

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

**1) Country**

Panama (0)

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

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**7) Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

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

El 29 de diciembre de 2009 se llevó a cabo, en un hotel de la localidad, el Taller Multisectorial de Sensibilización al Proceso de Elaboración del Informe UNGASS 2010 y la Selección de Indicadores a ser Reportados. En la convocatoria, llevada a cabo por el Programa Nacional ITS/VIH/Sida, se incluyó a 25 participantes multisectoriales (sector gubernamental, sociedad civil

organizada, personas que viven con el VIH, Comité Interinstitucional de Monitoreo y Evaluación y agentes cooperantes). Todos asistieron. En la agenda del día se incluyó el abordaje del ICPN, para lo cual se crearon dos equipos de trabajo -de acuerdo con las directrices planteadas en la guía del ONUSIDA- para el desarrollo de las partes "A" y "B" del cuestionario. Cada uno de los equipos tuvo una jornada de discusión y cumplimentación del cuestionario, con el acompañamiento de su respectivo coordinador técnico (en este caso, los consultores asociados responsables de la elaboración del informe). Se dispuso la documentación básica para que ambos equipos pudieran realizar las consultas pertinentes. La heterogeneidad en la conformación de los dos grupos de actores dio lugar a discusiones muy nutridas, lo cual planteó una verdadera lucha contra el tiempo. Incluso, fue necesario rebasar el horario establecido para poder llevar a término la tarea. La validación tuvo lugar casi 3 meses más tarde (el 22 de marzo de 2010), durante el Taller Multisectorial para la Validación y Consenso de los Datos Reportables en el Informe UNGASS 2010. Esta vez, el escenario fue la Casa de las Naciones Unidas. Se procuró que estuvieran presentes los mismos actores del taller de sensibilización (realizado el 29 de diciembre) y se incorporaron otros actores que habían colaborado activamente con la provisión de datos para los 18 indicadores que presentó Panamá en esta cuarta ronda del Informe UNGASS. En total, fueron 25 participantes.

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

Fue un proceso de intercambio de opiniones, eventuales discrepancias y necesidad de negociación entre las miembros de cada equipo. Se requirió del apoyo de la documentación básica. En algunos momentos, fue necesario recurrir al cruce de información entre los dos grupos, buscando la experticia de alguno de sus miembros. Eventualmente, se requirió hacer consultas con funcionarios o instituciones específicas (fuera de las sesiones de taller) con tal de darle mayor precisión a las respuestas.

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

En virtud de la metodología utilizada para completar los cuestionarios (parte A y B) es poco probable que hayan interpretaciones equívocas. En las dos mesas de trabajo se abordaron los diferentes puntos de vista de los encuestados y se llegó a un consenso final.

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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 Lotería Nacional de Beneficencia	Gloria de Urriola / Psicóloga	A.I, A.II, A.III, A.IV, A.V

**12)**

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2 Policía Nacional	Dayana Crespo / Trabajadora Social	A.I, A.II, A.III, A.IV, A.V

Respondent 3	Ministerio de Salud	Ana Vásquez / Promotora de la Salud	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Comité Multisectorial de Monitoreo y Evaluación	Isaac Sandoval / Miembro	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministerio de Salud	Keyra Thompson / Enfermera	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Caja de Seguro Social	Denis Jara / Farmacéutico	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Caja de Seguro Social	Celestina de Bovell / Enfermera	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Ministerio de Salud	Rita de Modelo / Trabajadora Social	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Ministerio de Salud	Rigoberto Villarreal / Técnico del PNIVS	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Ministerio de Salud	Samuel Escudero / Técnico del PNIVS	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Ministerio de Salud	Yira Ibarra / Jefa del PNIVS	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Ministerio de Salud	Martín Alpírez / Jefe Programa Salud Ocupacional	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Ministerio de Salud	Aris de Mendieta / Jefa del Programa de Salud Sexual y Reproductiva	A.I, A.II, A.III, A.IV, A.V
Respondent 14	Ministerio de Salud	Clara Torres / Técnica del Programa de Tuberculosis	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Ministerio de Salud	María Mastelari / Técnica del Depto. Epidemiología	A.I, A.II, A.III, A.IV, A.V
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13) **If the number of respondents to Part A is more than 25, please enter the rest of respondents for Part A in below box.**

En la parte "A" del cuestionario intervinieron solamente 15 funcionarios gubernamentales.

