

Survey Response Details

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Response Details

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1) Country

Estonia (0)

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

Merilin Mäesalu

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6) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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

Initially filled in by MoSA, NIHD and EHPV

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

Discussions between specialists until agreement was reached

9)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality,

potential misinterpretation of questions and the like):

Sometimes it is difficult to draw distinct lines between efforts in policy, planning and implementation - so some answers may overlap to certain extent.

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10)

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	Ministry of Social Affairs	Merilin Mäesalu/chief specialist on HIV/AIDS	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National Institute for Health Development	Kristi Rütel/expert on HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
Respondent 3	National Institute for Health Development	Aire Trummal/chief analyst	
Respondent 4			
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

12)

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	Estonian Network of PLHIV	Igor Sobolev/chair	B.I, B.II, B.III, B.IV

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13)

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

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

Question 1 (continued)

Period covered:

2006-2009

15)

1.1 How long has the country had a multisectoral strategy?

Number of Years

4

16)

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	No	No
Transportation	No	No
Military/Police	Yes	Yes
Women	Yes	
Young people	Yes	Yes
Other*	Yes	Yes

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

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Justice

18)

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?

HIV prevention in workplaces is organized by NGO which is supported by private companies. These activities take place only in the companies and organizations which have joined respective network.

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19)

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	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
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

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2005

Page 11

22)

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

Injecting drug users and their sexual partners, high-risk youth, prisoners, men who have sex with men, sex workers, youth and general population, people in risk of occupational exposure

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes

e. A monitoring and evaluation framework? Yes

25)

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

Active involvement (0)

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26)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

Representatives of civil society and Estonian Network of People Living with HIV are members of the National HIV/AIDS commission, national strategy thematic working groups, national HIV and TB working group, and ARV Procurement Commission

27)

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

Yes (0)

28)

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

Yes, all partners (0)

Page 14

29)

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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30)

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	N/A
c. Poverty Reduction Strategy	N/A
d. Sector-wide approach	N/A
e. Other: Please specify	

31)

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	No
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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32)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

33)

Part A, Section I: STRATEGIC PLAN

3.1 IF YES, to what extent has it informed resource allocation decisions?

2 (2)

34)

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

35)

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	No
Sexually transmitted infection services	No
Antiretroviral treatment	No
Care and support	No
Other: Please specify	

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36)

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

No (0)

Page 21

37)

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

38)

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

39)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

40)

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

Yes (0)

Page 25

41)

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)

42)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

43)

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

No (0)

44)

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

No (0)

Page 28**45) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

46)

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

47)

Briefly explain how this information is used:

Results of the monitoring are one of the main inputs for estimating the future needs and planning services

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?****3 (3)**

50)

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

The number of studies among risk groups has increased in last years and there is more information available on risk behaviors. Programmatic data has improved and this has enabled to better evaluate the coverage of services and future needs.

51)

What are remaining challenges in this area:

Main challenges in planning are related to the lack of information (country level), for example: - limited data on health status of PLHIV, ARV program adherence and outcomes, which hinders proper planning for health care services; - limited data on HIV transmission routes among new cases and prevalence rates among certain risk groups (e.g MSM); - HIV cases among pregnant women - challenges in planning of MTCT services.

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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	No
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)

Page 32

54)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2005

55)

2.2 IF YES, who is the Chair?

Name	Hanno Pevkur
Position/title	Minister of Social Affairs

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?	Yes
have an action plan?	No
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
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?	Yes

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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

21

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

2

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

2

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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)**Page 35**

61)

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

Ministry of Social Affairs has formed four thematic working groups (prevention, drug use issues, treatment&care, monitoring&evaluation) which are open to all specialists and organizations operating in the field of HIV, both governmental, civil society and private. They serve as a forum where all the important issues and questions are discussed. The working groups review the annual strategy Action Plans and present their proposals to the Committee. Working groups can also rise

issues which are not directly related to the strategy.

