

Ethiopia Report NCPI

NCPI Header

COUNTRY

Nom de l'agent de Comité national du SIDA en charge de la présentation CNAP et qui peut être contactée pour les questions, le cas échéant:

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Décrire la procédure suivie pour rassembler et valider les données du NCPI:

In order to fill the NCPI indicator, an independent consultant was recruited under the oversight of the multi-partners GAPR task force (government, UN, civil society, other donors) in Ethiopia. Data gathering using the National Commitments and Policy Instrument (NCPI) 2012, was carried out in the month of January and first week of February 2012. To initiate the NCPI survey, identification of key stakeholders was done by the NCPI consultant in close consultation with Federal HIV/AIDS Prevention and Control Office (HAPCO) and UNAIDS-E. The questionnaire was distributed to a representative list of partners: • Part A of the NCPI Questionnaire was distributed to staff of HAPCO, Federal Ministry of Health (FMOH), Oromia Regional Health Bureau, Ministries (Education, Defence, Agriculture, Labour and Social Affairs, Women's Affairs), Federal Police, Electric Light and Power Authority and Ethiopian Road Authority. • The NCPI Part B Questionnaire was distributed to major NGOs engaged in HIV prevention and control activities, networks of PLHIV, umbrella civil society organizations, bi-lateral and multi-lateral development agencies, and the Ethiopian Human Rights Commission. Thus, the NCPI Parts A & B were completed by a wide range of stakeholders. The questionnaire was mainly sent to national partners (with HQ based in the capital Addis Ababa and operating in different areas of the country). However, to gather a regional perspective, the questionnaire was also distributed to Oromia Regional Health Bureau and to NEP+, Ethiopian Inter Faith Forum for Development, Dialogue and Action (EIFDDA), and Organization for Social Services for AIDS (OSSA) which are among the indigenous civil societies currently working in all regions of the country. The methodology applied to measure the progress in the implementation of the national HIV response comprised of making desk review, interviewing key informants, compilation and synthesis of data and presentation for discussion at a validation workshop attended by the concerned governmental and civil society representatives and other stakeholders. The independent consultant summarised and calculated the average score for the questionnaires completed by the respondents. For some of the questions, Key Informants were used (for example, the Human Rights Commission for the legislative framework, and FHAPCO for the Strategy Planning and Monitoring and Evaluation component). To measure the progress made in the HIV response over time the trend of the ratings made by part A and Part B respondents has been calculated and incorporated in the report. A validation workshop was organized on March 23, 2012 in Addis Ababa (with participants from the Federal level and from some of the regions). During the workshop, respondents and other stakeholders participated in discussion sessions and validated the average/summary answers to NCPI questions by consensus.

Décrire les procédures suivies pour résoudre les divergences, le cas échéant, au sujet des réponses aux questions spécifiques:

There were no disagreements on the responses to specific questions.

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

None

PARTIE A [à être administré à des représentants du gouvernement]

organisation	Les noms/positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Federal HAPCO	Meskele Lera, Deputy Director	Oui	Non	Non	Non	Non	Non
Federal HAPCO	Eleni Seyoum	Non	Non	Non	Non	Non	Oui
Federal HAPCO	Abnet Asefa	Non	Non	Non	Non	Non	Oui
Federal HAPCO	Yezihalem Atnafu	Non	Non	Non	Non	Non	Oui
Federal HAPCO	Alemu Ano Multi-sectoral Coord. Directorate	Oui	Oui	Non	Oui	Oui	Oui

Federal HAPCO	Dr. Achamyeleh	Oui	Oui	Oui	Oui	Oui	Oui
Oromia Health Bureau	Girma Ashenafi	Oui	Oui	Oui	Oui	Oui	Oui
Ministry of Labour and	Mesfin Lemma	Oui	Oui	Oui	Oui	Oui	Oui
Ethiopian Road Authority	Fantahun Gobeze, Project Coordinator	Oui	Oui	Oui	Oui	Oui	Oui
Ministry of Women's Affairs	Tiruwork Akle	Oui	Oui	Oui	Oui	Oui	Oui
Ministry of Defence	Dr. Yeheyis Aytenfesu, HPDP Directorate	Oui	Oui	Oui	Oui	Oui	Oui
Ministry of Education	Haddis G/Tensai, Resource Mobilization Senior Expert	Oui	Oui	Oui	Oui	Oui	Oui
Ethiopian Electric Light & Power Authority (EELP)	Ahmed Bedasso, HIV/AIDS Prevention and Control Office Head	Oui	Non	Non	Oui	Oui	Oui
Ministry of Agriculture	Wassihun Amenu, HIV/AIDS Mainstreaming Senior Expert	Non	Non	Non	Oui	Oui	Non
Federal Ministry of Health	Dr. Mengistu Hailemariam, Urban Health Promotion & Disease Prevention	Oui	Oui	Oui	Oui	Oui	Oui
UNAIDS	Elisabetta Pegurie,	Oui	Non	Non	Non	Non	Non
Pharmaceutical Fund and Supply Agency (PFSA)	Belay Mekonnen	Non	Non	Non	Oui	Oui	Non
Ethiopian Health and Nutrition Research Institute (EHNRI)	Wegene Tamene	Oui	Oui	Oui	Oui	Oui	Oui
Federal Police	Tsegaye Tekleab	Non	Non	Non	Oui	Oui	Non

PARTIE B [à être administré à des organisations de la société civile, des organismes bilatéraux et organismes des Nations Unies]

organisation	Les noms/positions	B.I	B.II	B.III	B.IV	B.V
Consortium Christain Relief and Development Association (CRDA)	Focal Person	Oui	Oui	Oui	Oui	Oui
MSF Holland	Focal Person	Oui	Non	Non	Oui	Oui
Dawn of Hope	Programme Officer	Oui	Oui	Oui	Oui	Oui
NEP+ (National network of PLHV)	Focal Person M&E	Oui	Oui	Oui	Oui	Oui
WNPWE (Network of Women Living With HIV)	Representative	Oui	Oui	Oui	Oui	Oui
UNAIDS	UCO	Oui	Oui	Oui	Oui	Oui
Mekdem – Ethiopia	Focal Person	Oui	Oui	Oui	Oui	Oui
Ethiopian Human Rights	Focal Person	Non	Non	Oui	Non	Non
Confederation of Ethiopian	Focal Person	Oui	Oui	Oui	Oui	Oui
ICAP	Focal Person	Oui	Oui	Oui	Oui	Oui
UC San Diego University, Ethiopia	Focal Person	Oui	Oui	Oui	Oui	Oui
Organization for Social	Focal Person	Oui	Oui	Oui	Oui	Oui
Integrated Service for AIDS Prevention and Support Organization (ISAPSO)	Focal Person	Oui	Oui	Oui	Oui	Oui
National Network of Positive Ethiopian Women	Focal Person	Oui	Oui	Oui	Oui	Oui
Ethiopian Inter Faith Forum for Development, Dialogue and Action (EFIDDA)	Focal Person	Oui	Oui	Oui	Oui	Oui
WHO	Focal Person	Oui	Oui	Oui	Oui	Oui
CDC Ethiopia	Focal Person	Oui	Oui	Oui	Oui	Oui
PEPFAR	Director	Oui	Oui	Oui	Oui	Oui
USAID	Focal Person	Oui	Oui	Oui	Oui	Oui
IOM	Focal Person	Oui	Oui	Oui	Oui	Oui

Italian Development Cooperation	Focal Person	Oui	Oui	Oui	Oui	Oui
FAO	Focal Person	Oui	Oui	Oui	Oui	Oui
UNICEF	Focal Person	Oui	Oui	Oui	Oui	Oui
Clinton Health Access Initiative (CHAI)	Director & Focal Person	Oui	Oui	Oui	Oui	Oui

A - I. STRATEGIC PLAN

Est-ce que le pays a développé une stratégie nationale multisectorielle pour riposter au VIH ?

