

Survey Response Details

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Response Details

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1) Country

Macedonia (0)

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

Dr. Milena Stevanovik, National AIDS coordinator

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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

The data in the NCPI were collected through 2 workshops that involved Government representatives in workshop 1 and international agencies' representatives and non-governmental organizations' representatives in workshop 2. Questions were answered after reaching a consensus on the answer among all representatives, followed by completing the comment section. First draft of the NCPI was

shared among stakeholders for comments/additions. Final workshop for reviewing the NCPI was organized in February, 2010.

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

Disputes in reaching consensus among stakeholders were solved through modifying the grades and comments in the answer of the question.

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

N/A

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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	Clinic for infectious diseases	Dr. Milena Stevanovik, National AIDS Coordinator	A.III, A.IV

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Health	Mrs. Biljana Celevska, Deputy Head of Department	A.I, A.II, A.V
Respondent 3	Ministry of Health	Ms. Nermina Fakovik, Head of Unit	A.I, A.II, A.V
Respondent 4	Ministry of Health	Dr. Aleksandar Arnikov, Head of GF HIV Unit	A.I, A.II, A.IV, A.V
Respondent 5	Ministry of Health	Dr. Katerina Spasovska, M&E Officer in GF HIV Unit	A.I, A.III, A.IV, A.V
Respondent 6	Ministry of Health	Mr. Artan Murati, M&E Assistant in GF HIV Unit	A.I, A.III, A.IV, A.V
Respondent 7	Health Insurance Fund	Dr. Sasko Ivanov, Representative	A.I, A.II, A.IV
Respondent 8	Ministry of Labor and Social Policy	Mrs. Lidija Sterjov, Representative	A.I, A.II, A.III
Respondent 9	Ministry of Justice	Mrs. Emilija Jordanova, Representative	A.I, A.II, A.III
Respondent 10	Secretariat for European Affairs	Ms. Ardita Abazi, Representative	A.I, A.II
Respondent 11	Institute for Public Health	Dr. Gordana Kuzmanovska, Epidemiologist	A.I, A.II, A.III, A.V
Respondent 12	Institute for Public Health	Dr. Vladimir Mikik, Junior researcher	A.I, A.II, A.III, A.V

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13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Office of the UN Resident Coordinator, UNAIDS	Dr. Stefan Stojanovik, HIV/AIDS Officer and UNAIDS Focal Point	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Office of the UN Resident Coordinator	Mrs. Silva Pesic, Human rights adviser	B.I
Respondent 3	United Nations Childrens Fund	Dr. Igor Veljkovik, Health Officer	B. I, B. II, B. III, B. IV
Respondent 4	World Health Organization	Dr. Arta Kuli, Coordinator on HIV/AIDS/STI	B.I, B.II, B.III, B.IV
Respondent 5	United Nations Population Fund	Ms. Tatjana Sikoska, National Program Officer	B. I, B. II, B. III, B. IV
Respondent 6	NGO HOPS	Mr. Vlatko Dekov, Executive Director	B.I, B.II, B.III, B.IV
Respondent 7	NGO HOPS	Dr. Hristijan Jankuloski, Administrative Director	B. I, B. II, B. III, B. IV

Respondent 8	NGO HERA	Mr. Bojan Jovanovski, Executive Director	B.I, B.II, B.III, B.IV
Respondent 9	NGO HERA	Mr. Drasko Kostovski, Program Director	B.I, B. II, B.III, B.IV
Respondent 10	NGO Doverba	Mr. Vitomir Georgievski, Member of the Board	B.I, B.II, B.III, B.IV
Respondent 11	NGO Red Cross of Macedonia	Dr. Aneta Trgacevska, Representative	B. I, B. II, B. III, B. IV
Respondent 12	NGO EGAL	Mr. Zoran Jordanov, Executive Director	B.I, B.II, B.III, B.IV
Respondent 13	Office of the Ombudsman	Ms. Uranija Pirovska, Representative	B. I
Respondent 14			
Respondent 15			
Respondent 16			
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Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)**Page 7****16) Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)**Period covered:**

2007-2011

17)

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

7

18)

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

Page 8**19) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Finance, Local Self-Government, Justice and Secretariat for EU Affairs.

