

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

- 1) **Country**  
Myanmar (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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25/03/2010

#### Page 3

- 8) **Describe the process used for NCPI data gathering and validation:**  
for data gathering, a desk review of HIV related policy,law, regulation was carried out. rating was done according to the voting of the representatives from implementing partners.

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

Sharing of all the input data was carried out through an extended Technical and Support Group meeting.

10)

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

Programme Manager, National AIDS Programme Country Coordinator, UNAIDS Office(Myanmar)

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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	National AIDS programme	Dr Khin Ohnmar San	A.I, A.II, A.III, A.IV, A.V

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	UNAIDS	Dr Sun Gang	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:**

2006-2010

15)

**1.1 How long has the country had a multisectoral strategy?**

**Number of Years**

5

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	Yes	Yes
Transportation	Yes	No
Military/Police	Yes	Yes
Women	Yes	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:**

Home affair, Human Resources, 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?**

by mobilizing locally available resources.

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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
<b>Settings</b>	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
<b>Cross-cutting issues</b>	
k. HIV and poverty	Yes
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, Commercial Sex Workers, Men Sex with Men, Mobile population, workplace, young people, men and women of reproductive age, institutionalized population, uniform service personnel, partners and people living with HIV.

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)

**Page 12**

26)

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

**Question 1.8 (continued)**

**IF active involvement, briefly explain how this was organised:**

Two members from Country Coordinating Body for AIDS, TB and Malaria and two representatives from Technical Strategic Group for HIV and AIDS were selected on the constitutitional representation basis.

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)

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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                                       |     |
| b. Common Country Assessment / UN Development Assistance Framework | Yes |
| c. Poverty Reduction Strategy                                      |     |
| d. Sector-wide approach  | Yes |
| 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	Yes
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	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	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?**

4 (4)

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	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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36)

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

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

Voluntary enrolment through networking the existing services at the public sector.

37)

**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**

38)

**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	

39)

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

Although there is no non-discrimination law at the moment, there is a regulation which stated that ART provision is not discriminated against any most at risk population group (IDUs, FSW, MSM etc.).

40)

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

ATR is provided to any targeted population without discrimination.

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41)

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

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

No (0)

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42)

**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

43)

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

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

Yes (0)

44)

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



Yes (0)

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45)

**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)

46)

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

Yes (0)

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47)

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

**Question 7.4 (continued)**

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

Yes (0)

48)

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

Yes (0)

**Page 27**

49)

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

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

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

Injecting Drug Users, Commercial Sex Workers, Men have sex with Men, Youth, Men and Women of Reproductive age groups, Mobile population, Workplace.

50)

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

For monitoring & evaluation as well as for the strategic planning and resource allocation.

**Page 28**

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

Yes (0)

**Page 29**

52)

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

State/Divisional, District and Township level

53)

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

Programme planning as well as implementation especially as a tool for advocating and strengthening the collaboration among implementing partners at local level. Figure out the weakness and find out means to overcome problems at local level.

54)

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

Yes (0)

**Page 30**

55)

**Part A, Section I: STRATEGIC PLAN****Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

8 (8)

56)

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

Better collaborative efforts among stakeholders has been seen. All partners work in line with the strategic directions which are clearly stated in the National Strategic Plan.

57)

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

more frequent review of the plan is needed.

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58)

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

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

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

59)

**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**

60)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

2005

61)

**2.2 IF YES, who is the Chair?**

Name	Professor Kyaw Myint
Position/title	Minister for Health

62)

**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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63)

#### 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

29

64)

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

3

65)

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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66)

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

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

Yes (0)

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67)

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

##### Question 3 (continued)

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

involvement of PLHIV in the body and more NGOs work for HIV prevention programme.

68)

**Briefly describe the main challenges:**

failed to have regular meeting

69)

**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)

5

70)

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

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

71)

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

Yes (0)

**Page 36**

72)

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

**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

Yes (0)

**Page 37**

73)

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

**Question 6.1 (continued)**

**IF YES, name and describe how the policies / laws were amended:**

National Blood and Blood law (2003) Ministry of Home Affair has issued standing orders citing not to use condom as circumstiancial evidence for prostitution (2000) Ministry of Health has issued a circular to public sector health facilities informing that request for sterilization from a HIV infected women is permissible regardless of its family size.(1994)

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74)

**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)

75)

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

High level government officer, the secretary 1, chair the National AIDS Committee and Ministers for related Ministries are member of the committee. State/Divisional, district and township level AIDS committee has also been formed by chaired by the local authorities.