62)

Briefly describe the main challenges:

Motivating the wider civil society to participate actively.

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)

11

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	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

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?

3 (3)

67)

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

Government publicly declares HIV and TB as one of the most important public health issues. After the end on Global Fund program in Estonia in 2007, government took over financing all the services provided in the framework of that program.

68)

What are remaining challenges in this area:

Maintain high standards and planned increase in the budget during the current economic crisis.

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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*?

Yes (0)

Page 40

70)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (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)
- 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)

71)

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)

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72)

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)

73)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

74)

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

Yes (0)

75)

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

No (0)

76)

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)

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77)

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

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78)

Part A, III. PREVENTION**Question 3.1 (continued)**

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

4 (4)

79)

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

Support for syringe and needle exchange programs has grown and it is constantly one of the main priorities. Favorable attitude towards substitution treatment in prisons and first attempts to provide it. Continuous support for cART, MTCT and substitution treatment programs.

80)

What are remaining challenges in this area:

Improve access for HIV treatment and care for vulnerable groups, especially for IDUs. Develop integrated services provision and referral system for IDUs which in addition to syringe and needle exchange and substitution treatment would include also HIV, hepatitis, STI and TB treatment and care. Strengthen policies and programs for MSM. Agree upon national HIV testing guidelines and develop a country-wide strategy on expanding HIV testing. Strengthen M&E system on biological surveillance, cART and HIV-testing monitoring.

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81)

Part A, III. PREVENTION

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

Yes (0)

Page 46

82)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

Initial needs assessment took place in 2005 during the development of National HIV and AIDS Strategy. Since 2006 every year an analysis of the implementation of the strategy and epidemiological situation is performed and a report is prepared which includes the achievements, priorities and needs for future actions.

83)

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	Don't 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	Don't 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	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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84)

Part A, III. PREVENTION**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

6 (6)

85)

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

1) Harm reduction services for injecting drug users have been scaled up considerably (the geographical coverage with the services has improved, the number of people attending the services and the number of syringes distributed has constantly increased). 2) Access to HIV-testing has improved. The number of sites providing anonymous HIV testing has increased and the geographical coverage has been improved. The number of people tested in health care settings has increased. 3) Access to free of charge STI services among risk groups and general population youth has improved. In the last 3 years government has supported free of charge STI services in youth counseling centers (for youth without health insurance), and STI centers for injecting drug users and their sexual partners.

86)

What are remaining challenges in this area:

1) Integration of harm reduction, health and social care services for IDUs and other groups; linking the services with the prison and detention system. 2) Ensuring an appropriate range of easily accessible services for IDUs and their sexual partners (for example appropriate injecting-related equipment, other than needles and syringes; sexual health services; HIV- and hepatitis testing in all syringe exchange programs) and improving the geographical coverage of services. 3) Providing sexual health and other HIV prevention services for PLHIV. 4) Providing IEC and promoting condom use among MSM. 5) Implementing school-based sexual health programs all across the country and developing special programs for out-of school youth. 6) Providing adequate IEC and harm reduction services in all prisons and arrest houses. 7) Providing HIV prevention services for SW in other regions besides the capital city.

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87)

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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88)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

89)

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

Yes (0)

90)

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

services?

Yes (0)

Page 50

91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Special studies among HIV-risk groups and PLHIV

92)

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	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	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	N/A
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
Other: please specify	

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93)

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)

94)

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)

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95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

For antiretroviral therapy drugs, condoms, substitution drugs, and syringes

Page 53

96)

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?

4 (4)

97)

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

The number of people who are regularly attending the infectious diseases clinics for follow-up and who are on cARV has almost doubled. On the other hand based on epidemiological prognosis the number of people on cARV should be 3 times higher and approximately half of all officially diagnosed HIV-cases have never attended infectious diseases clinics.