20)

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?

The sectors that have not earmarked budget for HIV activities but are included in the National Action Plan, the funds are allocated from the Global Fund to fight HIV/AIDS, tuberculosis and malaria-Round 7 HIV Grant. Additional funds are obtained through UN agencies that have programs on HIV/AIDS in the country (UNICEF, WHO, UNFPA, UN Office of the RC, UNHCR etc).

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21)

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	No
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*	No
Settings	
h. Workplace	No
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	No

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

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23)

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

24)

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

IDUs, CSWs, MSM and Prisoners

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

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

27)

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

Active involvement (0)

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28)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

Members from the civil society organizations were actively involved in the process of development of the National AIDS Strategies 2003-2006 and 2007-2011 through consultative workshops and meetings. As members of the National AIDS Committee they contributed in the final approval of the strategy document. Also, members of the civil society actively contributed in the development of the Action plan through development of specific activities, budgets and defining annual targets.

29)

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

Yes (0)

30)

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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31)

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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32)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	No
d. Sector-wide approach	No
e. Other: Please specify	

33)

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	No
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	No
Women's economic empowerment (e.g. access to credit, access to land, training)	No
Other: Please specify	

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34)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

35)

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

36)

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

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37)

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

No (0)

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38)

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?

Yes (0)

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39)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	No
----------	----

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

40)

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

1. Young people-Law on Health Protection defines that young people by age of 18 can use health services only accompanied by parents. 2. IDU-Criminal Law (Article 216-Enabling use of narcotic and psychotropic substances) 3. Sexual workers-Criminal Law (Art. 205-transmission of a contagious disease by sexual act or other ways) 4. Prisoners-Criminal Law (Article 216-Enabling use of narcotic and psychotropic substances)

41)

Briefly comment on how they pose barriers:

1. Young people-Law on Health Protection poses barriers for use of many services by young people without parental consent such as HIV/STI and Reproductive Health Services. This should not be a general provision for all health services, but should be limited for health services that would require parental consent (abortion, surgery etc). This Law does not specify which services could be used by young people by age of 18 without consent. 2. IDU-Although the Harm reduction programs are not explicitly mentioned in the Criminal Law (Article 216-Enabling use of narcotic and psychotropic substances) is formulated in the way that it could be subject of misinterpretation as if the services provided in the Harm Reduction programs are considered as enabling use of narcotic and psychotropic substances and thus a subject to punishment by law. 3. Sexual workers-Criminal Law (Art. 205-transmission of a contagious disease by sexual act or other ways) is formulated in the way that it could be subject of misinterpretation as if the CSW are potential carriers of HIV infection and thus subject to punishment by law. 4. Prisoners-In prisons harm reduction programs are not functional due to the understanding that Harm Reduction programs are considered as enabling use of narcotic and psychotropic substances and could increase the danger and reduce security in the penitentiary system. Only methadone maintenance therapy program exists in one out of nine prisons in the country.

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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)

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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?**

IDUs, MSM, SW, Prisoners and Young People

50)

Briefly explain how this information is used:

The data collected through the monitoring process are being used for modifying the interventions, development of new interventions in the community as well as safeguarding the implementation of the Grant, National Strategy and the achievement of program goals.

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)?**

District level

53)

Briefly explain how this information is used:

The data collected through the monitoring process are being used for modifying the interventions according to the needs of the specific municipality, development of new interventions in the municipality that will be sustainable and supported through the local action plans.

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)

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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?**

9 (9)

56)

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

Since 2007, key obstacles and recommendations proposed from the process of assessment of the previous National Strategy 2003-2006 have been followed and addressed in the process of development of the second National AIDS Strategy for 2007-2011. In addition, results from the behavioral studies among most-at-risk-populations in 2006 and 2007 have been used for setting the priority areas of the second National AIDS Strategy 2007-2011. The new strategy has been finalized by the National AIDS Commission in May 2007 and officially endorsed by the Government in October 2007. By the end of 2007 draft Action and M&E plan including financial estimation of the National AIDS Strategy 2007-2011 has been developed in a broad consultative process among national partners.

