

## Survey Response Details

### Response Information

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### User Information

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### Response Details

#### Page 1

**1) Country**

Netherlands (0)

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

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**7) Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

#### Page 3

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

Government officials from ministries and the national public health institute have contributed to the completion of part A of the NCPI questionnaire. Civil society stakeholders, coordinated by STI AIDS Netherlands, have completed part B of the NCPI questionnaire. Please note that the list of

respondents does not give a complete picture of individuals consulted to review answers and provide input with respect to individual questions.

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

No pertinent disagreements have emerged.

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

The questions in the NCPI questionnaire are broad and subject to subjectivity and different interpretation by different respondents. This limits the usefulness of the information retrieved.

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**11) NCPI - PART A [to be administered to government officials]**

	Organization Names/Positions		Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	RIVM	S.David, policy advisor	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	Ministry of VWS	M.Kivi, policy advisor	A.I, A.II, A.III, A.IV, A.V
Respondent 3	RIVM	M.vd Sande, senior scientist	A. I, A. II, A. III, A. IV, A. V
Respondent 4			
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
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- 25  
Respondent

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	SANL	C.A. Blom/policy worker	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	Mainline	J. Wildschut	B.I, B.II, B.III, B.IV
Respondent 3	Schorer	W. Zuilhof, senior scientist	B. I, B. II, B. III, B. IV
Respondent 4	HIV patient organisation HVN	R. Witlox, policy worker	B.I, B.II, B.III, B.IV
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent			

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Respondent  
25

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15)

**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 6**16) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)**

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

The response to HIV is integrated in various multisectoral strategies but one unifying document is not available. Please refer to the Country Progress Report.

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17)

**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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18)

**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**

19)

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

No (0)

**Page 19**

20)

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

Yes (0)

**Page 20**

21)

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

**5.1 IF YES, for which subpopulations?**

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

22)

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

Non-discrimination legislation/regulations are available in various forms and with differing scopes. Enforcement is supported by inspections, the judicial system, etc. Please refer to the Country Progress Report.

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23)

**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)

Page 23

24)

**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

25)

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

**7.1 Have the national strategy and national HIV budget been revised accordingly?**

No (0)

26)

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

No (0)

**Page 25**

27)

**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)

28)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

**Page 26**

29)

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

**Question 7.4 (continued)**

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

Yes (0)

30)

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

Yes (0)

**Page 27**

31)

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

**Question 7.4 (b) (continued)**

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

Please refer to the Country Progress Report.

32)

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

Please refer to the Country Progress Report.

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

**Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

34)

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

There are 25 HIV treatment centres on different locations in the Netherlands. Data from individual treatment centres are not public. Please refer to the Country Progress Report.

35)

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

Please refer to the Country Progress Report

36)

**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**

37)

**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)

38)

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

Planning with regard to the abovementioned broad scope is covered in different contexts and corresponding plans. Please refer to the Country Progress Report.

39)

**What are remaining challenges in this area:**

Please refer to the Country Progress Report.



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40)

**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	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

41)

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

No (0)

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42)

**Part A, Section II: POLITICAL SUPPORT**

**Question 2 (continued)**

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

The response to HIV is integrated in various structures in different sectors but one unifying (multisectoral) coordination body is not established. Other coordination mechanisms are in place. Please refer to the Country Progress Report.

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43)

**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)

**Page 35**

44)

**Part A, Section II: POLITICAL SUPPORT**

**Question 3 (continued)**

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

In addition to routine interactions, the 'STI and sexual health platform' and 'national expert meeting' provide regular opportunities for interaction between stakeholders. Please refer to the Country Progress Report.

45)

**Briefly describe the main challenges:**

Please refer to the Country Progress Report.

46)

**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

47)

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

No (0)

**Page 38**

48)

**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)

49)

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

Please refer to the Country Progress Report.

50)

**What are remaining challenges in this area:**

Please refer to the Country Progress Report.

**Page 39**

51)

**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**

52)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) 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)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

53)

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

No (0)

**Page 41**

54)

**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)

55)

**2.1 Is HIV education part of the curriculum in:**

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

56)

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

Yes (0)

57)

**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**

58)

**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
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

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**59) 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".

Ethnic minorities

**Page 44**

60)

**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)

61)

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

Please refer to the Country Progress Report.

62)

What are remaining challenges in this area:

Please refer to the Country Progress Report.

**Page 45**

63)

**Part A, III. PREVENTION**

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

Yes (0)

**Page 46**

64)

**Part A, III. PREVENTION****Question 4 (continued)**

IF YES, how were these specific needs determined?

Based on surveillance, research and expert consultation.

65)

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	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	N/A
Other: please specify	

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66)

**Part A, III. PREVENTION**

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

7 (7)

67)

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

Please refer to the Country Progress Report.

68)

**What are remaining challenges in this area:**

Please refer to the Country Progress Report.

