

## Survey Response Details

### Response Information

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**Email:**

### Response Details

#### Page 1

**1) Country**

Equatorial Guinea (0)

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

Dr. Graciano Vicente Ebalé Ndong

**3) Postal address:**

Ministerio de Sanidad y Bienestar Social

**4) Telephone:**

Please include country code

00240 501632

**5) E-mail:**

cheryndong@yahoo.es

**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:**

Para el proceso de recopilación de la información se ha designado un responsable coordinador para la parte A, funcionario en activo del MINSABS, y un responsable coordinador para la parte B, directivo de la Federación de ONG's que trabajan en la Lucha contra el VIH/sida. Como entrevistadores de la parte A, se designaron a cuatro personas mientras que para la B fueron dos, incluidos en ambos casos el responsable-coordinador de cada sección del índice: funcionarios gubernamentales para la sección A y miembros de la Sociedad Civil y del Sistema de Naciones Unidas para la sección B. Estos coordinadores tienen conocimientos en el campo de la vigilancia y evaluación, conocen a los actores principales de la respuesta nacional al VIH, y dominan la política nacional y el entorno jurídico. Previo al inicio del proceso de entrevistas, se realizó un taller

explicando a los entrevistadores la naturaleza del índice y la metodología necesaria para su composición, poniendo énfasis en que la importancia del ICPN reside en el proceso de recopilación y conciliación de datos entre las diferentes partes interesadas, el análisis detallado de las respuestas y su utilización en el fortalecimiento de la respuesta nacional al VIH Junto con el equipo responsable de pilotar el proceso de notificación de los indicadores UNGASS 2008-09, en el mencionado taller se determinó también de forma participativa a los individuos que, dentro de cada uno de los dos ámbitos (gubernamental y sociedad civil) podían ofrecer una opinión cualificada y representativa. Para la parte A se determinó que se realizarían 18 entrevistas (se pudieron cumplimentar las 18 entrevistas) y para la parte B se pretendía realizar 13 entrevistas (sólo se realizaron 9).

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

En cuanto a los resultados de las encuestas, las discrepancias principales encontradas se refieren al ámbito de la prevención. Por un lado los funcionarios gubernamentales entienden que el marco estratégico define las estrategias de prevención, mencionando las actividades en IEC realizadas a través del Ministerio de Información, mientras que los representantes de la SC señalan la ausencia de políticas y estrategias claras. Existe coincidencia entre la parte gubernamental y la SC en el diagnóstico de los logros alcanzados y los retos que requieren atención prioritaria en materia de tratamiento, atención y apoyo.

9)

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

La validación de los datos se ha realizado en el taller de validación del informe UNGASS llevado a cabo el 26 de marzo de, 2010. Se realizó un pre-test previo del cuestionario, para medir el nivel de entendimiento de las preguntas del cuestionario, obteniéndose buena comprensión de mas del 90% de las preguntas. No obstante las preguntas difíciles de entender fueron enfocadas de forma tal que los encuestados pudieran responder. La calidad de datos fue buena. Se tuvo una lista de todos los encuestados.

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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 CNLS      Secretario Ejecutivo	A.I, A.II

11)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2 CNLS	DG de Coordinación Multisectorial de LCS	A.I, A.II
Respondent 3 PNLS	Director Nacional del PNLS	A. I
Respondent 4 PNLS	Coordinador Regional Continental PNLS	A.I
Respondent	Ministro de Estado de	

Respondent	Organization	Position	Code
Respondent 5	MINSABS	MINISTRO de Estado de Sanidad	A.I, A.II
Respondent 6	PNLS	Psicóloga de la UREI de Malabo	A.III, A.IV
Respondent 7	MINSABS	DG de Prevención del MINSAB	A.III
Respondent 8	MINISTERIO DE INFORMACION	Punto Focal VIH en M. Información	A.III
Respondent 9	MINISTERIO DE EDUCACION	Punto Focal VIH en M. Educación	A.III
Respondent 10	PNLS	Farmacéutico de la UREI de Malabo	A.IV
Respondent 11	PNLS	Jefe de Servicio de la UREI	A.IV
Respondent 12	MINSABS	DN del Sistema de Información Sanitaria	A.V
Respondent 13	MINISABS	Coordinador de Epidemiología	A.V
Respondent 14	MINSABS	Director de un Hospital Distrital (Baney)	A.V
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]**

Respondent	Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	PNUD Director de Programa de PNUD	B.I