57)

What are remaining challenges in this area:

The country is facing a mid-term review of the National Strategy 2007-2011 that initiated in 2009 and will be accomplished this year. The evaluation of the achievements of goals as well as the indicators of the strategy will lead to a development of new Strategy 2012-2017, where sustainability in maintaining the achieved AIDS response will be pivotal. Sustainability remains to be a major concern for all preventive programs. The Government facing the major economic crisis in 2009, reduced all preventive programs for primary health protection to the levels of 2006, which seriously jeopardizes the preventive strategies and the achievement of National Strategic goals by 2010.

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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	No
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

2003

61)

2.2 IF YES, who is the Chair?

Name Dr. Aneta Trgacevska

Position/title Chair of the Country Coordinating Mechanism, representative of NGO Red Cross of Macedonia

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?	No
meet at least quarterly?	Yes
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

32

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

6

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

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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)

Page 35

67)

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

1. Overall coordination of the national response to HIV/AIDS. 2. Agreement on the country priorities and development of the National AIDS Strategy for 2007-2011 and its Action and M&E plan. 3. Successful approval of the Round 7 application to the GFATM for 5-year program on HIV/AIDS.

68)

Briefly describe the main challenges:

Establishment of secretariat that will not depend on external resources and being able to provide continuous support.

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)

0

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	No
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	No
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)

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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?

No (0)

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73)

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)

74)

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

In 2007 the Minister of Health, has been actively involved and provided support to the National AIDS Commission in the finalization of the new National AIDS strategy for 2007-2011. Further, the Minister supported the implementation of activities within Global Fund HIV program, especially in the process of establishment of centers for prevention and treatment of drug abuse and made a public call to the Mayors of the capital city to join their efforts in finding the best solution for establishment of these centers. Additionally, in many occasions the Minister publicly supported and emphasized the importance of the preventive programs among most-at-risk populations in prevention of HIV/AIDS.

75)

What are remaining challenges in this area:

Other Government and local Government officials, as well as parliamentarians and political parties need to include and endorse HIV/AIDS and sexual and reproductive health and rights as part of their program. There is a need to lobby on increasing the commitment of the Government to the undertaken international pledges for investment in HIV/AIDS prevention, treatment and care, as planned with relevant national strategies and documents.

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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*?

N/A (0)

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77)

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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78)

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?

No (0)

79)

2.1 Is HIV education part of the curriculum in:

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

80)

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

Yes (0)

81)

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

No (0)

82)

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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83)

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, Prison inmates
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, Other populations
Vulnerability reduction (e.g. income generation)	Other populations
Drug substitution therapy	Injecting drug user, Prison inmates
Needle & syringe exchange	Injecting drug user

Page 4384) **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".

General population and Young people

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85)

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

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

9 (9)

86)

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

The major progress made in policy efforts is reflected in: 1) Development and endorsement of new National AIDS Strategy 2007-2011 and its action plan based on the priorities defined on the universal access consultation process and results from the behavioral studies conducted in 2006

and 2007. 2) National Drug Strategy also endorsed by the government recognizes the importance and promotes Harm Reduction policies and programs (needle exchange and drug substitution programs) in prevention of HIV/AIDS.

87)

What are remaining challenges in this area:

The country has to ensure that the Strategies reflect into programs and actions, as well as they have sustainability even when external funds stop being the major investor in prevention, treatment and care interventions in the country. Budgeting for these programs remains to be a major challenge for all stakeholders.

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88)

Part A, III. PREVENTION

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

Yes (0)

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89)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

The needs were assessed through Situation analysis of the programs in 2005. However, a new situation analysis is required to take place in 2010 in order to re-evaluate the existing programs and the quality in the delivery of services.

90)

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	N/A
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't 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	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	N/A
Other: please specify	

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91)

Part A, III. PREVENTION

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

9 (9)

92)

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

HIV prevention programs have been improved a lot through the program supported by the GFATM. The existing programs for IDUs have been scaled up and new needle exchange and drug substitution programs have been opened in other districts throughout the country. Also, outreach services for SW and MSM have been scaled up, reaching higher number of clients. VCT services have been expanded from 3 in 2005 to 13 in 2007 in other places of the capital city. Additionally, two outreach VCT programs have been established with main focus on VCT services to hard to reach populations through the country.