98)

What are remaining challenges in this area:

1. The proportion of newly diagnosed HIV-cases lost for follow-up is high (approximately half of all officially diagnosed HIV-cases have never attended infectious diseases clinics) - there is a need to improve referral and support system with special focus on injecting drug users and other vulnerable groups. 2. Increasing cARV coverage and adherence (improving the M&E for these services; developing support system for injecting drug users and other groups)

Page 54

99)

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)

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100)

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

In progress (0)

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101)

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

Yes (0)

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102)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)****IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

There are no separate M&E assessments, assessment of the M&E and surveillance activities has been part of the overall external evaluations of the whole national strategy conducted after every 2-3 years, last one in 2007-2008.

103)

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

Yes (0)

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104)

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

in the National AIDS Commission (or equivalent)?

in the Ministry of Health?

National Institute for Health Development

Yes

105) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

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106)

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	chief analyst	Full time	2003
Permanent staff 2	analyst	Full time	2002
Permanent staff 3	analyst	Part time	2008
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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107)

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)

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108)

What are the major challenges?

Data is collected related to the services and activities coordinated and financed through the National Institute for Health Development. Data about the activities conducted under other ministries is not reported to the M&E unit at the institute.

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109)

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)

110)

6.1 Does it include representation from civil society?

Yes (0)

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111) 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:

Representatives of people working with vulnerable groups and from Estonian Network of People Living with HIV

112)

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

No (0)

Page 73

113)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

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114) 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)?

Health and health care data is collected at district level (4 districts) and aggregated at the national level

115)

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

Yes (0)

116)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

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

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

4 (4)

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118)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

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119) **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, but only addressing some levels (0)

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

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at subnational level (0)

at service delivery level (0)

121)

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?	Yes

Page 79

122) **Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

237

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123)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

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

Question 10.2 (continued)

IF YES, describe what types of activities:

Regular guidance is provided to civil society organizations on M&E by M&E staff

Page 82

125) **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)

126)

What are remaining challenges in this area:

Monitoring activities financed by other ministries besides the Ministry of Social Affairs. Monitoring health care service delivery in the field of HIV.

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127)

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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128)

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:

General nondiscrimination provision

129)

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

No (0)

Page 86

130)

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?

No (0)

Page 88

131)

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

132)

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 National HIV Strategy it is mentioned that it is essential to respect, protect and promote human rights, including basic human rights, sexual and reproductive rights and sexual self-identification rights. In the implementation of the strategy attention should be payed to the human rights of PLHIV and people affected by HIV. Also Strategy mentions following principles: evidence based programming, equality in health, harm reduction approach, inclusion of PLHIV, gender equality, cooperation and partnership.

133)

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?

No (0)

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134)

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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135)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

Civil society representatives are participating in the development of the National HIV and AIDS Strategy through thematic working group; Civil society representatives are members of the HIV/AIDS Committee, the committee for planning and procurement of antiretroviral treatment and national HIV and TB working group.

136)

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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137)

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:

ARV treatment is free of charge for all PLWH Estonian residents. HIV-related care and support services are free of charge for those who need it and partly implemented by the Civil Society organization. Under the National HIV Strategy and working plan, prevention activities should be cover educational institutions, army, anonymous HIV testing sites, youth counseling centers; prevention campaigns for general population, secondary prevention such as needle exchange and free condom distribution for drug users. Most of the actions are in place, but some obstacles are barriers to effective prevention. Namely, prevention among young people (including schools) is carried out irregularly and not included into curriculum; harm reduction programs are not available in prisons, access to condoms in prisons is difficult. There are practically no prevention programs for MSM. Access to ARV is difficult for drug users because of stigma and lack of adequate case management programs for PLWH with specific needs.

138)

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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139)

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)

140)

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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141)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

Covered by National HIV Strategy in Article on "equality in health": Prevention and services must meet needs of the most vulnerable groups. those programs must have complex approach and be easily accessible to target group as possible. All PLWH must be assured equal access to minimum HIV and AIDS-related health, welfare and other services.