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	AMUSIDA	Presidente ONG AMUSIDA	B.I, B.II
Respondent 3	IGLESIA METODISTA	Pastor de la Iglesia Metodista	B. II
Respondent 4	CRUZ ROJA	Secretario General de Cruz Roja	B.III
Respondent 5	AGLOW	Presidente de la ONG AGLOW	B. III
Respondent 6	CRCE-ISCIII	Asistente Técnico ISCII-CRCE	B.IV
Respondent 7	SALUD POSITIVA	PVVIH	B. IV
Respondent 8	CLINICA GUADALUPE	Directora Clínica Privada Guadalupe	B.IV
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			

**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****15) Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2001 - 2009

16)

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

9

17)

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

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

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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?**

Dichos sectores no poseen de una financiación fija o propia, si no que dependen de la financiación de otros sectores de manera puntual para realizar sus actividades

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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?**

<b>Target populations</b>	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
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	No
<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

2001

**Page 11**

22)

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

**1.5 What are the identified target populations for HIV programmes in the country?**

mujeres (100%, jóvenes (50%) niños (50%) población general (25%) y trabajadoras de sexo (25%)

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?	No
d. An indication of funding sources to support programme?	No
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?**

Moderate involvement (0)

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26)

**IF NO or MODERATE involvement, briefly explain why this was the case:**

son pocas las ONGs en la lucha contra el SIDA implantadas en el país y no tienen apoyo económico ni financiero por parte del estado.

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, some partners (0)

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29)

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

**Question 1.10 (continued)**

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

**and why**

el 25% no contestó No hay armonización en el marco de la multisectorialidad

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30)

**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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31)

**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                                      | Yes |
| d. Sector-wide approach  | Yes |
| e. Otros: especificar  |     |

32)

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

<b>HIV-related area included in development plan(s)</b>	
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)	No
Otros: especificar	

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33)



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

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

N/A (0)

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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	No
Antiretroviral treatment	Yes
Care and support	Yes
Otros: especificar	

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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):**

campañas de sensibilización para la prueba voluntaria, el asesoramiento pre y post test.

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)

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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
Otros: especificar	

39)

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

medidas de acompañamiento

40)

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

Se aplican correctamente, pero falta hacer un estudio sobre ello.

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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?**

No (0)

**Page 25**

43)

**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)

44)

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

Yes (0)

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45)

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

Yes (0)

46)

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

Yes (0)

**Page 27**

47)

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

mujeres, niños y jóvenes adolescentes

48)

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

evaluación de la situación epidemiológica y planificación para mejorar la estrategia de lucha contra el VIH

**Page 28**49) **Part A, Section I: STRATEGIC PLAN**

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

Yes (0)

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50)

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

todos los niveles (distrital, provincial y municipal)

51)

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

para la planificación y toma de decisiones, para mejorar la estrategia, para fines epidemiológicos, para la evaluación del proyecto del Fondo Mundial VIH/SIDA.

52)

**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**

53)

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

2 (2)

54)

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

Aumento de los recursos humanos Rehabilitación de las infraestructuras sanitarias. Elaboración del Marco Estratégico Se ha llegado a ofrecer el tratamiento ARV de forma gratuita

55)

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

COMpletar la extensión del Tratamiento ARV (a nivel provincial y distrital) Falta de marketing de preservativos Cambio de comportamiento de la población Desbloqueo del presupuesto del Marco

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56)

**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

57)

**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**

58)

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

Please enter the year in yyyy format

2001

59)

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

Name	Teodoro Obiang Nguema Mbasogo
Position/title	Jefe de Estado

60)

**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?	No
meet at least quarterly?	No
review actions on policy decisions regularly?	No

actively promote policy decisions?	No
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	No

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61)

**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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62)

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

coordinación de todos los sectores para la ejecución de distintas actividades

63)

**Briefly describe the main challenges:**

falta de funcionamiento de la secretaría ejecutiva, tanto para movilizar los fondos como para otros aspectos de su cometido

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
Otros: especificar	

65)

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

No (0)

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66)

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

5 (5)

67)

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

Adquisición y suministro de medicamentos y otros insumos. Gratuidad de los medicamentos  
Extensión de la atención a las PVVIH Formación de los recursos Humanos Rehabilitación de las  
estructuras sanitarias.

68)

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

Bases de datos (epidemiológicas y clínicas) Marketing de preservativos Sensibilización y extensión  
de las campañas Hacer funcionar la Secretaría Ejecutiva del Consejo Nacional del SIDA  
Reactivación y actualización de las estructuras del programa.