93)

What are remaining challenges in this area:

There is a need to ensure sustainability of bio-behavioral surveys in the country, as well as the investment in the prevention efforts. The Government is also challenged to take over and finance some of the preventive programs that are being delivered by the civil society.

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94)

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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95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

96)

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

Yes (0)

97)

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

Yes (0)

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98)

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

The services have been designed according to the international recommendations for treatment, care and support in light of the national capacities as well as the level of the epidemic. The model of delivery of services is based on networking of several health institutions that would deal HIV and AIDS related diseases, but the challenge to increase the cooperation with non-medical services (social protection, palliative care services etc) remains.

99)

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	N/A
Nutritional care	Agree
Paediatric AIDS treatment	N/A
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree

Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

101)

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

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

103)

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

In 2009 National protocol for ARV treatment following WHO recommendations has been updated. HAART 1st line and 2nd line regimens are available for all patients in need. The Clinic for Infectious diseases has been equipped with the laboratory equipment for monitoring of HIV infection and ARV treatment and hospital capacities has been increased with newly renovated AIDS department.

104)

What are remaining challenges in this area:

Sustainability for planning, procuring and distributing ARVs remains to be a challenge for the state. The drugs are currently being purchased through the GFATM R7 HIV Grant, are to be subject to procurement from domestic funds as of January 2009.

Page 54

105)

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)

Page 57

106)

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

Yes (0)

Page 58

107)

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

2007

108)

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

2011

109)

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

Yes (0)

110)

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

Yes (0)

111)

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)

Page 60

112)

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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113)

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

114)

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

In progress (0)

Page 64

115)

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

Yes (0)

Page 65

116)

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:

The M&E System of the Macedonian response to HIV/AIDS was initially developed in 2005 and was based on the National AIDS Strategy 2003-2006. It included activities supported by the Global Fund and other major donors and allowed Macedonia to report on international declarations, such as the one made at UNGASS in 2001. The current M&E plan was developed in 2008, endorsed by the National M&E Expert Group. The M&E assessments are usually conducted after the development of a new National Strategy. The assessment involves analysis of the situation, development of a goal, objectives, deliverables and key implementers and a set of indicators to follow the reporting on the M&E plan.

117)

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

No (0)

Page 66

118)

Part A, Section V: MONITORING AND EVALUATION

Question 5 (continued)

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

There is a lack of human resources (full-time employed staff) and budget within the national institutional settings to establish functional M&E Unit.

Page 69

119)

What are the major challenges?

Incorporating monitoring and evaluation as an important segment of the program implementation, as well as advocating among Government stakeholders, especially Ministry of Health that monitoring as well as full time staff hiring is a tool for provision of sustainable data and feedback from program implementation.

Page 70

120)

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)

121)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

122) 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:

M&E working group include only one representative from the civil society. His role is to contribute in development of the M&E plan (setting baselines and targets, development of instruments and procedures for data collection). Also his role is to be actively involved in follow up of data collection and M&E reporting process.

123)

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

Yes (0)

Page 72

124)

Part A, Section V: MONITORING AND EVALUATION

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

The GFATM R3 proposal envisaged and developed a central database for data collection of all registered HIV/AIDS cases. The database is being managed by the Institute for Public Health.

125)

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

126)

7.3 Is there a functional* Health Information System?

At national level	No
At subnational level	No

Page 74

127)

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

No (0)

128)

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

4 (4)

129)

Provide a specific example:

The following data are being used for verifying and setting targets in the Strategy: Data from behavioral and serological studies Data from VCT centers and outreach VCT activities; Program monitoring data and Clinical records.

130)

What are the main challenges, if any?

1. Coordination and harmonization of data from different stakeholders. 2. Timelines of data collection and their proper dissemination and feedback.

Page 75**131) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

3 (3)

132)

Provide a specific example:

The data collected through the program implementation are key for advocating for resource allocation, both for international and domestic funders. Data collected from the GFATM R3 and R7 projects were used for advocacy purposes for funding of methadone maintenance therapy as well as the antiretroviral treatment.