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

Oui

SI OUI, quelle période a été couverte:

2010/11 – 2014/15 (SPM II)

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

• There are modifications made in the current national strategy based on lessons learned from the evaluation of SPM I (2004-2008). As a result SPM II has clear Goals and Results across five Thematic areas (Creating an Enabling Environment; Intensifying HIV Prevention; Increase access to and Improve Quality of Chronic Care and Treatment; Strengthen Care and Support Services to Mitigate the Impact of AIDS; and Strengthen Generation and Utilization of Strategic Information). According to the Joint Assessment of the Ethiopian HIV and AIDS Strategy (JANS) “the thematic areas and interventions seem sound and implementable, and a notable strength is inclusion of health and community systems strengthening”. SPM II gives more emphasis to capacity building with focus on key strategic sectors while consolidating on the capacity of the health sector and communities; scaling up prevention services to MARPs; adopting combination prevention approaches (Behavioural, Structural, Biomedical); and strengthening the generation and utilization of strategic information. It includes special population groups like people with disabilities and the elderly and the treatment part emphasizes adherence. • SPM II was developed in a context of expanded HIV response and decentralization of HIV services. Since SPM I several more sectors are engaged in the HIV response; and targets of SPM II are much more ambitious (Towards Zero New Infections/ Zero AIDS-related Deaths/ Zero Discrimination). • SPM II was developed in a participatory manner and it took time to be finalized. Some challenges remain with lack of prioritization in certain areas and incomplete /outdated evidence on the epidemic (Little data exists on MARPs; DHS 2011 was not yet available at the time of developing SPM II). Also, SPM II offers a good national guidance on areas for HIV response but fails to differentiate across different regional epidemics/HIV driving factors. According to the JANS Final Report of September 2011, SPM II could benefit from clearer prioritization of the strategies and interventions within each of the thematic areas; specific assessment of risks and appropriate mitigation strategies; finding ways to ensure that ongoing attention is given to more meaningful involvement of stakeholders across the multi-sectoral response. An outline of available resources, updated cost estimates and a financial gap analysis for the SPMII are in process of being finalized at the time of this reporting (after March 2012).

1.1 Which government ministries or agencies

Nom des ministères ou agences [préciser]:

Federal HIV/AIDS Prevention and Control Office (F-HAPCO)/ Ministry of Health

Quels secteurs sont inclus dans la stratégie multisectorielle ayant un budget spécifique pour leurs activités liées au VIH ?

SECTEURS

Inclus dans la stratégie **Budget spécifique**

Oui	Oui
Oui	Oui
Oui	Oui
Oui	Oui
Oui	-
Oui	Non
Oui	Non

Autre [préciser]:

Defence, Communication, Mining, Water and Energy, Agriculture, Civil Service, Urban Development and Construction, Federal Affairs, Ministry of Finance & Economic Development

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?:

Funding through sectoral mainstreaming including budgeting; and activity based financing through respective projects. In line with the Strategic Plan many sector offices had initiated allocation of up to two percent of their budget for HIV-specific

activities. Additional funds are also raised through voluntary individual contributions of 0.5 % to 1 % of staff salaries, mainly to augment care and support activities. Although it is not at a level of earmarked budget since the Strategic Plan is to be used for resource mobilization too. However, responses in the above sectors are definitely included in the SPM II costing. All sectors are required to allocate budget to mainstream HIV. Still, this needs strengthening in particular for sectors other than health such as Education, Women, and Youth etc. Other sectors such as Labour and Social Affairs have annual budget marked for annual activities together with additional funds from Global Fund and ILO.

Est-ce que la stratégie multisectorielle se concentre sur les populations clés / autres populations vulnérables, les contextes et les problèmes transversaux suivants ?

Hommes ayant des rapports sexuels avec des hommes:

Non

Migrants / populations mobiles:

Oui

Orphelins et autres enfants vulnérables:

Oui

Personnes ayant des handicaps:

Oui

Consommateurs de drogues injectables:

Non

Professionnel(le)s du sexe:

Oui

Personnes transgenre:

Non

Femmes et jeunes filles:

Oui

Jeunes femmes / jeunes hommes:

Non

Autres sous-populations vulnérables spécifiques:

Oui

Prisons:

Oui

Écoles:

Oui

Lieu de travail:

Oui

Lutter contre la stigmatisation et la discrimination:

Oui

Autonomisation des femmes et/ou égalité des genres:

Oui

VIH et pauvreté:

Oui

Protection des droits de l'homme:

Oui

Participation des personnes vivant avec le VIH:

Oui

SI NON, expliquer comment les populations clés ont été identifiées ?:

1.4 Quels sont les populations clés et les groupes vulnérables ayant été identifiés pour les programmes liés au VIH dans le pays [préciser] ?:

Key populations identified in the multi-sectoral strategy include: Female sex workers, long distance truck drivers, uniformed services, discordant couples, migrant workers, IDPs/refugees, OVC, Out-of-school youth, prisoners, in school youth and people living with disabilities.

1.5 Est-ce que la stratégie multisectorielle inclut un plan opérationnel ? : Oui

1.6. Le plan stratégique multisectoriel ou opérationnels comprennent

a. des buts formels du programme ?:

Oui

b. des objectifs ou des repères clairs ?:

Oui

c. un détail des coûts pour chaque domaine programmé ?:

Oui

d. une indication des sources de financement pour soutenir la mise en oeuvre du programme ?:

Oui

e. un cadre de suivi et d'évaluation ?:

Oui

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Implication active

EN CAS D'IMPLICATION ACTIVE, expliquer brièvement comment celle-ci a été organisée:

The SPM II has been developed through a collective effort and active participation of faith-based organizations, community-based organizations, civil societies and associations of people living with HIV, the private sector, multilateral and bilateral donors and active participation of key government sectors. CSOs have been part of the development process of SPM II, as there is an established system of joint planning, joint supervision, and joint review of the multi-sectoral response. They were involved in the development of SPM II through active participation at workshops, series of large group consultative meetings organized during the preparation of the Plan, review of several drafts of the document and by advocating inclusion of certain population groups or areas of HIV response (e.g. people with disabilities). The capacity of PLHIV associations has been strengthened by empowering them to have a decisive role in the governance, management and service delivery of the HIV/AIDS response. For instance, the Network of Networks of HIV Positives in Ethiopia is a member of the National HIV Council, National Management Board, and Country Coordinating Mechanism for GFATM and Review board. Despite the above response, the JANS Review identified as a critical issue: the lack of ownership of the Strategic Plan by key stakeholders, in particular civil society stating that “There is a need to find ways to ensure that ongoing attention is given to more meaningful involvement of stakeholders across the multi-sectoral response”.

1.8 Est-ce que la stratégie multisectorielle a été approuvée par la plupart des partenaires externes pour le développement (bilatéraux, multilatéraux) ?:

Oui

1.9

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

Oui, tous les partenaires

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?:

Oui

SI OUI, est-ce que le soutien pour la lutte contre le VIH a été intégré aux plans spécifiques pour le développement suivants ?