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

15)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Viviendo Positivamente	Dayra García / Directora	B.I, B.II, B.III, B.IV

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Génesis	Adulio Marín / Miembro	B.I, B.II, B.III, B.IV
Respondent 3	Hombres y Mujeres Nuevos de Panamá	José Castellero / Miembro	B.I, B.II, B.III, B.IV
Respondent 4	Aid for Aids	Carlos Smith / Coordinador Local	B.I, B.II, B.III, B.IV
Respondent 5	USAID	Elsa Mendoza / Consultora	B.I, B.II, B.III, B.IV
Respondent 6	ONUSIDA	Rommel Jauregui / Consultor	B.I, B.II, B.III, B.IV
Respondent 7	UNFPA	Edilma Berrio / Asesora	B.I, B.II, B.III, B.IV
Respondent 8	GTZ	Evelina Aedo / Consultora	B.I, B.II, B.III, B.IV
Respondent 9	USAID/PASCA	Ana Nestorovic / Representante	B.I, B.II, B.III, B.IV
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

**16) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.**

En la parte "B" del cuestionario, intervinieron sólo 9 personas, entre representantes de la sociedad civil , representantes de los organismos cooperantes y personas que viven con el VIH.

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17)

**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)**

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

**Question 1 (continued)**

**Period covered:**

2009-2014

19)

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

**Number of Years**

8

20)

**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	Yes	No

Young people	Yes	No
Other*	No	No

**Page 8**

21)

**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?**

A través del financiamiento de Agencias Internacionales, de la Comisión Nacional para la Prevención y Control del VIH (CONAVIH) y del Ministerio de Salud.

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22)

**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	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
<b>Settings</b>	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
<b>Cross-cutting issues</b>	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

23)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

**Page 10**

24)

**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

2008

**Page 11**

25)

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

Trabajadores/as sexuales, HSH, indígenas, población general (mujeres, hombres y niños), personas privadas de libertad, población uniformada, mujeres embarazadas, trabajadores/as del sector público y personas que viven con VIH.

26)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

27)

**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

28)

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

Active involvement (0)

**Page 12**

29)

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

Participación en el proceso de elaboración del borrador del Plan Estratégico Multisectorial; participación en la confección, validación y consenso de la Matriz de Evidencias y Resultados y participación en el diseño del Plan Nacional de Monitoreo y Evaluación.

30)

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

Yes (0)

31)

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

Yes, some partners (0)

**Page 13**

32)

**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**

1. Area de promoción, prevención e investigación desde los sectores académicos (Ministerio de Educación y Universidades) 2. Armonización de estrategias para embarazadas, pero no para población general 3. Definición de los conceptos legales que se enmarcan en las pruebas rápidas de VIH. Reglamentación y uso de las pruebas rápidas.

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33)

**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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34)

**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	N/A
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	
d. Sector-wide approach	Yes
e. Otros: Metas presidenciales	Yes



35)

**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	No
Care and support (including social security or other schemes)	No
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
Otros: especificar	No

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36)

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

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

No (0)

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37)

**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**

38)

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

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes

Care and support	Yes
Otros: IEC/CCC en escuelas de formación de uniformados	Yes

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39)

**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):**

1. Solicitud de pruebas voluntarias por parte de los uniformados, basado en estrategias de promoción de la prueba. 2. Compra de pruebas por la Policía Nacional para reclutamiento 3. Consejería, información escrita para pruebas rápidas 4. Estrategias de promoción y educación para ofertar pruebas rápidas voluntarias a la población de uniformados.