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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)

- a. Be sexually abstinent (0)
- c. Be faithful (0)
- e. Use condoms consistently (0)
- j. Fight against violence against women (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?**

Yes (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?	No
secondary schools?	No
teacher training?	No

74)

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

No (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?**

No (0)

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77)

**Part A, Section III: PREVENTION**



**Question 3 (continued)****IF NO, briefly explain:**

No ocnsta la existencia de ningun documento como política o estrategia al efecto

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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?**

3 (3)

79)

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

Marco Estratégico/Plan Nacional de lucha contra el SIDA Programa de IEC para la Prevención y sensibilización de VIH/SIDA del Ministerion de Información Elaboración del Plan de Urgencia para SIDA Existencia del proyecto del Fondo Mundial que apoya al PNLs

80)

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

Lograr que la política de prevención se extienda como la primera prioridad en la lucha contra el VIH y no centrar toda la importancia en el tratamient. Funcionamiento de los bancos de sangre en todo el país introducción del tema del SIDA en la enseñanza por niveles Gran parte de la población no escucha la radio ni la televisión

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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?**

Mediante encuestas CAP Según lo planteado en el Plan de Urgencia de lucha contra el VIH/SIDA, hace falta informar a la población sobre la prevención del VIH en todas sus modalidades, distribución de folletos, pancartas en los hospitales

83)

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

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

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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?**

**4 (4)**

85)

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

Esfuerzos políticos de apoyo a la prevención 2007 Sensibilización a los miembros del Gobierno, Parlamento y casi toda la población

86)

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

Introducir en las escuelas el módulo sobre el VIH/SIDA Manuales, pancartas.

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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)

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91)

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

**Question 2 (continued)**

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

No lo indican

92)

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

<b>The majority of people in need have access</b>	
---	--

**HIV treatment, care and support service**

Antiretroviral therapy

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

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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?**

No (0)

**Page 53**

95)

**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)

96)

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

Mejoramiento de la adherencia Más voluntarios que quieren hacerse el test

97)

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

Roturas de stock ARV, tratamiento de las ITS, apoyo psicosocial a las PVVIH y a sus familias, atención domiciliaria Gratuidad de los otros análisis como las enzimas hepáticas, etc.

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98)

**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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99)

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

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

Yes (0)

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100)

**1.1 IF YES, years covered:**

**Please enter the start year in yyyy format below**

2009

101)

**1.1 IF YES, years covered:**

**Please enter the end year in yyyy format below**

2009

102)

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

Yes (0)

103)

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

No (0)

104)

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

Yes, most partners (0)

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105)

**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)	No
a data analysis strategy	No
a data dissemination and use strategy	No

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106)

**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	
behavioural surveys	No
HIV surveillance	No
Evaluation / research studies	No

107)

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

Yes (0)

**Page 62**

108)

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

No (0)

109)

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

No (0)

**Page 64**

110)

**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:**

No se han instrumentado ni establecido los mecanismos de V+E

111)

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

No (0)

**Page 65**

112)

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

No (0)

**Page 66**

113)

**Part A, Section V: MONITORING AND EVALUATION****Question 5 (continued)**

**IF NO, what are the main obstacles to establishing a functional M&E Unit?**

Por falta de voluntad, otros no comentan

**Page 70**

114)

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

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

Yes, but meets irregularly (0)

115)

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

No (0)

**Page 71**

116)

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

No (0)

**Page 73**

117)

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

At national level	No
At subnational level	Yes

**Page 74**

118)

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

No (0)

119)

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

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

2 (2)

**Page 75**

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

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

2 (2)

**Page 76**

121)

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

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

1 (1)

**Page 77**



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

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

No (0)

**Page 78**

123)

**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**

124)

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

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

No (0)

**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?**

2 (2)

126)

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

Se reconocen los datos a nivel del proyecto de VIH/SIDA

127)

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

Mantener la coordinación con el Programa VIH/SIDA, el servicios de epidemiología, SIS y proyecto.

**Page 83**

128)

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

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

Yes (0)

**Page 84**

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:**

Todas las personas con diagnóstico de infección de VIH tendrán que recibir atención integral de inmediato, en igualdad de condiciones con otras personas, para lo cual, deberá respetarse la voluntad, la dignidad, la individualidad y confidencialidad. Ningún trabajador de la salud, podrá negarse a prestar atención a la salud que requiera una persona que vive con el VIH

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)

**Page 90**

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)

**Page 91**

135)

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

**Question 6 (continued)**

**IF YES, describe some examples:**

Po ej: La ONG Salud Positiva en la constitución del CCM. La sociedad civil ha participado en la elaboración de los documentos estratégicos del país.