Bilan commun de pays / Plan-cadre des Nations Unies pour l'aide au développement:

Oui

Plan national pour le développement:

Oui

Stratégie pour la réduction de la pauvreté:

Oui

Approche sectorielle:

Oui

Autre [préciser]:

-

2.2. SI OUI, est-ce que les domaines suivants spécifiquement liés au VIH ont été inclus dans au moins un plan pour le développement ?

Allègement de l'impact du VIH:

Oui

Réduction des inégalités relatives au genre lorsqu'elles touchent aux services de prévention, de traitement, de soins et d'accompagnement liés au VIH:

Oui

Réduction des inégalités de revenus qui se rapportent à la prévention du VIH / traitement, de soins et / ou de soutien:

Oui

Réduction de la stigmatisation et de la discrimination:

Oui

Traitement, soins et accompagnement (notamment la sécurité sociale et les autres schémas):

Oui

Autonomisation économique des femmes (par exemple l'accès au crédit, à la propriété, à la formation):

Oui

Autre [préciser ci -dessous]:

-

3. Est-ce que le pays a évalué l'impact du VIH sur son développement socioéconomique pour des raisons de

programmation ?:

Non

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Oui

5. Est-ce que le pays a suivi les engagements pris dans la Déclaration politique de 2011 sur le VIH/sida ?:

Oui

5.1 Est-ce que la stratégie nationale et le budget national relatifs au VIH ont été revus en conséquence ?:

Oui

5.2. 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

5.3 Est-ce que la couverture du programme lié au VIH est suivie ?:

Oui

5.3

SI OUI, est-ce que la couverture est suivie selon le sexe (homme, femme) ?:

Oui

SI OUI, est-ce que la couverture est suivie selon les groupes de population ?:

Oui

SI OUI, pour quels groupes de population ? Expliquer:

• Women • Pregnant mothers • OVC Coverage is not yet monitored by population groups apart from gender and age disaggregation. However, the Community Information System (CIS), piloted in 2011 and to be scaled up in 2012, foresees data on HIV services coverage disaggregated by key population groups (sex workers, mobile populations and out of school youth).

Expliquer brièvement comment ces informations sont utilisées:

It is used for planning future needs estimation, for revision of plans and to design strategies.

Est-ce que la couverture est suivie selon l'aire géographique ?:

Oui

SI OUI, à quels échelons géographiques ? (province, district, autre) ?:

• National, Regional, Zonal, Woreda (district) level, urban/rural • A Community Information System (CIS) was piloted in 2011 and will be scaled up in 2012. Indicators in CIS are disaggregated by Population Groups (sex, key populations). Therefore, disaggregated information should be available and used from 2012 onwards. The new CIS will provide data disaggregated by district and possibly lower levels.

Expliquer brièvement comment ces informations sont utilisées:

The information is used for program evaluation/ to assess performance of different regions and take remedial measures where applicable, for resource allocation purposes, to measure access to prevention, treatment, care and support; and to prioritize activities for the respective geographical levels. It also allows for sharing of knowledge/experience across regions.

5.4 Est-ce que le pays a développé un plan pour renforcer les systèmes de santé ?:

Oui

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

It has led to: • Infrastructure development-health centre renovation, construction and equipping; and increased access through expansion and scaling up of primary health care facilities and services. • Laboratory system has been strengthened • HMIS and LMIS have been strengthened • Human resource development has been accelerated • Supply procurement, distribution system and related infrastructure has been developed SPM II is aligned with the Health Sector Development Program IV and HIV is integrated in the health sector response.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

• Strategic plan has been developed in 2011 (SPM II) • The development of Road Map to operationalize SPM II • The development of National M&E Framework to monitor SPM II results • The development of tools for Regional operational planning in line with SPM II. All stakeholders at the regional level participate in the planning exercise. • Strengthening of health systems • Development of Community Information System: the national monitoring system for the non health response – piloted in 2011 and to be scaled up in 2012 The overall rating given by key informants to the strategy planning efforts in the country's HIV programs has showed significant progress since 2005. The average score in 2011 was 8.3 out of 10; slightly less than the score of 9 out of 10 rating given in 2009.

Quelles difficultés demeurent dans ce domaine ?:

• Human resource challenges-turnover, shortage etc. • Resource constraints • The availability of resources at the regional level (apart from Global Fund whose funds are allocated to Regional HAPCOs by Federal HAPCO) is not always known in advance by coordinating authorities (Regional Health Bureau & Regional HAPCO). The disaggregation of resources available at regional level for different sectors is also not fully known. Gaps in knowledge in terms of resource availability make planning more difficult at the regional level. • Availability of timely strategic information (e.g. MARPS, drug resistance surveys etc.)

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Est-ce que les hautes autorités suivantes parlent publiquement et favorablement des efforts liés au VIH dans les principaux forums nationaux au moins deux fois par an ?

A. Ministres du gouvernement:

Oui

B. Autres hautes autorités au niveau sous-national:

Oui

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Oui

Décrire brièvement les actions/exemples d'instances dans lesquelles le chef du gouvernement ou d'autres hautes autorités ont fait preuve de leadership:

• H.E the President of the country has delivered official messages on World AIDS Day (WAD) • H.E the Prime Minister of the FDRE opened the ICASA Forum held in Addis Ababa in December 2011. • Almost all Presidents of Regional States delivered speeches during WAD, and National VCT Day • The First Lady is involved in HIV work nationally and globally • The level of commitment and active involvement of leaders from federal to woreda level has increased • Parliamentarians were trained to incorporate and monitor HIV activities in their respective constituencies. Members of the House of People's Representatives visited and monitored the multi-sectoral response at woreda (district) level. They gathered information and gave supportive direction as well.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Oui

SI OUI, est-ce que l'instance de coordination nationale et multisectorielle liée au VIH

a des conditions de référence?:

Oui

a un leadership et une participation actifs du gouvernement ?:

Oui

a un président officiel ?:

Oui

SI OUI, quel est son nom et le titre de son statut ?:

H.E Girma Wolde-Giorgis, President of the Federal Democratic Republic of Ethiopia (FDRE)

a une adhésion définie ?:

Oui

SI OUI, combien de membres ?:

90

inclut des représentants de la société civile ?:

Oui

SI OUI, combien ?:

11

Inclut des personnes vivant avec le VIH ?:

Oui

SI OUI, combien ?:

5

Inclut le secteur privé ?:

Oui

renforce la coordination des donateurs pour éviter un financement parallèle et une duplication des efforts dans la programmation et les rapports réalisés ?:

Oui

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

Oui

SI OUI, décrire brièvement les principales réalisations:

• The private sector and civil society are working on HIV/AIDS prevention, treatment and care activities; in accordance with the National Plan. Many private health facilities provide HCT, ART, PMTCT • Non-government sectors are mainstreaming HIV • Realization of one plan: Joint planning has become a custom starting from lower levels to federal level which includes large numbers of civic societies at all levels • Active involvement of the Ethiopian Business Coalition against HIV/AIDS

Quelles difficultés demeurent dans ce domaine ?:

• Limited participation of the private sector in this endeavour • Resource constraints • Lack of updated mapping • Referral linkage • Sustainability

4. Quel pourcentage du budget national lié au VIH a été dépensé pour les activités ayant été mises en oeuvre par la société civile au cours de l'année qui s'est écoulée ?:

2%

5.