133)

What are the main challenges, if any?

Funding agencies remain accelerating access to funding for high-burden countries. Low burden countries, such as ours remain to show sustainable evidence for investment into services, which requires development of cost-efficiency plans.

Page 76

134)

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

4 (4)

135)

Provide a specific example:

Program improvements are being modified regularly, based on the success of the activities. One of the examples of program improvement due to strengthened M&E services is the development of the MMT and VCCT program.

Page 77136) **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

137)

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

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

Page 79138) **Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

12

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

Please enter an integer greater than 0

2

Page 80

140)

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

No (0)

Page 82**141) 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)

142)

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

After the first national bio-behavioral studies in 2005, the same studies have been conducted in 2006 and 2007 with improved study methodology and increased sample size among most-at-risk-populations. In 2006 assessment of the national expenditures on HIV/AIDS following the National AIDS Accounts methodology has been carried out. National M&E working group has been updated in September 2007 and information training for this group has been carried out .

143)

What are remaining challenges in this area:

Lack of human resources, funding and capacity building remains to be a challenge in the area of M&E.

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144)

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

145)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

The Constitution in its preamble recognizes human rights protection as one of its aims. In Art. 8 human rights are reconfirmed as the fundamental rights of every person. Art. 35 of the Constitution

ensure the right of health protection for every individual. These general provisions are providing non-discriminatory framework of the systems. The Constitution however does not provide specific provisions for subgroups such as PLWHA (including the examples listed above).

146)

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

147)

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

148)

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	No
e. SexWorkers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

149)

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

1. Young people-Law on Health Protection defines that young people by age of 18 can use health services only accompanied by parents. 2. IDU-Criminal Law (Article 216-Enabling use of narcotic and psychotropic substances) 3. Sexual workers-Criminal Law (Art. 205-transmission of a contagious disease by sexual act or other ways) 4. Prisoners-Criminal Law (Article 216-Enabling use of narcotic and psychotropic substances)

150)

Briefly comment on how they pose barriers:

1. Young people-Law on Health Protection poses barriers for use of many services by young

people without parental consent such as HIV/STI and Reproductive Health Services. This should not be a general provision for all health services, but should be limited for health services that would require parental consent (abortion, surgery etc). This Law does not specify which services could be used by young people by age of 18 without consent. 2. IDU-Although the Harm reduction programs are not explicitly mentioned in the Criminal Law (Article 216-Enabling use of narcotic and psychotropic substances) is formulated in the way that it could be subject of misinterpretation as if the services provided in the Harm Reduction programs are considered as enabling use of narcotic and psychotropic substances and thus a subject to punishment by law. 3. Sexual workers-Criminal Law (Art. 205-transmission of a contagious disease by sexual act or other ways) is formulated in the way that it could be subject of misinterpretation as if the CSW are potential carriers of HIV infection and thus subject to punishment by law. 4. Prisoners-In prisons harm reduction programs are not functional due to the understanding that Harm Reduction programs are considered as enabling use of narcotic and psychotropic substances and could increase the danger and reduce security in the penitentiary system. Only methadone maintenance therapy program exists in one out of nine prisons in the country.

Page 88**151) 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**152)****Part B, Section I. HUMAN RIGHTS****Question 4 (continued)**

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

The National HIV/AIDS Strategy 2007-2011 is based on the principle that all commitments and programs related to HIV prevention and protection must promote, protect and respect human rights, including gender equality.

153)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

Page 90**154)****Part B, Section I. HUMAN RIGHTS****Question 5 (continued)**

IF YES, briefly describe this mechanism:

Cases of discrimination are recorded and addressed to the office of the Ombudsman, Constitutional Court and Competent Courts following the Criminal law provisions.

155)

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

156)

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

Most-at risk-populations have been involved in program design and implementation of the National AIDS Strategy (Activities under Strategic Goal 1 have been carried out by CSOs that deliver services for and by: intravenous drug users, commercial sex workers and men having sex with men), National Drug Strategy as well as the National Youth Strategy.