40)

**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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41)

**Part A, Section I: STRATEGIC PLAN****5.1 IF YES, for which subpopulations?**

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

42)

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

A través del Programa Nacional y la Alianza Estratégica de Promoción y Defensa Pública en VIH se avanzan procesos de abogacía y lobby para el cumplimiento de las leyes.

43)

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

La Ley 3 de 2000 sobre el VIH/sida se aplica en la mayoría de sus contextos, no obstante, requiere ser revisada y actualizada, sobre todo en los aspectos relacionados al cumplimiento de los Derechos Humanos, estigma y discriminación de las personas que viven con VIH.

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44)

### 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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45)

### Part A, Section I: STRATEGIC PLAN

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

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

46)

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

Reglamentación que impide el uso de condones en las personas privadas de libertad.

47)

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

No permite generar estrategias de prevención del VIH entre esta población cautiva.

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48)

### 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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49)

**Part A, Section I: STRATEGIC PLAN****7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

50)

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

Yes (0)

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51)

**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)

52)

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

Yes (0)

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53)

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

Yes (0)

54)

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

Yes (0)

**Page 27**

55)

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

**Question 7.4 (b) (continued)**  
**IF YES, for which population groups?**

Para todos los grupos de edades.

56)

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

Para la toma de decisiones y la planificación estratégica.

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

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

Yes (0)

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58)

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

**Question 7.4 (c) (continued)**  
**IF YES, at which geographical levels (provincial, district, other)?**

Por provincia y por distrito.

59)

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

Para la toma de decisiones y la planificación estratégica.

60)

**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**

61)

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

**Question 7.5 (continued)**  
**Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

8 (8)

62)

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

Primer Plan Estratégico Multisectorial diseñado a través de una Matriz de Evidencias y con un trasfondo científico (Matriz de Resultados).

63)

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

Armonizar los planes estratégicos y planes operativos de los distintos actores estratégicos con el Plan Estratégico Multisectorial

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64)

**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

65)

**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**

66)

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

Please enter the year in yyyy format  
2008

67)

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

Name	Martha Linares de Martinelli
Position/title	Primera Dama de la República

68)

**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?	Yes
have a functional Secretariat?	Yes
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?	No

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69)

**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

16

70)

**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

7

71)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?**

Please enter an integer greater than or equal to 1

2

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72)

**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**

73)

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

**Question 3 (continued)**

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

Creación legal de CONAVIH Consecución de fondos Financiamiento de actividades Coordinación de acciones

74)

**Briefly describe the main challenges:**

Asignación de fondos desde CONAVIH en interacción con los diferentes estamentos gubernamentales, sociedad civil y sector privado.

75)

**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)

35

76)

**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	No
Otros: especificar	No

77)

**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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78)

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



**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

6 (6)

79)

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

Consecución de fondos a través de CONAVIH para desarrollo de acciones.

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80)

**Part A, Section III: PREVENTION****1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?**

Yes (0)

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81)

**Part A, Section III: PREVENTION****1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

82)

**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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83)

**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)

84)

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

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

85)

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

No (0)

86)

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

No (0)

87)

**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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88)

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

**Page 43****89) 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".**

Migrantes y personal uniformado.

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90)

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

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

5 (5)

91)

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

Desarrollo de estrategias de trabajo a través de las organizaciones de la sociedad civil. Inclusión de la "Prevención" como un eje estratégico en el Plan Estratégico Multisectorial.

92)

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

Leyes que no permiten llegar a las escuelas con educación integral en sexualidad.

**Page 45**

93)

**Part A, III. PREVENTION**

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

Yes (0)

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94)

**Part A, III. PREVENTION**

**Question 4 (continued)**

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

Las necesidades se han determinado en muchos de los casos de forma empírica o a través de la vigilancia epidemiológica y proyección de datos.

95)

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

**The majority of people in need have access**

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Otros: especificar	N/A

**Page 47**

96)

**Part A, III. PREVENTION**

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

7 (7)

97)

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

Incremento de las acciones de promoción principalmente en poblaciones vulnerables.