142)

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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143)

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:**

Different types of approaches are ensuring equal access for different population and implemented by governmental and non-governmental organizations. These groups are defined as most-at-risk population: IDUs, MSM, PLHIV, youth, sex workers, pregnant women, people with STDs, professional workers, prisoners, the total population. Prevention in these groups is planned and conducted in accordance with specific needs of those groups.

144)

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

No (0)

145)

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?

No (0)

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146)

– 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)

147)

– 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)

148)

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

No (0)

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149)

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)

150)

– Legal aid systems for HIV casework

Yes (0)

151)

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

No (0)

152)

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

No (0)

153)

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

Yes (0)

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154)

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

Media	No
School education	No
Personalities regularly speaking out	Yes
Other: please specify	

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155)

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?**

3 (3)

156)

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

At least two times a year, during World AIDS Day and AIDS memorial day, the Network of PLHIV with partners and National Institute for Health Development conduct mass events. Issues of reduction of stigma and discrimination are covered regularly by the leaders and activists of the Network of PLHIV in mass media.

157)

What are remaining challenges in this area:

Absence of policies and laws to promote and protect human rights in relation to HIV.

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158)

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?**

3 (3)

Page 103

159)

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)

160)

Comments and examples:

Involvement of civil society in the development of the National HIV and AIDS Strategy, in the HIV/AIDS Committee, the committee for planning and procurement of antiretroviral treatment, and the national HIV and TB working group.

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161)

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)?

2 (2)

162)

Comments and examples:

Involvement of civil society in the development of the National HIV and AIDS Strategy, in the HIV/AIDS Committee and the committee for planning and procurement of antiretroviral treatment is often formal. Civil Society does not always have sufficient opportunities to influence to decisions made, because of hiding of information on budgeting process, and being a minority in the committees, suggestions are not taken into consideration.

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163)

a. the national AIDS strategy?

3 (3)

164)

b. the national AIDS budget?

3 (3)

165)

c. national AIDS reports?

3 (3)

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166)

a. developing the national M&E plan?

3 (3)

167)

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

2 (2)

168)

c. M&E efforts at local level?

2 (2)

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169) **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)

Page 108

170)

a. adequate financial support to implement its HIV activities?

3 (3)

171)

b. adequate technical support to implement its HIV activities?

3 (3)

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172) **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%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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173)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

4 (4)

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174)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

175)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Don't 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	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	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	Don't agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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176)

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?

4 (4)

177)

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

Создание программ профилактики ВИЧ на рабочих местах, создание Коалиции Предприятий против ВИЧ, создание Объединения Партнёров НПО в сфере ВИЧ.

178)

What are remaining challenges in this area:

Отсутствие регулярной профилактики ВИЧ в программах образования для школьников, практически отсутствие финансирования государством программ профилактики, направленных на население в целом, которые могли бы способствовать снижению стигмы и дискриминации в отношении ЛЖВ в обществе.

Page 114

179)

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

180)

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

The majority of people in need

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	N/A
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't 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
Other: please specify	

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181)

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?

4 (4)

182)

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

Government supports all services. ARV drugs and HIV related health care services are free of charge for all people (including those who do not have health insurance).

183)

What are remaining challenges in this area:

IDUs have difficulties accessing HIV treatment, care and support services because these services are not integrated (they are provided by different organizations/institutions). 1. Integration of services. At the moment different services (substitution treatment, TB and ARV treatment, counseling) are provided by different service providers located in different places/premises. 2. Not all infectious diseases doctors are willing to work with HIV-infected IDUs, they need more specific training. 3. There is a need for more research and routine data collection on treatment and care related issues (treatment outcomes, resistance, etc.) 4. Some services are not in proportion with the actual needs - we have too many support groups for PLHIV and too little opportunities for case

management and specific counseling (psychological, family, nutritional, etc.)

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184)

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)