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76)

**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)

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77)

**Part A, Section III: PREVENTION**

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

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- 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)

78)

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

Yes (0)

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79)

**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)

80)

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

primary schools? Yes

secondary schools? Yes

teacher training? Yes

81)

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

Yes (0)

82)

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

Yes (0)

83)

**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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84)

**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)	Injecting drug user, Sex workers
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

**Page 43**85) **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".**

Youth, Mobile population, uniformed service personnel.

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86)

**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)

87)

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

Life skill based HIV education has become part of the core curriculum for primary school and secondary school. Prevention programme for MSM and the harm reduction programme for IDUs have become well established.

88)

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

HIV treatment and care in workplace need to be scaled up.

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89)

**Part A, III. PREVENTION**

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

Yes (0)

**Page 46**

90)

**Part A, III. PREVENTION**

**Question 4 (continued)**

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

through Programme Reviews and Studies

91)

**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	Don't 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	Don't 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	Agree
Other: please specify	

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92)

**Part A, III. PREVENTION**

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

7 (7)

93)

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

Besides the coordination and collaboration of the implementing partners, there were more active involvement of NGOs and PLHIV. Increased coverage in the areas of : Life skill based HIV education, PMCT, condom promotion, harm reduction and PLHIV networking.

94)

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

Coverage of MSM, uniform services personnel need to be scaled up.

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95)

**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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96)

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

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

No (0)

97)

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

No (0)

98)

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

Yes (0)

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99)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 2 (continued)****IF YES, how were these determined?**

through report &amp; return, case study and geographical assessment.

100)

**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	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
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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101)

**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)

102)

**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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103)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 4 (continued)****IF YES, for which commodities?:**

ART HIV test kits Condom Methadone

**Page 53**

104)

**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?**

7 (7)

105)

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

gradual scale up of ART treatment, Home Based Care, Opportunistic infection treatment. Integrated health care for TB/HIV co infection has been piloted and gradually scaled up.

106)

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

Coverage of ART as well as integrated management of HIV-TB is still needed to be scaled up. HIV treatment, care and support in work place is still very limited.

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107)

**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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108)

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

Yes (0)

**Page 58**

109)

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

2006

110)

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

2010

111)

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

Yes (0)

112)

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

Yes (0)

113)

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

Yes, all partners (0)

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114)

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

**2. Does the national Monitoring and Evaluation plan include?**

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

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115)

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

**Question 2 (continued)**

**If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:**

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

116)

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

Yes (0)

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117)

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

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

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

2

118)

**3.2 IF YES, has full funding been secured?**

No (0)

119)

**3.3 IF YES, are M&E expenditures being monitored?**

Yes (0)

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120)

**Part A, Section V: MONITORING AND EVALUATION****Question 3.2 (continued)**

**IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:**

limited resources available from National and International donors and most of the fund directed to the activity implementation.

121)

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

Yes (0)

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122)

**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:**

annually.

123)

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

Yes (0)

**Page 66**

124)

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

in the National AIDS Commission (or equivalent)?

in the Ministry of Health?

Yes

Elsewhere? (please specify)

**125) Number of permanent staff:**

Please enter an integer greater than or equal to 0

7

**126) Number of temporary staff:**

Please enter an integer greater than or equal to 0

0

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127)

**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	Prgormme Manager	Full time	1992
Permanent staff 2	Assistant Director	Full time	2004
Permanent staff 3	Medical Officer	Full time	2007
Permanent staff 4	clerical staff	Full time	2007
Permanent staff 5	clerical staff	Full time	2007
Permanent staff 6	clerical staff	Full time	2007
Permanent staff 7	clerical staff	Full time	2007
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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128)

**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**

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

**Question 5.3 (continued)**

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



through: dissemination workshop and distribution of reports TSG meeting web site

130)

**What are the major challenges?**

As there is a possibility of duplication in some areas, data verification process need to be strengthen,

**Page 70**

131)

**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)

132)

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

Yes (0)

**Page 71**

**133) 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:**

2 members from CCM and 2 from TSG

134)

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

Yes (0)

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135)

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

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

Data from all implementing partners concerning: activities, target populations, geographic areas, and implementing organizations are kept at central M&E unit using Microsoft office, Epi-info software. M&E focal personnel take the responsibility for data management.

136)

**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**

137)

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

At national level	Yes
At subnational level	Yes

**Page 74**

138) **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)?**

state/division, district, township

139)

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

Yes (0)

140)

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

5 (5)

141)

**Provide a specific example:**

Programme Planning and Resource mobilization.

142)

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

upgrading of data base at central level capacity building on data management

**Page 75****143) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

4 (4)

144)

**Provide a specific example:**

the costed NSP has been developed.

