53)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

54)

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

Yes (0)

Page 50

55)

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)	N/A

Other: please specify

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56)

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)

57)

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

No (0)

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58)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)

Page 57

59)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

60)

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

Yes (0)

61)

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

No (0)

62)

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

Yes, all partners (0)

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63)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

64)

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

Yes (0)

Page 62

65)

3.2 IF YES, has full funding been secured?

Yes (0)

Page 65

66)

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

Yes (0)

Page 66

67)

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

in the National AIDS Commission (or equivalent)? No
 in the Ministry of Health? No
 Elsewhere? Scientific Institute of Public Health Yes

68) Number of permanent staff:

Please enter an integer greater than or equal to 0
 4

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69)

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	scientific researcher	Full time	
Permanent staff 2	scientific researcher	Full time	
Permanent staff 3	scientific researcher	Full time	
Permanent staff 4	scientific researcher	Full time	
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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70)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

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71) Part A, Section V: MONITORING AND EVALUATION

Question 5.3 (continued)**IF YES, briefly describe the data-sharing mechanisms:**

There is a longstanding and excellent cooperation between the Scientific Institute of Public Health responsible for the M&E data and the reference centres providing the data. This results in a high quality data set.

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72)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly (0)

73)

6.1 Does it include representation from civil society?

No (0)

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74)

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

Yes (0)

Page 73

75)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

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76)

Part A, Section V: MONITORING AND EVALUATION

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

at community level

77)

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

Yes (0)

78)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

79)

Provide a specific example:

Follow-up of incidence figures in different groups of population. Age, sex and geographical distribution of new diagnosis of HIV infection. Also the association of clinical syndromes.

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80) Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

81)

Provide a specific example:

Follow-up of incidence figures in different groups of population. Age, sex and geographical distribution of new diagnosis of HIV infection. Also the association of clinical syndromes.

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82)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

83)

Provide a specific example:

Follow-up of incidence figures in different groups of population. Age, sex and geographical distribution of new diagnosis of HIV infection. Also the association of clinical syndromes.

Page 77**84) Part A, Section V: MONITORING AND EVALUATION**

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

Yes, at all levels (0)

Page 78

85)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

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86)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 82**87) 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?

7 (7)

88)

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

The quality of the surveillance system is good. It is robust and extended according to the needs. The biggest gap is the need of setting up a behavioral surveillance.

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89)

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

90)

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:

No law specific for people living with HIV but there are laws against any kind of discrimination including this public

91)

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

92)

Part B, Section I. HUMAN RIGHTS

2.1 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	
g. Migrants/mobile populations	Yes
Other: Please specify	

93)

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

There are national and regional Ministry of equality

94)

Briefly describe the content of these laws:

When a person is victim of any discrimination, she can explain her problem to a specific ONG working against discrimination and an advocate will help her.

Page 86

95)

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)

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96)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

Page 8897) **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

98)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

in an HIV/AIDS note DEGOS - federal level

99)

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)

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100)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

For the Flemish Community: the Centre for Equal Opportunities and Opposition to Racism. For the French-speaking Community: A research about this thematic is running for the moment

101)

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

Yes (0)

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102)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

In the French part of the country, specific programs of HIV prevention are developed for vulnerable population: • young people • prisoners • men with men • migrants • sex's workers • people living with HIV

103)

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

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

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104)

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:

Reimbursement by the federal government on b and c; a covenant agreement with Sensoa and other organisations on a and c.

105)

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

No (0)

Page 93

106)

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

107)

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

IF YES, briefly describe the content of this policy:

at the regional level, there are specific actions to reach this goal

108)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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109)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)**

IF YES, briefly explain the different types of approaches to ensure equal access for

different populations:

Working with these different groups to define their needs and build the actions and specific tools with them

110)

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

Yes (0)

111)

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

Yes (0)

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112)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

113)

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

Before, in the French part of the country, there is an ethical committee specifically for HIV problems. Today, in this region, we have a Health Promotion Council. This Council treats ethic's questions including ethic's questions in relation with HIV. Their advices are transmitted to the Ministry and published in the civil society.

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114)

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

Yes (0)

115)

– 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

Yes (0)

116)

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

No (0)

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117)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

In Flemish region: Centre for Equal Opportunities and Opposition to Racism

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118)

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)

119)

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

No (0)

120)

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

Yes (0)

121)

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

Yes (0)

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122)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: programmes for workers with people living with HIV	Yes

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123)

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)

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124)

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?**

8 (8)

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125)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

3 (3)

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126)

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)?

1 (1)

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127)

a. the national AIDS strategy?

1 (1)

128)

b. the national AIDS budget?

1 (1)

129)

c. national AIDS reports?

1 (1)

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130)

Comments and examples:

no official forum is available

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131)

a. adequate financial support to implement its HIV activities?

3 (3)

132)

b. adequate technical support to implement its HIV activities?

3 (3)

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133) **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	
Prevention for most-at-risk-populations	
- Injecting drug users	
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	

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134)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

3 (3)

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135)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

HIV prevention component	
Blood safety	
Universal precautions in health care settings	
Prevention of mother-to-child transmission of HIV	
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	
Other: please specify	

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136)

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?

8 (8)

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137)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

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138)

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
- Nutritional care
- Paediatric AIDS treatment
- Sexually transmitted infection management
- Psychosocial support for people living with HIV and their families
- Home-based care
- Palliative care and treatment of common HIV-related infections
- HIV testing and counselling for TB patients
- TB screening for HIV-infected people
- TB preventive therapy for HIV-infected people
- TB infection control in HIV treatment and care facilities
- Cotrimoxazole prophylaxis in HIV-infected people
- Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)
- HIV treatment services in the workplace or treatment referral systems through the workplace
- HIV care and support in the workplace (including alternative working arrangements)
- Other: please specify

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Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)