98)

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

Estigma y discriminación para el trabajo más abierto e integral con poblaciones mayormente expuestas al VIH (TS y HSH, principalmente).

**Page 48**

99)

**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)

**Page 49**

100)

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

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

Yes (0)

101)

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

Yes (0)

102)

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

Yes (0)

**Page 50**

103)

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

**Question 2 (continued)**

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

1. Análisis de datos a través de Vigilancia Epidemiológica 2. A través de giras de Monitoreo y Evaluación 3. Reuniones de planificación para identificar por áreas las necesidades existentes.

104)

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

<b>The majority of people in need have access</b>	
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Otros programas: especificar	N/A

**Page 51**

105)

**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)

106)

**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**

107)

**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?**

9 (9)

108)

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

Incremento del número de Clínicas de TARV Existencia de Protocolos de atención para personas con VIH

109)

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

Falta de Acuerdos entre CSS y MINSA para unir criterios y negociar juntos la baja de los costos de la atención.

**Page 54**

110)

**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**

111)

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

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

Yes (0)

**Page 58**

112)

**1.1 IF YES, years covered:**

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

1984

113)

**1.1 IF YES, years covered:**

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

2009

114) **1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

115) **1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

116) **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**

117)

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

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

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

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118)

**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	No
HIV surveillance	Yes



Evaluation / research studies Yes

119)

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

No (0)

**Page 64**

120)

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

Yes (0)

**Page 65**

121)

**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:**

Dependiendo de la estructura, si es CSS o MINSA, cada 2 años.

122)

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

Yes (0)

**Page 66**

123)

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

in the National AIDS Commission (or equivalent)?	No
in the Ministry of Health?	Yes
¿en otra parte? (especificar)	No

124)

**Number of permanent staff:**

Please enter an integer greater than or equal to 0

3

125)

**Number of temporary staff:**

Please enter an integer greater than or equal to 0

0

**Page 67**

126)

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

**Question 5.2 (continued)**

**Please describe the details of all the permanent staff:**

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Médico	Full time	2009
Permanent staff 2	Enfermera	Full time	1999
Permanent staff 3	Estadística	Full time	2007
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

**Page 68**

127)

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

**5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?**

Yes (0)

**Page 69**

128)

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

**Question 5.3 (continued)**

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

Informes Trimestrales Resumen Ejecutivo Informe Anual Boletín Electrónico

129)

**What are the major challenges?**

Retraso en la notificación por problemas técnicos Falta de un Sistema Único de información, en tiempo real

**Page 70**

130)

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

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

Yes, meets regularly (0)

131)

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

No (0)

**Page 71**

132)

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

Yes (0)

**Page 72**

133)

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

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

El nivel central de Vigilancia Epidemiológica que maneja variables como: edad, grupo de riesgo, diagnóstico, citas a embarazadas, entre otras. Esta base de datos maneja además otras variables demográficas.

134)

**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**

135)

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

At national level	Yes
At subnational level	Yes

**Page 74****136) Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

**For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?**

A través de las 14 regiones de salud del país.

**137)**

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

Yes (0)

**138)**

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

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

4 (4)

**139)**

**Provide a specific example:**

Se utilizan los datos para la gestión del Programa y toma de decisiones.

**140)**

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

La tardanza en los reportes por parte de las unidades regionales.

**Page 75****141) Part A, Section V: MONITORING AND EVALUATION**

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

4 (4)

**142)**

**Provide a specific example:**

Para la construcción de Planes y la elaboración de propuestas.

**Page 76****143)**

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

4 (4)

144)

**Provide a specific example:**

Para el reporte de avances de país.

**Page 77****145) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

**Page 78**

146)

**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?	No

**Page 79****147) 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

60

**Page 80**

148)

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

Yes (0)

**Page 81**

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

Fortalecimiento de los equipos de trabajo en Monitoreo y Evaluación.