Renforcement des capacités:

Oui

Coordination avec d'autres partenaires pour la mise en oeuvre:

Oui

Informations sur les besoins prioritaires:

Oui

Approvisionnement et distribution de médicaments et autres marchandises:

Oui

Indications techniques:

Oui

Autre [préciser ci-dessous] :

-

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

Non

6.1. SI OUI, est-ce que les directives et les lois ont été amendées pour être conformes aux directives nationales de contrôle liées au VIH ?:

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

9

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

• High level political leadership has given due attention to the HIV Program • Considerable support for the HIV program from members of Parliament to ensure HIV/AIDS mainstreaming in all sectors especially in key/strategic sectors. Members of Parliament are actively monitoring the response. • Ethiopia's selection to host the 16th ICASA Conference and the convening of the Conference in Addis Ababa in December 2011 • High commitment of leaders at all levels • Involvement of the First Lady in HIV work • The rate of HIV transmission has been slowed down through collaborative efforts of stakeholders • Significant increase in enrolment for pre-ART and ART care has been witnessed

Quelles difficultés demeurent dans ce domaine ?:

• Lack of uniformity in degree of commitment across sectors and regions • Lack of training • Limited capacity building efforts for non-health sectors • Very low uptake of PMTCT services • Lack of leadership at institutional/sectoral level • Weak coordination among different partners

A - III. HUMAN RIGHTS

1.1

Personnes vivant avec le VIH:

Oui

Hommes ayant des rapports sexuels avec des hommes:

Non

Migrants / populations mobiles:

Oui

Orphelins et autres enfants vulnérables:

Oui

Personnes ayant des handicaps:

Oui

Consommateurs de drogues injectables:

Non

Personnes incarcérées:

Oui

Professionnel(le)s du sexe:

Oui

Personnes transgenre:

Non

Femmes et jeunes filles:

Oui

Jeunes femmes / jeunes hommes:

Oui

Autres sous populations vulnérables spécifiques [préciser]:

-

1.2 Est-ce que le pays a une loi générale (c'est-à-dire non spécifique à la discrimination liée au VIH) contre la discrimination ?:

Oui

SI OUI aux questions 1.1. à 1.2., décrire brièvement le contenu de cette/ces loi(s):

• The FDRE constitution Art. 25 states, "All persons are equal before the Law and are entitled without any discrimination to the equal protection of the Law. In this respect, the Law shall guarantee to all persons equal and effective protection without discrimination on grounds of race, nation, nationality or social origin, colour, sex, language, religion, political or other opinion...or other STATUS". • Labour Proclamation No. 262/2001 and 377/2003 Article 14.1d prohibits mandatory HIV testing for employment • The Civil Service Workplace HIV/AIDS Guideline (2005) protects against discrimination of a person on his or her HIV status while at work. There are additional guidelines that prevent discrimination and protect in the work place the rights of people living with HIV. • There are other proxy laws that protect people from STI, rape, abduction and early marriage.

Expliquer brièvement quels mécanismes sont en place pour garantir la mise en oeuvre de ces lois:

• There are sector ministries responsible for implementation of the relevant laws, regulations or guidelines. For example, there are mechanisms in place to ensure implementation of the Labour Law such as through developing collective agreements, through formulating HIV/AIDS workplace policy and through enforcement of the Labour Law by Labour Inspectors. With respect to the Armed Forces, the mechanisms include awareness raising sessions, using the national ARC hot line, and informing focal persons. • Women's Affairs Offices at the kebele level (grassroots level) monitor implementation of laws/guidelines related to the rights of women such as protecting women from harmful traditional practices (HTPs), violence against women etc. • The national OVC taskforce that includes FBOs and CBOs monitors the Plan of Action for OVC support and care implemented by grassroots CBOs and FBOs.

Commenter brièvement leur degré actuel de mise en oeuvre:

• In general, these are poorly implemented due to serious constraints with respect to shortage of law enforcement staff, lack of budget for implementation activities etc. • As to the level of implementation at workplaces, such mechanisms are practiced in formal enterprises often with trade union structures. • The implementation of policies and guidelines within the military is good currently but needs more effort and regular monitoring to deepen the implementation process as there is high turnover and new recruits.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Oui

SI OUI, pour quelles sous-populations?

Personnes vivant avec le VIH:

Non

Hommes ayant des rapports sexuels avec des hommes:

Oui

Migrants / populations mobiles:

Non

Orphelins et autres enfants vulnérables:

Non

Personnes ayant des handicaps:

Non

Consommateurs de drogues injectables:

Oui

Personnes incarcérées:

Non

Professionnel(le)s du sexe:

Non

Personnes transgenre:

Oui

Femmes et jeunes filles:

Non

Jeunes femmes / jeunes hommes:

Non

Autres sous populations vulnérables spécifiques [préciser]:

-

Décrire brièvement le contenu de ces lois, règlements ou directives:

Absence of laws that facilitate effective HIV prevention, treatment, care and support services for some key vulnerable groups such as MSM, People who inject drugs and Transgendered people is considered as an obstacle.

Commenter brièvement comment ils posent des barrières:

Programs cannot be developed for subgroups that are not recognized as beneficiaries of prevention, treatment, care and support services.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on

HIV to the general population?:

Oui

IF YES, what key messages are explicitly promoted?

Abstenez-vous de vous injecter des drogues:

Non

Évitez le sexe tarifé:

Oui

Évitez le sexe inter-générations:

Non

Soyez honnête:

Oui

Soyez sexuellement abstinent:

Oui

Retardez le début de votre vie sexuelle:

Oui

Engagez-vous pour des rapports sexuels protégés:

Oui

Combattez la violence contre les femmes:

Oui

Acceptez et impliquez davantage les personnes vivant avec le VIH:

Oui

Impliquez davantage les hommes dans les programmes de santé reproductive:

Oui

Connaissez votre statut VIH:

Oui

Les hommes devant être circoncis doivent l'être sous surveillance médicale:

Oui

Prévenez la transmission du VIH de la mère à l'enfant:

Oui

Promouvez une plus grande égalité entre les hommes et les femmes:

Oui

Réduisez le nombre de partenaires sexuels:

Oui

Utilisez des aiguilles et des seringues propres:

Oui

Utilisez régulièrement des préservatifs:

Oui

Autre [préciser ci-dessous] :

-

1.2 Au cours de la dernière année, est-ce que le pays a mis en oeuvre une activité ou un programme pour que les médias puissent promouvoir la précision des rapports sur le VIH ?:

Oui

2.Est-ce que le pays dispose d'une politique ou d'une stratégie pour promouvoir les compétences liées à la vie quotidienne basées sur l'éducation des jeunes personnes ?:

Oui

2.1. Est-ce que l'éducation sur le VIH fait partie du programme scolaire

dans les écoles primaires ?:

Oui

dans les écoles secondaires ?:

Oui

dans la formation des enseignants ?:

Oui

2.2. Est-ce que la stratégie inclut des éléments sur la santé sexuelle et reproductive adaptés à l'âge et sensibles au genre ?:

Oui

2.3. Est-ce que le pays a une stratégie d'éducation sur le VIH pour les jeunes personnes non scolarisées ?:

Oui

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Oui

Décrire brièvement le contenu de cette directive ou stratégie:

One of the thematic areas addressed by Strategic Plan II (2010/11- 2014/15) is intensifying HIV prevention. The strategy indicates the need to expand and make all preventive services available to the broader population in both urban and rural

areas. It states that these services should be expanded to specific population groups including sex workers, in-school and out-of-school youth, uniformed services, migrants, residents of small market towns and new business opportunity sites (large scale farms, construction sites, mining etc...) refugees and displaced populations including cross-border populations and populations with special needs like people with disability and the elderly.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Professionnel(le)s du sexe	Clients des Professionnel(le)s du sexe	Personnes incarcérées	D'autres populations
Non	Non	Oui	Oui	Non	General population
Non	Non	Non	Non	Non	-
Non	Non	Oui	Oui	Oui	Project workers-Electric Light and Power Authority + general population
Non	Non	Non	Non	Non	-
Non	Non	Oui	Oui	Oui	Out-of-school youth + general population
Non	Non	Oui	Oui	Oui	General population + People living with HIV
Non	Non	Oui	Oui	Oui	General population + University students, mobile populations
Non	Non	Oui	Non	Oui	Orphans

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

8

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

• Commitment of leaders at all levels has increased • Efforts underway to identify key population groups • Regions turned their efforts with focus on identified population groups • Scale up of social mobilization and all other prevention interventions • The spread of HIV has been slowed down • Awareness of the population has increased significantly • Workplace HIV policy and strategies are in place • HIV/AIDS has been mainstreamed both in workplaces and at some project sites • A number of peer educators, managers and staff have been trained on HIV mainstreaming • Access or coverage of HIV/AIDS services has increased • Increased demand for VCT, ART and other health services has been created

Quelles difficultés demeurent dans ce domaine ?:

• Difficulties in addressing remote areas and population groups like MSM, IDUs etc. • Problem of fully mainstreaming HIV especially at project sites • Technical, financial and HR problems in undertaking effective and sustainable HIV mainstreaming • Lack of necessary attention for HIV by some managers • Low PMTCT coverage

4. Est-ce que le pays a identifié des besoins spécifiques pour les programmes de prévention sur le VIH ?:

Oui

SI OUI, comment ces besoins spécifiques ont-ils été déterminés ?:

The needs for preventive work were determined based on: • Available epidemiological data, lessons learned on effectiveness of HIV preventive services and consideration of cultural issues. • Various studies (DHS 2011, MARPS study, ANC surveillance 2009) are being used for prioritization currently (according to which changes can be made). • So far, previous pieces of information (DHS 2005, Synopsis of HIV epidemiology) conducted trends, and traditionally known key population groups, including high risk corridor, development schemes, known regions of low prevalence, male circumcision, community conversation information are used.

4.1. Dans quelle mesure la prévention du VIH a-t-elle été mise en oeuvre ?

Sécurité transfusionnelle:

Agree

Promotion du préservatif:

Strongly Agree

la réduction des méfaits pour les consommateurs de drogues injectables:

Strongly Disagree

la prévention du VIH pour les jeunes non scolarisés:

Agree

la prévention du VIH sur le lieu de travail:

Agree

Dépistage du VIH et conseils:

Strongly Agree

l'IEC sur la réduction des risques:

Agree

l'IEC sur la réduction de la stigmatisation et de la discrimination:

Agree

Prévention de la transmission de la mère à l'enfant:

Agree

la prévention pour les personnes vivant avec le VIH:

Agree

Santé reproductive, incluant la prévention et le traitement des infections transmises sexuellement:

Agree

la réduction des risques pour les partenaires intimes chez les populations clés:

Agree

la réduction des risques pour les hommes ayant des rapports sexuels avec des hommes:

Strongly Disagree

la réduction des risques pour les professionnel(le)s du sexe:

Agree

pour les jeunes, l'éducation sur le VIH dans les écoles:

Agree

Précautions universelles dans les contextes de soins sanitaires:

Agree

Autre [préciser]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

8

A - V. TREATMENT, CARE AND SUPPORT

Est-ce que le pays a identifié les éléments essentiels d'un ensemble complet de services de traitement, de soins et d'accompagnement liés au VIH ?:

Oui

Si oui, identifier brièvement les éléments ainsi que ce qui a été retenu comme prioritaire:

• Increasing number of patients enrolled in care services • Availing free ART drugs • Enrolling >300,000 adults and adolescents eligible for treatment into ART program • Care to OVC, PLHIV • Care to vulnerable women • Scaling up PMTCT

Identifier brièvement comment les services de traitement, de soins et d'accompagnement liés au VIH sont intensifiés:

Based on assessment of high demand. • By increasing number of facilities providing service • By increasing training of health workers • Increasing drug availability • Increasing awareness on treatment and care • Worker's financial contribution (Solidarity Fund) • Organizing PLHIV and training them on home-based care (HBC) services

1.1. Dans quelle mesure ces services de traitement, de soins et d'accompagnement liés au VIH ont-ils été mis en oeuvre ?

la thérapie antirétrovirale (ART):

Agree

Traitement antirétroviral pour les patients TB:

Agree

la prophylaxie par le cotrimoxazole chez les personnes vivant avec le VIH:

Agree

Diagnostic infantile précoce:

Agree

services de soins et d'accompagnement liés au VIH sur le lieu de travail (notamment des arrangements pour travailler de manière alternée):

Agree

dépistage du VIH et conseils pour les personnes vivant avec la TB:

Agree

Services de traitement du VIH sur le lieu de travail ou systèmes d'orientation-recours pour le traitement à travers le lieu de travail:

Agree

Soins nutritionnels:

Disagree

Traitement pédiatrique du sida:

Agree

l'ART pour les femmes après l'accouchement:

Agree

la prophylaxie post-exposition pour exposition non professionnelle (par ex., agression sexuelle):

Agree

la prophylaxie post-exposition pour exposition professionnelle au VIH:

Agree

l'accompagnement psychologique pour les personnes vivant avec le VIH et leurs familles:

Disagree

la gestion de l'infection transmise sexuellement:

Agree

Contrôle de l'infection de TB dans les structures de traitement et de soins liés au VIH:

Agree

la thérapie préventive de la TB pour les personnes vivant avec le VIH:

Agree

dépistage de la TB pour les personnes vivant avec le VIH:

Agree

Traitement des infections communes liées au VIH:

Agree

Autre [préciser]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Oui

Merci de clarifier quel soutien économique et social est fourni:

• Psychosocial support provided through civil society organizations • Income Generating Activities (IGA) and other types of financial support for PLHIV provided by government institutions as well as NGOs • Educational, food and shelter support and IGA and financial support to OVC

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

Oui

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

Oui

SI OUI, pour quels produits ?:

• Drugs-ARV • Condoms • OI drugs The Pharmaceutical Fund and Supply Agency under the Ministry of Health, handles the overall logistics system in the country including HIV/AIDS related commodities. The Agency is responsible for overall supply chain functions i.e. selection, quantification, procurement, storage, distribution to service delivery points and capacity building to ensure rational use of medicines.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

8

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

• The number of people enrolled in treatment and care has increased. 80,919 PLHIV were newly enrolled for chronic illness follow up at ART clinics while 33,434 new patients have started antiretroviral treatment during the fiscal year. 4,945 exposed infants have received ARV prophylaxis, while 113,386 STI cases have received treatment • 103,659 PLHIV were provided with nutritional support, while 56,300 and 36,028 have received training and start-up capital for income generating activities, respectively. • Rapidly rising service uptake • Uninterrupted supply of pharmaceuticals using a well established logistic system by PFSA

Quelles difficultés demeurent dans ce domaine ?:

• Scaling up paediatric ART • Adherence issues • Laboratory machines (availability) • High turnover of trained HR

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

Oui

SI OUI, existe-t-il, dans le pays, une définition opérationnelle des orphelins et des enfants vulnérables ?:

Oui

SI OUI, est-ce que le pays a un plan national d'action spécifique pour les orphelins et les enfants vulnérables ?:

Oui

SI OUI, est-ce que le pays dispose d'une estimation du nombre d'orphelins et d'enfants vulnérables qui sont touchés par les interventions qui existent actuellement ?:

Oui

SI OUI, quel pourcentage d'orphelins et d'enfants vulnérables est touché ?:

15%

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

7

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

• Strategy for addressing OVC needs has been developed • A new guideline for service provision for OVC is in place • Better access of OVCs to care: Many OVC received educational support, food and clothing support and earned their own income through involvement in IGAs • Stronger community ownership

Quelles difficultés demeurent dans ce domaine ?:

• Reaching all OVC who deserve support is a challenge given the high number of OVC in need of support • Poor coordination among partners • Providing paediatric ART

A - VI. MONITORING AND EVALUATION

Est-ce que le pays dispose d'un plan national de Suivi et d'Évaluation (S&E) pour le VIH ?:

Oui

Décrire brièvement les difficultés rencontrées pour en développer ou en mettre un en oeuvre:

The alignment and harmonization of the different M&E system (HMIS, EMIS etc.) was a challenge during the development phase of the M&E plan. The Plan was developed in line with SPMII – the availability of some of the indicators will depend on the successful scale up of the Community Information System (CIS).

SI OUI, années couvertes:

2011 - 2015

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

Oui, tous les partenaires

Décrire brièvement quels sont les problèmes rencontrés:

• The Health Management information System (HMIS) is not at full implementation yet and CIS is only at the piloting phase. • Most key partners have aligned and harmonized their M&E requirements with the national M&E plan. Some partners have their own M&E system in particular reporting format, indicators, funding mechanisms etc. As a result they have not yet aligned and harmonized their M&E requirement with the national M&E plan.

2. Est-ce que le plan national de Suivi et d'Évaluation inclut ?

Une stratégie pour recueillir les données:

Oui

les enquêtes comportementales:

Oui

des études des évaluations / des recherches menées:

Oui

la surveillance de la résistance du VIH aux médicaments:

Oui

la surveillance du VIH:

Oui

un suivi de routine du programme:

Oui

Une stratégie pour analyser les données:

Oui

Une stratégie de diffusion et d'utilisation des données:

Oui

Un ensemble d'indicateurs standardisés et bien définis incluant la répartition du sexe et de l'âge (le cas échéant):

Oui

Indications sur les outils pour recueillir les données:

Non

3. Existe-t-il un budget pour mettre en oeuvre le plan de S&E ?:

In Progress

4. Existe-t-il une Unité nationale fonctionnelle de S&E ?:

Oui

Décrire brièvement tous les obstacles:

Shortage of human resources

4.1. Où est basée l'unité nationale pour le S&E ?

Au Ministère de la santé ?:

-

Dans la Commission nationale pour la lutte contre le VIH (ou équivalent) ?:

Oui

Ailleurs [précisez] ?:

-

Personnel permanent [Ajouter autant de lignes que cela est nécessaire]

STATUT [préciser le titre de la fonction dans les espaces réservés ci-dessous]

	Temps plein	Temps partiel	Depuis quand ?
Head of M&E and Planning	1	-	2006
M&E Senior Experts	4	-	2005
Data Managers and M&E Experts	2	-	2005
Data Clerks and IT support	3	-	2006

Personnel temporaire [Ajouter autant de lignes que cela est nécessaire]

STATUT [préciser le titre de la fonction dans les espaces réservés ci-dessous]

Temps plein

Temps partiel

Depuis quand ?

-

-

-

-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Oui

Décrire brièvement les mécanismes de partage de données:

• National Joint Review meetings and proceedings • National AIDS Council meetings • Joint supportive supervision findings feedback • Web site of key institutions (FHAPCO, EHNRI, ARC) • Dissemination of annual M&E reports • National and regional workshops

Quelles sont les principales difficultés dans ce domaine ?:

• Timely reporting • Getting feedback from partners

5. Existe-t-il un Comité national ou un Groupe de travail pour le S&E qui se réunit régulièrement pour coordonner les activités de S&E ?:

Oui

6. Existe-t-il une base de données nationale centrale contenant des données relatives au VIH ?:

Oui

SI OUI, décrire brièvement la base de données nationale et qui la gère:

The national database (DEV-INFO) is specific for the routine program reports. It is managed by the M&E Directorate within HAPCO. There are two data clerks and a manager. The analysis is done by senior M&E experts.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, but only some of the above

SI OUI, mais seulement certaines parmi celles qui figurent ci-dessus, quels aspects incluent-elles ?:

It includes geographical coverage of HIV services disaggregated by age and sex.

6.2. Y a-t-il un système de santé fonctionnel d'information?

Au niveau national:

Oui

Au niveau sous-national:

Oui

SI OUI, à quel(s) niveau(x) ?:

-

7. Est-ce que le pays publie un rapport de S&E sur le VIH, incluant des données sur la surveillance du VIH, au moins une fois par an ?:

Oui

8. Comment les données sont suivies et d'évaluation utilisées?

Pour améliorer le programme:

Oui

Pour développer / revoir la riposte nationale au VIH ?:

Oui

Pour attribuer des ressources ?:

Oui

Autre [préciser]:

For knowledge generation, accountability, and decision-making.

Fournir brièvement des exemples spécifiques sur la manière avec laquelle les données du S&E sont utilisées, ainsi que, le cas échéant, les principales difficultés rencontrées:

M&E data are used for planning, advocacy, decision making and to correct or revise programs whenever weak performance is encountered. The main challenges with respect to use of data are related to data quality, timely reporting, and evidence-based data not tailored for use of decision-makers etc.

9. Dans la dernière année, était la formation en matière de suivi et d'évaluation menées

Au niveau national?:

Oui

SI OUI, combien de personnes ont été formées :

60

Au niveau sous-national?:

Oui

SI OUI, combien de personnes ont été formées :

1831

Au niveau de la prestation de services, société civile incluse ?:

Oui

SI OUI, combien ?:

9.1 Est-ce que d'autres activités de renforcement des capacités en S&E ont été réalisées, autres que la formation ?

:

Oui

SI OUI, décrire quel type d'activités:

• Staff are in place at woreda level • Technical support has been provided to Regional HAPCOs, RHBs and selected woredas.

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

9

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

• M&E framework has been developed • The Multisectoral HIV and AIDS response Community Information System (CIS) database was established at Federal level; and the pilot phase of the CIS was launched in all regions and city administrations except Gambella and Oromya regions. • Large scale national surveys were conducted on ART and PMTCT • Joint supportive supervision and Joint Review Meeting have been conducted • Annual National M&E reports have been produced. • A behavioural survey was conducted in five Universities • The experience of Ethiopia with respect to HIV/AIDS and the health-related MDGs has been articulated and published by HAPCO.