145)

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

funding gap needed to be filled up.

**Page 76**

146)

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

5 (5)

147)

**Provide a specific example:**

prevention programme especially the 100% targeted condom promotion programme and PMCT programme have increased coverage.

148)

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

capacity building

**Page 77****149) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

**Page 78**

150)

**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

**Page 80**

151)

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

Yes (0)

**Page 81**152) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Modified the regular reporting format Meeting for conducting survey, and dissemination of survey results, Decentralization of M&E visits

**Page 82**153) **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?**

9 (9)

154)

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

Reports on annual national progress, HIV sentinel sero-surveillance survey, behavioral surveillance survey among target groups have been distributed to all stakeholders. Desk Review of Gender and Gender Review of NSP have been carried out.

155)

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

to oversee the impact of implemented activities, more funding for M&E is required.

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156)

**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.)**

No (0)

**Page 84**

157)

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

Yes (0)

**Page 85**

158)

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

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

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

159)

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

a. Yes; Penal Code 354 Act to protect women from sexual harassment . Myanmar Woman's Affairs Federation (MWAFF) is present at all administrative levels c.No; Need to draw up the regulation again f.Yes; For work payment, organization to monitor, for treatment how to approach, content of law not known g.Yes; Currently Thai and Myanmar Government have agreement to issue legal documents

160)

**Briefly describe the content of these laws:**

**Page 86**

161)

**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**

162)

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

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

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

Other: PLHIV: Group Meetings- Unless the organization registered under the Ministry of Home Affairs, will and can pose obstacles when gathering or holdong meetings. Internal regulations require Yes specific documents to access service areas hindering access to services.

163)

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

-Youth - HE on HIV/AIDS can be conducted at schools but must not include topics such as condom and sexuality - IDU - The law written in 1915 ; obstacles present in close settings, cannot carry methadone -MSM - the Act 377 on carnal acts -Sex workers - Anti prostitution Act

**Page 88**164) **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**

165)

**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 Strategic Plan on HIV and AIDS (NSP) 2006-2010, Annex 1, Key principles underlying the National response to HIV under subheading Enabling environment clearly states that “activities will be in line with international humanitarian law and human rights”(Page 31)

166)

**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)

**Page 90**

167)

**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)

**Page 91**

168)

**Part B, Section I. HUMAN RIGHTS****Question 6 (continued)**

**IF YES, describe some examples:**

The development and implementation of the National Strategic Plan ; the establishment of M-CCM (Myanmar Country Coordination Mechanism); TSG (Technical and Strategy Group for HIV/AIDS) - all the initiatives encourage representatives of the CSOs including PLHIV to be engaged in HIV response. For M-CCM and TSG documented procedures for the selections of representatives exist.

169)

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

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

**Page 92**

170)

**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:**

Steps in place to implement these policies are: · Collaboration with international funding and implementing organisations · Resource mobilization (3D Fund, GFATM) Constraints · Financial sustainability · Distance to service delivery points for people living in remote areas · Geographical restrictions in the eligibility criteria for treatment · Limited resources to provide services to everyone

171)

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

Yes (0)

**Page 93**

172)

**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)

173)

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

Yes (0)

**Page 94**

174)

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

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

The NSP document explicitly states "The NSP recognizes the following three levels of risk and vulnerability: Key populations at higher risk of acquiring HIV infection; Populations vulnerable to risk of HIV infection; populations at lower risk of HIV infection". (Page 30) The prevention strategies



of the National Strategic Plan includes 10 different groups of people at risk of HIV transmission with specific operational guidance how to address these risks.

175)

**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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176)

**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:**

The NSP document explicitly states "The NSP recognizes the following three levels of risk and vulnerability: Key populations at higher risk of acquiring HIV infection; Populations vulnerable to risk of HIV infection; populations at lower risk of HIV infection". (Page 14). In accordance with the Operational Plan 2008-2010 , the approaches address to different risk population.

177)

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

No (0)

178)

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

Yes (0)

**Page 96**

179)

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

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

No (0)

**Page 97**

180)

**– 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)

181)

**– 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)

182)

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

No (0)

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183)

**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)

184)

**– Legal aid systems for HIV casework**

No (0)

185)

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

Yes (0)

186)

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

Yes (0)

187)

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

Yes (0)

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188)

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

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: Through network; special occasions and at NGO activities	Yes

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189)

**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?**

4 (4)

190)

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

Police become more aware that condom must not be used as circumstantial evidence to arrest sex workers; Needle exchange strategy approved for harm reduction projects; PLHAs involvement in NSP and also at different levels of administration.