157)

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

158)

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:**

1. Resources mobilization from donors (for example the Global Fund to fight AIDS, TB and malaria) 2. Constant lobbying and efforts for increase of the national budgets through national preventive programs for provision of free of charge services for general population and most-at-risk populations. 3. NGOs through their programs that are mostly externally funded deliver HIV-related care and support services for most-at-risk populations and PLWHA.

159)

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

160)

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)

161)

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

162)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

The National HIV/AIDS Strategy 2007-2011 ensures access to health services for most-at-risk population, through designing user-friendly services for the population. Most of the access services are envisaged and delivered through NGOs, as the initial entry point, which refer to the health institutions, through a previously reached chain of cooperation.

163)

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

164)

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 target populations (IDUs, MSM and CSW) are being approached through tailor-made programs, designed by grass-root NGOs that deliver the entry services for them. The services are all low-threshold, so accelerated access works without any problems. For example, the services for harm reduction are both stationary and mobile, delivered through a network of NGOs. For additional medical services clients are being referred to medical institutions that belong to the partnership for implementation of the GFATM Round 7 HIV Grant.

165)

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

No (0)

166)

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

Yes (0)

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167)

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)

168)

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

Macedonian medical chamber has an Ethical Committee within its operational bodies, which is responsible to review and approve/reject all research initiatives within the country.

Page 97

169)

– 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)

170)

– 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)

171)

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

Yes (0)

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172)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

The Office of the Ombudsman is monitoring and reporting human rights violations committed by public administration (act upon individual complaints or own initiative). All impact and process indicators of the national HIV/AIDS Strategy have been built-in based on principle of respect for human rights and equal access to services for the target population.

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173)

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)

174)

– Legal aid systems for HIV casework

Yes (0)

175)

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

Yes (0)

176)

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

Yes (0)

177)

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

Yes (0)

Page 100

178)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	

Page 101

179)

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)

180)

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

Since 2007, the Law on protection of patients' rights was endorsed by the Parliament, while the Law on non-discrimination is undergoing a procedure of Governmental endorsement. The principle for protection of the human rights has been integrated as a main principle in the National AIDS Strategy 2007-2011 and the National Drug Strategy. In 2007, the subject for protection of human rights and HIV/AIDS has been incorporated into the study curricula for the Police Academy students.

181)

What are remaining challenges in this area:

The content of the Non-discrimination Law will be subject to Government endorsement. Current conservative political influence may jeopardize the content and the coverage of the Law, especially in defining the mechanisms for protections, as well as the subjects of the Law.

Page 102

182)

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?

5 (5)

183)

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

There is an increase of the knowledge and awareness for protection of human rights in general in the country. Coordination body consisted of different stake holders have been established with aim to influence the enforcement of the existing policies, laws and regulations in relation to human rights in general. Additionally, few campaigns on prevention of stigmatization and discrimination towards most-at-risk populations to HIV/AIDS have been carried out.

184)

What are remaining challenges in this area:

The recent analysis of the HIV legislation with respect of human rights shows that although human rights are being protected by several mechanisms, there is still a violation of human rights. The recent cases of raid over sexual workers, public announcement of HIV status of a person deceased from HIV are cases that are being used for testing the Justice systems, as currently for the first one there is a case that is ongoing in the Court, for the second one a case submitted to the Office of the Ombudsman. Through these tests we will determine whether the Justice system is ready to protect human rights of individuals.

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185)

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?

4 (4)

186)

Comments and examples:

NGOs have been the advocates for major movements in the area of strengthening the political commitment of top leaders as well as the development of the National Strategy. Moreover, some NGOs continued their work with Parliamentarians (NGO HERA) in lobbying for HIV/AIDS to be set in the agenda of their work plans for the year, as well as to place HIV as one of the topics of the program of their respective political parties.

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187)

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)

188)

Comments and examples:

NGOs have been actively involved in the process of planning and budgeting of National Strategic plans, in all stages: situation analysis, drafting and active lobbying for endorsement of the Strategy, as well as the implantation of the activities envisaged with the Strategy, supported by the R7 GFATM HIV Grant. The NGOs as of 2009 also participate in the planning and as of 2010 in execution of specific preventive activities for the Government funded Preventive Program on HIV/AIDS.