**Page 82****150) 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?**

8 (8)

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

Control de la información

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

La información no llega a tiempo, lo que afecta la oportunidad de la misma. Recurso humano con múltiples funciones No ha presupuesto asignado Necesidad de modernizar el Sistema de Información en tiempo real.

**Page 83****153)****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****154)****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:**

Sí se menciona concretamente al VIH. Es la Ley 3: General sobre las Infecciones de Transmisión Sexual, el VIH y el Sida (del 5 de enero de 2000). Véase su Título II: Derechos Humanos A partir del momento de su implementación, la misma no ha sufrido revisión alguna.

155)

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

Yes (0)

**Page 85**

156)

**Part B, Section I. HUMAN RIGHTS****2.1 IF YES, for which subpopulations?**

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

157)

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

a) La creación de las Normas de Atención Integral b) La elaboración del Plan Estratégico Multisectorial (quinquenal), vigente 2009-2014, y los Planes Operativos Anuales c) Las campañas por los Derechos Humanos

158)

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

Ley 3, General sobre las ITS, el VIH y el Sida (del 5 de enero de 2009, y su reglamentación. Sus títulos incluyen: prevención y atención, derechos humanos, infracciones y sanciones, disposiciones finales.

159)

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

Existen mecanismos institucionales para dar este seguimiento, pero no se comprueba su correcta implementación. No se resalta qué instancia oficial es la responsable por vigilar la observancia a dicha Ley y por imponer las sanciones en el caso de que la misma no se cumpliera.

**Page 86**

160)

**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**161) **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**

162)

**Part B, Section I. HUMAN RIGHTS****Question 4 (continued)**

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

a) Ley 3, General sobre las ITS, el VIH y el Sida, en su Título II, Capítulo I. b) Plan Estratégico Multisectorial 2009-2014 c) La Defensoría del Pueblo y sus normas de protección para las personas que viven con el VIH. Se menciona, entre otras: la ley 68 del 2003 (que regula los derechos y obligaciones de los pacientes en materia de información y decisión libre e informada), la ley 55 del 30 de julio de 2003 (que reorganiza al Sistema Penitenciario), las Normas de Vigilancia Epidemiológica del VIH/sida, etc. ch) La OPS cuenta con guías contra la discriminación.

163)

**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**

164)

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



**Question 5 (continued)****IF YES, briefly describe this mechanism:**

Esta función la cumple la Defensoría del Pueblo, a través de la Unidad Especializada en VIH y Sida. (describir el mecanismo....)

165)

**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**

166)

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

a) La creación de la Comisión Nacional para la Prevención y el Control del VIH (CONAVIH) b) La elaboración del Plan Estratégico Multisectorial 2009-2014, el Plan Multisectorial de Monitoreo y Evaluación 2009-2014, y el Plan Operativo Anual 2010

167)

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

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

**Page 92**

168)

**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:**

a) En lo que respecta a prevención, se conoce que la prueba rápida para el VIH es gratuita en el caso de las mujeres embarazadas, no así para la/os trabajadora/es del sexo ni la población general. El acceso a los preservativos es limitado. b) La disponibilidad de terapia antirretroviral, para niños y adultos, se cumple sin obstáculos. c) Las intervenciones de atención y apoyo se dan, pero los recursos y la calidad de los mismos son limitados.

169)

**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**

170)

**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)

171)

**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**

172)

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

**Question 9 (continued)**

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

Se refiere a la Ley 3, General sobre las ITS, el VIH y el Sida. Sin embargo, no se menciona o contempla a ciertas poblaciones mayormente expuestas (hombres que tienen sexo con otros hombres, trabajador/as del sexo y usuarios de drogas intravenosas). De hecho, cuando esta ley se formuló, no se tenía información sobre la prevalencia del VIH en estas subpoblaciones.

173)

**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?**

No (0)

**Page 95**

174)

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

Yes (0)

175)

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

Yes (0)

**Page 96**

176)

**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)

177)

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

No aplica.