191)

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

To get more participation; to focus to specific local needs; to open more room for LNGOs; Judiciary reforms and review existing laws; Trust building between public and private sectors; need to have laws and regulations on stigma and discrimination related to HIV/AIDS

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192)

**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?**

2 (2)

193)

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

Involvement in TSG, and CCM; Three PLHIV as member of CCM and TSG

194)

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

Law and policies enforcement is weak; Multi ministerial collaboration should be strengthened

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195)

#### **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?**

2 (2)

196)

**Comments and examples:**

NSP gives space to civil society; No channel to Top Leaders to hear public opinion and public debate. A recognition gap remains between SC and high level decision makers. A national movement to increase CS involvement is lacking. At present criteria of involving CS in national response is driven from international level

### Page 104

197)

#### **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)?**

3 (3)

198)

**Comments and examples:**

In NSP, PLHIV identified of hot spots were included, in budget allocation, PLHIV will able to advocate for increasing budget for treatment; actively involved in GFATM grant negotiation, and Three Diseases Fund Round II which provided funds to civil society only. Need for more involvement of CS representatives in budgeting and planning stage

### Page 105

199)

**a. the national AIDS strategy?**

3 (3)

200)

**b. the national AIDS budget?**

3 (3)

201)

**c. national AIDS reports?**

3 (3)

202)

**Comments and examples:**

CSOs involved in NSP In 2008 Progress report it says that there is an increase of 60% in the number of PLHIV that were involved in self help groups. (Page 18)

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203)

**a. developing the national M&E plan?**

2 (2)

204)

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

3 (3)

205)

**c. M&E efforts at local level?**

2 (2)

206)

**Comments and examples:**

NAP with assistance of UNAIDS sends out M&E forms and CSOs provided necessary information. Some SHG felt that they provided data for monitoring purposes but not much opportunity to participate in evaluation of programs. The participation of CS in M&E of the HIV response still needs improvement at all levels

**Page 107****207) 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)

208)

**Comments and examples:**

Networks establishment among CSOs such as Myanmar Positive Groups, Positive Women Network, Drug User Networks, National NGO Network etc. The level of participation of a diversity of organization still needs to be increased example MSM and Sex workers networks. The number of Faith Based Organization working on HIV/AIDS has increased

**Page 108**

209)

**a. adequate financial support to implement its HIV activities?**

1 (1)

210)

**Comments and examples:**

Some CSOs have difficulties to access funds if they do not have registration and Bank account. Local NGOs have less funding opportunities compared to INGOs

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**211) 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	51-75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI) *	51-75%
Home-based care	>75%
Programmes for OVC* *	>75%

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212)

**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)

213)

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

CCM, TSG established, CSOs are recognized; CSOs have access to Three Diseases Fund; Open space for CSOs in GFATM proposal development; CSO became one of the Principal Recipients of GFATM.

214)

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

Policy reforms - learning from international experiences

**Page 111**

215)

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

Yes (0)

**Page 112**

216)

**Part B, Section III: PREVENTION****Question 1 (continued)****IF YES, how were these specific needs determined?**

The NSP document, the first category includes sex workers, clients of sex workers, Drug Users, MSM and partners of people living with HIV; the second category includes adults, youth and children and the third category is general population.

217)

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

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree

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

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218)

**Part B, Section III: PREVENTION****Question 1.1 (continued)**

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

5 (5)

219)

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

VCCT services increased; Involvement of Peer Counselors increased; Have more room to implement prevention activities as seen by decrease in transmission and incidence level. Significant increase of coverage of MARPs especially FSW, IDU even though majority of the people may still not be reached

220)

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

Mass media has limited participation; Need to focus prevention on other target groups; Political commitment to reform policy to ensure increase access to prevention services. Shortage of supply in the health system for example to get universal access. Community involvement and private sector involvement should be strengthened. Access to some specific groups remain challenged.

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221)

**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**

222)



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

NSP document in Approaches section page 16 states the approach to treatment, care and support. The Figure 3 depicts the key elements of comprehensive HIV/AIDS care and treatment.

223)

**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	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't 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	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
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	N/A

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224)

**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?**

3 (3)

225)

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

Number of patients receiving ART currently is nearly 21,000. Number of ART sites have increased; Some LNGOs have started to provide ART; TB/HIV Programme established and GFATM will increase the treatment, care and support portion; Because of increased access to ART, PLHIVs become healthy to be more involved in HIV activities.

226)

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

Constant resource mobilization; health system improvement /Health policy reform; coordination still limited. More resource allocation for care and support is needed.

**Page 117**

227)

**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)