Quelles difficultés demeurent dans ce domaine ?:

• Lack of timely reporting (the new reform for HMIS has not been completed and not able to run the data reporting and recording) • Lack of strong mechanism for ensuring quality of data • Turnover of staff at lower levels • Shortage of trained human resources • Inadequate financial and material resources • HAPCO not able to gather monthly ART reports from service delivery points

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Commentaires et exemples:

• National policy on HIV 1998 SPM I & SPM II were drafted in consultation with CSOs and national networks • Participated in M&E tools development • Representatives of CSOs participate in Global Fund- CCM meetings as members • Civil Society Organizations are members of National AIDS Council, HAPCO Network Forum etc. • The average score given by eleven CSO respondents to civil society contribution to strengthening the political commitment of top leaders and national strategy/policy formulations was 3.2 out of five; which shows their high participation rate.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

3

Commentaires et exemples:

• National policy on HIV (1998), SPM I & SPM II were drafted in consultation with CSOs and national networks of PLHIV. • The extent of involvement of civil society representatives in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan was rated as 3.2 out of 5 or 64%; which shows a satisfactory level of involvement.

3.

a. La stratégie nationale pour la lutte contre le VIH ?:

4

b. Le budget national consacré à la lutte contre le VIH ?:

3

c. Les rapports nationaux relatifs au VIH ?:

3

Commentaires et exemples:

In SPM II it is stated that the monitoring and evaluation of the multi-sectoral response will be implemented through joint efforts in a coordinated manner, in line with the principle of "three ones". This includes data collection and reporting by CSOs.

4.

a. Dans le développement du plan national de S&E ?:

3

b. Dans la participation au comité / groupe de travail national du S&E chargé de coordonner les activités de S&E ?:

3

c. Pour participer à l'utilisation des données pour la prise de décisions ?:

3

Commentaires et exemples:

CSOs and network organizations are invited by HAPCO to participate in review meetings, annual planning, mid-term evaluations, coordination of M&E activities as well as using data for decision making.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

5

Commentaires et exemples:

• All CSOs working on development are mainstreaming HIV/AIDS in their activities • Some CSOs are working with most at risk groups like sex workers, mobile workers and PLHIV.

6. Dans quelle mesure (sur une échelle de 0 à 5 où 0 est « faible » et 5 est « élevé ») la société civile peut-elle accéder à

a. Un soutien financier adéquat pour mettre en oeuvre ses activités liées au VIH ?:

2

b. Un soutien technique adéquat pour mettre en oeuvre ses activités liées au VIH ?:

3

Commentaires et exemples:

• Most CSOs operate through funds available from international organizations. • Some CSOs access technical support in the form of participation at training workshops, and by recruiting technical staff like M&E coordinator, and HIV/AIDS coordinator • The lowest score was registered for the ability of civil society to access adequate financial support to implement its HIV activities (2.4 out of 5).

7. Quel pourcentage de programmes/services liés au VIH suivants est estimé être fourni par la société civile ?

Personnes vivant avec le VIH:

<25%

Hommes ayant des rapports sexuels avec des hommes:

-

Consommateurs de drogues injectables:

-

Professionnel(le)s du sexe:

25-50%

Personnes transgenre:

-

Dépistage:

<25%

Réduction de la stigmatisation et de la discrimination:

51-75%

Services cliniques (ART/IO)*:

<25%

Soins à domicile:

51-75%

Programmes pour OEV:

51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

6

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

• Since 2005, the overall efforts to increase civil society participation in the design of the national AIDS strategy, national AIDS budget allocation, and national AIDS reporting and programming have improved. CSOs are well represented and they make a significant input to political commitment and policy formulation. However, in their opinion they are not yet able to access adequate financial and technical support. Accordingly, CSOs have given relatively lower score for their ability to access adequate financial and technical support to implement their HIV activities (2.4 and 2.5 out of 5 respectively). • Civil society has made considerable progress over the past three years in the fight against HIV/AIDS; more and more PLHIV associations have been strengthened; and CSOs are providing more than 50-75% of home-based care, programs for OVC and reduction of stigma and discrimination. • As a result of CSO activities, there is increased community involvement in prevention, care and support activities e.g. Self-help community organizations, and trade unions are involved more and more in prevention of HIV/AIDS and in care and support of PLHIV.

Quelles difficultés demeurent dans ce domaine ?:

• Inadequate technical and capacity building support to civil society on the part of the government and development partners.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Oui

SI OUI, décrire quelques exemples de quand et de comment cela a été réalisé:

Most of the CSOs (represented by CRDA, NEP+ etc) have been involved in the design and implementation of SPM I and

B - III. HUMAN RIGHTS

1.1.

Personnes vivant avec le VIH:

Oui

Hommes ayant des rapports sexuels avec des hommes:

Non

Migrants / populations mobiles:

Oui

Orphelins et autres enfants vulnérables:

Oui

Personnes ayant des handicaps:

Oui

Consommateurs de drogues injectables:

Non

Personnes incarcérées:

Oui

Professionnel(le)s du sexe:

Oui

Personnes transgenre:

Non

Femmes et jeunes filles:

Oui

Jeunes femmes / jeunes hommes:

Oui

Autres sous populations vulnérables spécifiques [préciser]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Oui

SI OUI aux questions 1.1 ou 1.2, décrire brièvement le contenu de ces lois:

The FDRE constitution Art. 25 states, "All persons are equal before the Law and are entitled without any discrimination to the equal protection of the Law. In this respect, the Law shall guarantee to all persons equal and effective protection without discrimination on grounds of race, nation, nationality or social origin, colour, sex, language, religion, political or other opinion...or other STATUS".

Expliquer brièvement quels mécanismes sont en place pour garantir la mise en oeuvre de ces lois:

Institutions were established for purposes of putting into effect the laws of the land such as: • Law enforcement bodies • National Human Rights Commission • Institution of Ombudsman • The media

Commenter brièvement leur degré actuel de mise en oeuvre:

This would require further study, but overall the implementation of laws in this respect is poor.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Oui

2.1. SI OUI, pour quelles sous-populations ?

Personnes vivant avec le VIH:

Non

Hommes ayant des rapports sexuels avec des hommes:

Oui

Migrants / populations mobiles:

Non

Orphelins et autres enfants vulnérables:

Non

Personnes ayant des handicaps:

-

Consommateurs de drogues injectables:

Oui

Personnes incarcérées:

Non

Professionnel(le)s du sexe:

Non

Personnes transgenre:

Oui

Femmes et jeunes filles:

Non

Jeunes femmes / jeunes hommes:

Non

Autres sous populations vulnérables spécifiques [préciser]:

-

Décrire brièvement le contenu de ces lois, règlements ou directives:

The main content of the national laws, regulations or policies include the following key points; • The need to review/reform legislation to the rights of people infected and affected by HIV/AIDS to non-discrimination, health, information, education, employment, social welfare and public participation • The implementation of codes of conduct, human rights principles, professional responsibilities and practices • The establishments of supportive and enabling environment for women and other vulnerable groups through community dialogue • The coordination of free legal support services through the government and professional associations , and so on

Commenter brièvement comment ils posent des barrières:

The absence of policies, laws, regulations or guidelines concerning recognition of MSM, people who inject drugs and transgendered people presents obstacles to effective HIV prevention, treatment, care and support for these groups.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Oui

Décrire brièvement le contenu de la directive, de la loi ou du règlement ainsi que les populations incluses.:

The Policy Framework recognizes that harmful traditional practices have seriously affected women in Ethiopia. But these were not addressed in the context of HIV/AIDS. The Policy framework in addressing the issue did not acknowledge seriously the effect of violence against women that increases their chance of infection with the virus such as rape, abduction and sexual abuse.