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69)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV**

**testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

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70)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

71)

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

Yes (0)

72)

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

Yes (0)

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73)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**

**IF YES, how were these determined?**

Based on surveillance, research and expert consultation.

74)

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

<b>The majority of people in need have access</b>	
<b>HIV treatment, care and support service</b>	
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	N/A
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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75)

**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?**

No (0)

76)

**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)

**Page 53**

77)

**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?**

8 (8)

78)

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

Please refer to the Country Progress Report.

79)

**What are remaining challenges in this area:**

Please refer to the Country Progress Report.

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80)

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

N/A (0)

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81)

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

No (0)

**Page 58**82) **Part A, Section V: MONITORING AND EVALUATION****Question 1 (continued)****IF NO, briefly describe the challenges:**

Consolidating data and/or information from different sources is a challenge. Please refer to the Country Progress Report.

**Page 64**

83)

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

No (0)

**Page 65**

84)

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

Based on surveillance, research and expert consultation. There are several initiatives in this regard rather than one assessment. Please refer to the Country Progress Report.

85)

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

Yes (0)

**Page 66**

86)

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

in the National AIDS Commission (or equivalent)?

in the Ministry of Health?

Yes

RIVM/Cib which is affiliated with the Ministry of Health. RIVM/Cib collaborates with other stakeholders, including NGOs such as the Stichting HIV Monitoring. The STI and sexual health platform and the annual expert meeting are structures that support the M&E function. Please refer to the Country Progress Report.

Yes

**87) Number of permanent staff:**

Please enter an integer greater than or equal to 0

7

**Page 68**

88)

**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)

**Page 69**

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

**Question 5.3 (continued)**

**IF YES, briefly describe the data-sharing mechanisms:**

Engaging in dialogue and cooperation.

90)

**What are the major challenges?**

Data ownership and sharing in a timely manner.

**Page 70**

91)

**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)

92)

**6.1 Does it include representation from civil society?**

Yes (0)

**Page 71****93) Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)**

**IF YES, briefly describe who the representatives from civil society are and what their role is:**

Structures such as the STI and sexual health platform and the annual expert meeting support the M&E function. Please refer to the Country Progress Report.

94)

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

Yes (0)

**Page 72**

95)

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

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

Please refer to the Country Progress Report.

96)

**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, all of the above (0)

**Page 73**

97)

**7.3 Is there a functional\* Health Information System?**

At national level Yes  
At subnational level Yes

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98)

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

**surveillance data?**

Yes (0)

99)

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

3 (3)

100)

**Provide a specific example:**

Initiatives targeting ethnic minorities. Please refer to the Country Progress Report.

101)

**What are the main challenges, if any?**

Please refer to the Country Progress Report.

**Page 75****102) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

3 (3)

103)

**Provide a specific example:**

Financial reimbursement system for STI centres providing low-threshold services. Please refer to the Country Progress Report.

104)

**What are the main challenges, if any?**

Please refer to the Country Progress Report.

**Page 76**

105)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

3 (3)

106)

**Provide a specific example:**

Efforts seeking to stimulate HIV test uptake. Please refer to the Country Progress Report.

107)

**What are the main challenges, if any?**

Please refer to the Country Progress Report.

**Page 77****108) 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**

109)

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

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

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110)

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

No (0)

**Page 82****111) 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)

112)

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

Evaluations of ASH and ACS regulations providing low-threshold services in the area of sexual

health. Please refer to the Country Progress Report.

113)

**What are remaining challenges in this area:**

Limited human resources to meet the needs for data/information

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114)

**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)

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115)

**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:**

PLWH are protected by Article 1 of the Constitution that forbids discrimination on any ground.

116)

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

No (0)

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117)

**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**

118)

**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. Sex Workers	Yes
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

119)

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

-The Ministry of Justice has a new law in preparation for the regulation of sex work that makes it obligatory for every sex worker to have a registration at the town hall -The so called Koppelingswet blockes health care insurance for those who are illegal in the Netherlands

120)

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

-the compulsory registration of sex workers at the town hall is expected to lead to a greater part of this target group going underground and more difficult to reach for prevention and care -persons that are illegal must pay their own health care expenses, this can form a barrier for timely use of HIV care.

**Page 88**121) **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**

122)

**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 the recent policy letter on sexual health from the Ministry of Health the right for access to sexual education and good sexual healthcare is stated -sexual and reproductive health and rights are an imported part of the development agenda of the Ministry of Foreign Affairs

123)

**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**

124)

**Part B, Section I. HUMAN RIGHTS**

**Question 5 (continued)**

**IF YES, briefly describe this mechanism:**

There is no specific mechanism for HIV discrimination as general mechanisms can be used to address this. Discrimination of PLWH can be taken to court on breaches of Article 1 of the Constitution. In addition the HIV Association Netherlands advises and supports PLWH in solving conflicts involving discrimination. And STI AIDS Netherlands addresses cases of structural discrimination of PLWH in policies and regulations.