Page 105

189)

a. the national AIDS strategy?

5 (5)

190)

b. the national AIDS budget?

1 (1)

191)

c. national AIDS reports?

5 (5)

192)

Comments and examples:

NGOs are fairly new in the process of implementing activities from the Government funded prevention programs. There is a resistance from public health institutions to transfer authorities for delivery of services, especially for most-at-risk population to NGOs, mostly because of financial constrains that there institutions are facing nowadays. There is a need to set standards of quality performance and prove that NGOs could be equal and effective partner in delivery of public health interventions.

Page 106

193)

a. developing the national M&E plan?

5 (5)

194)

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

3 (3)

195)

c. M&E efforts at local level?

2 (2)

196)

Comments and examples:

As NGOs are taking over a significant proportion of the delivery of prevention services to the populations, there is a need to increase their representation in the National Expert M&E Group, as well as all local M&E efforts.

Page 107

197) 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)?

4 (4)

198)

Comments and examples:

Currently, 7 NGOs represent the civil society in the largest and most important HIV forum in the country-the Country Coordinating Mechanism (CCM). Their views and needs, as well as contributions are being recognized and integrated in the process of decision making, especially in terms of the implementation of the GF Round 7 HIV project, which implements the envisaged activities under the Strategic goals of the National HIV/AIDS Strategy 2007-2011.

Page 108

199)

a. adequate financial support to implement its HIV activities?

3 (3)

200)

b. adequate technical support to implement its HIV activities?

3 (3)

201)

Comments and examples:

Currently, NGOs are entering access to prevention funds. There is a need to ensure continuous access to preventive funds in order for them to ensure sustainability of harm-reduction services and care components for PLWHA.

Page 109

202) 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	>75%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	
Home-based care	
Programmes for OVC**	

Page 110

203)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

9 (9)

204)

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

Civil society is recognized as an equal and respected partner in the implementation of the activities of the R3 and R7 GFATM Grants. Moreover, the activities and initiative of the NGOs have been set as regional role models.

205)

What are remaining challenges in this area:

There is a need to endorse and allow NGOs to fulfill activities in the Government funded initiatives. Their work remains to be challenged by sustainability of the funding, which could be overcome by ensuring continuous funding for their initiatives in the country even after the GFATM fades out.

Page 111

206)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

207)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

The needs were assessed through Situation analysis of the programs in 2005. However, a new situation analysis is required to take place in 2009 in order to re-evaluate the existing programs and the quality in the delivery of services.

208)

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	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't 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	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	N/A
Other: please specify	

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209)

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)

210)

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

HIV prevention programs have been improved a lot through the program supported by the GFATM. The existing programs for IDUs have been scaled up and new needle exchange and drug substitution programs have been opened in other districts throughout the country. Also, outreach services for SW and MSM have been scaled up, reaching higher number of clients. VCT services have been expanded from 3 in 2005 to 13 in 2007 in other places of the capital city. Additionally, two outreach VCT programs have been established with main focus on VCT services to hard to reach populations through the country.

211)

What are remaining challenges in this area:

There is a need to ensure sustainability of bio-behavioral surveys in the country, as well as the investment in the prevention efforts. The Government is also challenged to take over and finance some of the preventive programs that are being delivered by the civil society.

Page 114

212)

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

213)

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

The services have been designed according to the international recommendations for treatment, care and support in light of the national capacities as well as the level of the epidemic. The model of delivery of services is based on networking of several health institutions that would deal HIV and AIDS related diseases, but the challenge to increase the cooperation with non-medical services (social protection, palliative care services etc) remains.

214)

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

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215)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

216)

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

In 2009 National protocol for ARV treatment following WHO recommendations has been updated. HAART 1st line and 2nd line regimens are available for all patients in need. The Clinic for Infectious diseases has been equipped with the laboratory equipment for monitoring of HIV infection and ARV treatment and hospital capacities has been increased with newly renovated AIDS department.

217)

What are remaining challenges in this area:

Sustainability for planning, procuring and distributing ARVs remains to be a challenge for the state. The drugs are currently being purchased through the GFATM R7 HIV Grant, are to be subject to procurement from domestic funds as of January 2009.

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Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)