**Page 97**

178)

**– 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)

179)

**– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

Yes (0)

180)

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

Yes (0)

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181)

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

**Question 12 (continued)**

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

a) La Defensoría del Pueblo es la institución dedicada a la promoción y protección de los derechos humanos. b) Existen puntos focales, pero no en todos los sitios de trabajo ni tampoco a nivel nacional. El desarrollo de acciones inherentes a derechos humanos y dicriminación es muy débil, en la mayoría de los casos. c) Los indicadores de desempeño, en materia de derechos humanos, se rinden a través del informe de país que presenta el Defensor del Pueblo.

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182)

**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?**

Yes (0)

183)

**– Legal aid systems for HIV casework**

Yes (0)

184)

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

No (0)

185)

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

Yes (0)

186)

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

No (0)

**Page 101**

187)

**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)

188)

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

En el año 2008, se da la despenalización de la homosexualidad (contenida en el Decreto Ejecutivo 149 de 1949). Hasta ese momento, Panamá era el único país en Latinoamérica en donde la legislación prohibía este tipo de preferencia.

189)

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

Lo prioritario es la actualización de la Ley 3 (General sobre las ITS, el VIH y el Sida), en cuanto a la inclusión -como poblaciones vulnerables- de los hombres que tienen sexo con otros hombres, lo/as trabajador/as sexuales y los usuarios de drogas intravenosas, además de la necesidad de definir los enfoques para trabajar con ello/as.

**Page 102**

190)

**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)

191)

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

a) La voluntad política para la reactivación de la CONAVIH b) La apertura de nuevas clínicas de terapia antirretroviral y el consecuente acceso a la terapia antirretrovírica c) La despenalización de la homosexualidad ch) El involucramiento sostenido de la sociedad civil en las acciones de prevención, atención y apoyo a las personas que viven con el VIH

192)

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

a) La revisión y actualización de la Ley (General sobre las ITS, el VIH y el Sida) b) La falta de recursos humanos y financieros para impulsar las metas nacionales en materia de VIH y Sida c) La resistencia de las autoridades nacionales para llevar a cabo acciones de promoción y prevención en el sector educativo

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193)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

3 (3)

194)

**Comments and examples:**

Se requiere mayor nivel de compromiso, acciones conjuntas y representatividad de la sociedad civil. Generalmente, son siempre las mismas personas quienes acuden a las convocatorias.

**Page 104**

195)

**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)

196)

**Comments and examples:**

La sociedad civil organizada se ha involucrado en: a) el Plan Estratégico Multisectorial (PEM)2009-2014 b) el Plan Multisectorial de Monitoreo y Evaluación 2009-2014 c) el Plan Nacional de Asistencia Técnica 2010-2011 (que corresponde al PEM 2009-2014) ch) el Informe UNGASS 2010

**Page 105**

197)

**a. the national AIDS strategy?**

5 (5)

198)

**b. the national AIDS budget?**

5 (5)

199)

**c. national AIDS reports?**

5 (5)

200)

**Comments and examples:**

**Page 106**

201)

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

4 (4)

202)

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

4 (4)

203)

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

1 (1)

204)

**Comments and examples:**

Incisos a) y b) En cuanto a desarrollo y participación en el comité de vigilancia y evaluación, se considera satisfactoria. Inciso c) En lo que se refiere a los esfuerzos realizados a nivel local en esta materia, se evalúa como "limitada". Se reconoce que ha habido aportes puntuales, a través de proyectos especiales, pero los mismos no han sido monitoreados.