125)

**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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126)

**Part B, Section I. HUMAN RIGHTS**

**Question 6 (continued)**

**IF YES, describe some examples:**

By financing organizations of and for vulnerable groups like: - PLWH (Hiv Association Netherlands) - drug users (MDHG) - MSM (Schorer) - ethnic minorities (involving local self help groups) -the financial support for organizations of sex workers has fallen away

127)

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

- |   |     |
|---|-----|
| a. HIV prevention services                    | Yes |
| b. Antiretroviral treatment                   | No  |
| c. HIV-related care and support interventions | No  |



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128)

**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:**

HIV prevention services are delivered free of charge through Municipal Health Services and other local institutions. VCT services are free of charge for risk groups, consults on sexual health are free of charge for young people up to 24 years. Services on care and treatment are realized through insured health care. Everyone must pay for this insurance.

129)

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

Yes (0)

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130)

**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?**

No (0)

131)

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

Yes (0)

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132)

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

**IF YES, briefly describe the content of this policy:**

-equal access to HIV prevention is ensured by prevention programmes aimed at specific target groups like young people, ethnic minorities, sex workers, drug users and MSM -equal access

to HIV treatment and care is ensured by the Health Insurance Act -equal access to support is ensured by several arrangements at the Municipal level (WMO, CVTM, PGB) -in addition to this arrangements have been made to ensure access for asylum seekers: these are recently abridged for asylum seekers that are in a procedure for a request based on medical grounds (see also the Narrative).

133)

**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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134)

**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:**

-HIV-prevention is tailored to the special needs of target groups, HIV-care and support are customized to the needs of individual patients and patient groups

135)

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

Yes (0)

136)

**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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137)

**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)

138)

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

-in general there must be one member of the review committee that judges the research from the viewpoint of the research subject: in research on PLWH this means the viewpoint of PLWH

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139)

– **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)

140)

– **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)

141)

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

Yes (0)

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142)

**Part B, Section I. HUMAN RIGHTS**

**Question 12 (continued)**

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

-as described above, general mechanisms are in place that also serve for HIV-specific cases

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143)

**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)

144)

– **Legal aid systems for HIV casework**

Yes (0)

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

Yes (0)

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

Yes (0)

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

Yes (0)

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148) **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
i) HIV/AIDS education aimed at the general public, ii) public awareness campaign on HIV-stigma by Dutch Aids Fonds, iii) research on stigma reduction by University of Maastricht	Yes

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149) **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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150) **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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151)

**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?**

5 (5)

152)

**Comments and examples:**

-civil society lobby for national strategic plan on hiv/aids was successful: end 2009 such a policy has been developed and supported by the entire Cabinet -civil society has been instrumental in formulating this policy

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153)

**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)

154)

**Comments and examples:**

civil society is involved in the evaluation and adjustment of financial regulations for eg VCT clinics and for sexual health consults for young people

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155)

**a. the national AIDS strategy?**

5 (5)

156)

**b. the national AIDS budget?**

- 5 (5)
- 157) **c. national AIDS reports?**
- 5 (5)

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- 158) **a. developing the national M&E plan?**
- 5 (5)
- 159) **b. participating in the national M&E committee / working group responsible for coordination of M&E activities?**
- 5 (5)
- 160) **c. M&E efforts at local level?**
- 4 (4)

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- 161) **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)?**
- 5 (5)
- 162) **Comments and examples:**
- civil society sector representation includes PLWHA, MSM, sexworkers, IDU, Migrants

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- 163) **a. adequate financial support to implement its HIV activities?**
- 4 (4)
- 164) **b. adequate technical support to implement its HIV activities?**

4 (4)

165)

**Comments and examples:**

Prevention en HIV-control are responsibilities of the national and local government. The national government makes it possible for civil society to give additional support.

**Page 109****166) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	25-50%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	25-50%
- Men who have sex with men	25-50%
- Sex workers	25-50%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	

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167)

**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)

**Page 111**

168)

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

Yes (0)

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169)

**Part B, Section III: PREVENTION**

**Question 1 (continued)**

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

-epidemiological data -needs assessments -development of interventions -evaluation of the effectiveness of interventions -scaling up of the implementation of HIV-prevention programs by local actors -local prioritizing and local funding for HIV prevention programs

170)

**1.1 To what extent has HIV prevention been implemented?**

<b>The majority of people in need have access</b>	
<b>HIV prevention component</b>	
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	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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171)

**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)

**Page 114**

172)

**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)

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173)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1 (continued)**

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

-HIV treatment is concentrated in specialized HIV treatment centers by law (WBMV)

174)

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

The majority of people in need have access	
<b>HIV treatment, care and support service</b>	
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	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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175)

**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?**

9 (9)

**Page 117**

176)

**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)