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:**

Para la implementación de estas medidas, el país se ha centrado en la priorización del Fondo Mundial de 9,6 millones de \$ en su 4ª ronda (julio 2005-30 junio 2010)

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)

**Page 93**

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)

**Page 94**

141)

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

Sería responsabilidad del PNLs conjuntamente con las autoridades del MINSABS, poner en prácticas las políticas y los principios generales de los derechos de la salud, Información, educación para todos, tanto para las personas privadas de libertad como para sus parejas sexuales y personal que trabaja en estas instituciones

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)

**Page 95**

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:**

Las personas que viven con el VIH tiene derecho al trabajo, y pueden desempeñar las labores de acuerdo a su capacidad y situación, no constituirá requisito alguno para obtener un puesto de trabajo. El Gobierno a través del MINSABS tomará todas las disposiciones necesarias para garantizar el acceso a los medicamentos ARV

144)

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

Yes (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**

Yes (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**

**Question 12 (continued)****IF YES on any of the above questions, describe some examples:**

Existen comisión de Derechos Humanos y Cnetro de promoción de los Derechos Humanos

**Page 99**

150)

**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)

151)

**– Legal aid systems for HIV casework**

No (0)

152)

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

No (0)

153)

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

No (0)

154)

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

No (0)

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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?**

5 (5)

156)

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

Creación de asociaciones de PVVIH Gratuidad del Test de VIH y del Tratamiento con ARV  
Promulgación de la ley anteriormente sugerida

157)

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

Establecimiento de instituciones que supervisen el cumplimiento de las políticas.

**Page 102**

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?**

4 (4)

159)

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

Gratuidad de los medicamentos, prevención, atención y apoyo

160)

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

Mayor seguimiento sobre la aplicación de la ley que protege a los PVVIH. Establecimiento de instituciones que supervisen el cumplimiento de las políticas.

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161)

**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)

162)

**Comments and examples:**

Se ha llevado a cabo bastantes sensibilizaciones en los departamentos ministeriales, ha habido foros y varios eventos sobre el VIH y esto ha contribuido a que el Gobierno se involucre.

**Page 104**

163)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

5 (5)

164)

**Comments and examples:**

Elaboración de varias estrategias Planificación y ejecución de las actividades de lucha contra el SIDA

**Page 105**

165)

**a. the national AIDS strategy?**

3 (3)

166)

**b. the national AIDS budget?**

0

167)

**c. national AIDS reports?**

1 (1)

**Page 106**

168)

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

3 (3)

169)

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

2 (2)

170)

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

3 (3)



**Page 107****171) 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)?**

2 (2)

**172)**

**Comments and examples:**

Aumento de las OSC que trabajan en la lucha y prevención del VIH/SIDA

**Page 108**

**173)**

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

1 (1)

**174)**

**b. adequate technical support to implement its HIV activities?**

2 (2)

**Page 109****175) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

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

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**176)**

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)**

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

6 (6)

177)

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

Ha aumentado la aceptación del uso del condón Ha aumentado el acceso a la información Mayor participación social

178)

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

Financiación Apoyo y legalizar a la OSC Apoyo y financiar a la OSC

**Page 111**

179)

**Part B, Section III: PREVENTION**

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

Yes (0)

**Page 112**

180)

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

	The majority of people in need have access
<b>HIV prevention component</b>	
Blood safety	Don't 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	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree

HIV prevention in the workplace

Don't agree

Otros: especificar

**Page 113**

181)

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

8 (8)

182)

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

Reducción de la transmisión del VIH Utilización y aceptación del preservativo. Acceso al preservativo Apoyo del Gobierno a las ONGs Conocimiento del VIH (información) Sensibilización para el uso del presevativo Atención gratuita a los seropositivos

183)

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

Falta de una estrategia clara en el campo de la prevención del VIH. Acceso claro a las medidas de comunicación nacional Insuficientes medios para la prevención. Sensibilización a la población Insistir más en el tratamiento de los enfermos Apoyo a las OSC. Apoyo económico para seguir sensibilizando. Apoyo integral Formación de cuadros técnicos

**Page 114**

184)

**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**

185)

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

A través del PNLIS

186)

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

**implemented?**

The majority of people in need  
have access

**HIV treatment, care and support service**

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Otros programas: especificar	

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187)

**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?**

5 (5)

188)

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

Tratamiento de las personas infectadas Los análisis para detectar la infección IEC

189)

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

Crear más centros clínicos para la detección del VIH Apoyo del Gobierno en la parte económica  
Formación de técnicos y asesoramiento

**Page 117**

190)

**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?**

Yes (0)

**Page 118**

191)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

No (0)

192)

**2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?**

No (0)

193)

**2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?**

No (0)

**Page 119**

194)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

1 (1)

195)

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

Ningún logro

196)

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

Apoyar y crear OSC que se ocupen de los niños huérfanos Realizar encuestas de niños huérfanos