**Page 107****205) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

3 (3)

206)

**Comments and examples:**

a) La participación de la iglesia católica es más simbólica que abierta. b) No hay participación de: adolescentes y jóvenes, redes de masculinidad, movimientos de mujeres, sindicatos, grupos indígenas, etc. En este sentido, se han hecho convocatorias a efecto de que estos grupos se incorporen a la Alianza Estratégica, pero los espacios parecen no ser amigables (debido a la falta de capacitación o empatía entre ellos). Algunos no tienen personería jurídica ni los recursos económicos para conseguirla. En lo que se refiere a la incorporación individual a las organizacioens, se reconoce que, al seleccionar un grupo en donde puedan desarrollar un sentido de pertenencia, las personas se basan (generalmente) en las oportunidades o beneficios que (esta pueda proveerle. c) Se requiere el fortalecimiento de las bases (las estructuras, no las

personas) de estas organizaciones.

### Page 108

207)

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

2 (2)

208)

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

4 (4)

209)

**Comments and examples:**

Internacionalmente, Panamá es considerado un país de ingreso medio alto, por lo cual existe mayor apertura para el apoyo técnico que financiero, por parte de los agentes cooperantes.

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210) **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	51-75%
- Sexworkers	25-50%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	25-50%
Programmes for OVC**	51-75%

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211)

**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)

212)

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



a) Se ha mantenido la participación de la sociedad civil organizada y de las poblaciones indígenas en los diferentes espacios. b) Se ha expandido la presencia de la sociedad civil organizada en el interior del país (provincias).

213)

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

Existen limitaciones de recursos financieros para facilitar el crecimiento de las organizaciones.

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214)

**Part B, Section III: PREVENTION**

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

Yes (0)

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215)

**Part B, Section III: PREVENTION**

**Question 1 (continued)**

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

a) Se han hecho ya 5 propuestas al Fondo Mundial (y una apelación). b) Ha habido un amplio proceso de consultas multisectoriales. c) Se han realizado intervenciones de monitoreo y evaluación a los programas de prevención y atención.

216)

**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	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree

School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Agree
Otros: población privada de libertad	Don't agree

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217)

**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?**

7 (7)

218)

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

a) Incremento en la disponibilidad de pruebas diagnósticas a subpoblaciones vulnerables y población general. b) Aumento en el acceso a pruebas rápidas a las mujeres embarazadas. c) Aumento en el acceso a los condones.

219)

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

a) Sostenibilidad de programas de prevención para subpoblaciones vulnerables. b) A pesar de que existe acceso a las pruebas (diagnósticas) rápidas, la legislación vigente sólo permite que los tecnólogos médicos las apliquen.

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220)

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

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

Yes (0)

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221)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1 (continued)**

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

Esto se ha logrado gracias a las acciones de monitoreo y evaluación que se han venido desarrollando desde el año 2007.

222)

### 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	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	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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223)

### 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?

7 (7)

224)

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

a) Han disminuido los costes de los medicamentos antirretrovirales. b) Ha aumentado el número de las Clínicas de Terapia Antirretroviral a nivel nacional (desde 1999, cuando inició operaciones la primera de ellas, hoy se cuenta con trece: once en el Ministerio de Salud y dos en la Caja de Seguro Social). c) Ha disminuido la frecuencia de los desabastecimientos de medicamentos antirretrovirales. ch) Algunos medicamentos antirretrovirales genéricos han sido introducidos recientemente en nuestro arsenal terapéutico. Esto se da ya sea por donación de organizaciones no gubernamentales (Aid for Aids), o bien, a través de un agente de compras internacional (en este caso, OPS/OMS).

225)

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

a) No hay articulación entre los sistemas Ministerio de Salud-Caja de Seguro Social, en cuanto a la estructura de servicios para las personas que viven con el VIH. b) A nivel nacional, existen limitaciones de recurso humano para brindar atención integral (medicina, enfermería, odontología, farmacia, salud mental, nutrición y dietética, trabajo social, etc.) a las personas que viven con el VIH. Varios de estos servicios se proveen sólo dado el caso de que se evidencie una necesidad puntual. c) El usuario muestra reservas a solicitar los servicios, a pesar de que éstos sean amigables, puesto que temen al estigma y/o la discriminación. ch) Hay prestadores de los servicios de salud que demuestran rechazo hacia los medicamentos genéricos.

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226)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)