4. Est-ce que la promotion et la protection des droits de l'homme sont explicitement mentionnées dans une politique ou une stratégie liée au VIH ?:

Oui

SI OUI, décrire brièvement comment les droits de l'homme sont mentionnés dans cette politique ou cette stratégie liée au VIH:

National HIV/AIDS Policy in Ethiopia(1998, Art.8) acknowledges the need for more comprehensive response to the HIV/AIDS epidemic including the provision and monitoring of ART; voluntary counselling and testing for HIV; treatment of sexually transmitted infections; social, spiritual and peer support; respect for human rights; and reducing the stigma associated with HIV/AIDS. It is also explicitly called for in SPMII (2010 -2014).

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

Non

6. Est-ce que le pays a une politique ou une stratégie pour que les services suivants soient gratuits ?

Offert gratuitement à tous les gens dans le pays	Fourni gratuitement à certaines personnes dans le pays	Pourvu, mais seulement à un coût
Oui	-	-
Oui	-	-
-	Oui	-

Le cas échéant, quelles populations ont été identifiées comme prioritaires, et pour quels services?:

• Free ART for eligible PLHIV • Family planning and HIV prevention services such as condom distribution for sex workers, transport workers, OVCs, refugees etc is provided to all people in particular to pregnant women and youth. • HIV-related care and support is provided for needy persons living with HIV, for OVCs and for destitute women.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Oui

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Oui

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Oui

SI OUI, décrire brièvement le contenu de cette politique / stratégie ainsi que les populations incluses:

SPM II specifies that all preventive services need to be made available to the broader population in both urban and rural areas. These services should also be expanded to specific population groups including sex workers, in-school and out-of-school youth, uniformed services, migrants, residents of small market towns and new business opportunity sites (large scale farms, construction sites, mining etc.), refugees and displaced populations including cross-border populations and populations with special needs like people with disability and the elderly.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Oui

SI OUI, expliquer brièvement les différents types d'approches pour garantir un accès équitable aux différentes populations:

• Special intervention strategies are in place to ensure equal access for different subpopulation groups such as mobile HCT and condom distribution services, community conversation among different community groups such as taxi drivers, sex workers and youth. • The strategy addresses targeted intervention to MARPs • Expansion of anti-HIV/AIDS Associations and clubs

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

Oui

SI OUI, décrire brièvement le contenu de cette directive ou loi:

• HIV Policy prohibits forced medical examination • Civil Code Art. 20(1) states "A person may at any time refuse to submit himself to a medical or surgical examination or treatment".

10. Est-ce que le pays a les mécanismes pour suivre et appliquer les droits de l'homme suivants ?

a. 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:

Oui

b. Indicateurs ou repères de performance permettant de vérifier la conformité avec les droits de l'homme standards dans le contexte des efforts liés au VIH:

Non

SI OUI à l'une des questions ci-dessus, décrire quelques exemples:

There exists a National Human Rights Commission that deals with the issue.

11. Au cours des 2 dernières années, est-ce que les formations ou les activités de renforcement des capacités ont eu lieu

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Oui

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Oui

12. Are the following legal support services available in the country?

a. Systèmes d'aide juridique pour l'assistance sociale liée au VIH:

Oui

b. Entreprises juridiques du système privé ou centres universitaires fournissant des services juridiques gratuits ou à prix réduit pour les personnes vivant avec le VIH:

Oui

13 Est-ce que des programmes sont en place pour réduire la stigmatisation et la discrimination liées au VIH ?:

Oui

IF YES, what types of programmes?

Programmes pour le personnel de santé:

Oui

Programmes pour les médias:

Oui

Programmes sur le lieu de travail:

Oui

Autre [préciser]:

Programs for school children

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

5

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

• Incorporation of human rights issues in SPM II • Workplace HIV/AIDS policies have been developed by the Confederation of Ethiopian Trade Unions and several ministries. Thus, discrimination and stigma has been reduced and PLHIV are becoming empowered to fight for their rights. • In the process of promoting human rights, the issue of HIV/AIDS was given attention by the Ethiopian Human Rights Commission and is being promoted as part of human rights issue.

Quelles difficultés demeurent dans ce domaine ?:

• The level of commitment at lower levels to ensure adequate integration of human right issues in the design and

implementation of HIV/AIDS plans and programs, • Poor monitoring and evaluation system in place to ensure the implementation of human rights related HIV/AIDS programs at different levels. • Lack of technical and financial support for partners' engagement on rights advocacy related to HIV/AIDS. • Scaling up of BCC in rural areas

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

5

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

Since 2009, there is some progress in drafting specific HIV/AIDS related legislation and revising the HIV policy to promote and protect human rights in relation to HIV/AIDS. For example: • The Labour Law No. 377/96 has been revised in EFY 2004 and is awaiting approval. The revision prohibits discrimination on grounds of nationality, sex, religion, political beliefs and HIV/AIDS. • The Ministry of Labour and Social Affairs (MOLSA) is exerting a lot of effort to implement the ILO Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200). • MOLSA has also prepared a draft National Policy on Occupational Health and Safety in EFY 2004. This policy framework explicitly states that HIV/AIDS prevention, control, treatment, care and support interventions should be provided at workplaces integrated with occupational health and safety services; and also stipulates that measures will be taken to protect workers living with the virus from stigma and discrimination. • Moreover, there are some encouraging developments to enforce the existing policies, laws and regulations at work places using the collective agreement and through participation of employers and trade union structures.

Quelles difficultés demeurent dans ce domaine ?:

• There are current policy gaps with respect to human rights related policies, laws and regulations (e.g. there are no policies or laws concerning provision of services for MSM, people who inject drugs and transgendered people) that are not addressed so far.

B - IV. PREVENTION

Est-ce que le pays a identifié des besoins spécifiques pour les programmes de prévention sur le VIH ?:

Oui

SI OUI, comment ces besoins spécifiques ont-ils été déterminés ?:

• Based on needs assessments and available HIV evidence (epidemiology, level of current HIV response). Existing evidence is still incomplete e.g. data on MARPS is inadequate, no HIV synthesis studies available in all regions. • The PMTCT Guidelines (4 prongs)

1.1 To what extent has HIV prevention been implemented?

Sécurité transfusionnelle:

Strongly Agree

Promotion du préservatif:

Strongly Agree

la réduction des méfaits pour les consommateurs de drogues injectables:

Strongly Disagree

la prévention du VIH pour les jeunes non scolarisés:

Strongly Agree

la prévention du VIH sur le lieu de travail:

Strongly Agree

Dépistage du VIH et conseils:

Strongly Agree

l'IEC sur la réduction des risques:

Strongly Agree

l'IEC sur la réduction de la stigmatisation et de la discrimination:

Agree

Prévention de la transmission de la mère à l'enfant:

Strongly Agree

la prévention pour les personnes vivant avec le VIH:

Agree

Santé reproductive, incluant la prévention et le traitement des infections transmises sexuellement:

Strongly Agree

la réduction des risques pour les partenaires intimes chez les populations clés:

Agree

la réduction des risques pour les hommes ayant des rapports sexuels avec des hommes:

Strongly Disagree

la réduction des risques pour les professionnel(le)s du sexe:

Agree

pour les jeunes, l'éducation sur le VIH dans les écoles:

Strongly Agree

Précautions universelles dans les contextes de soins sanitaires:

Agree

Autre [préciser]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

6

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

Government has taken responsibility for implementing the prevention component; and key achievements in this area include: • Steady increase in community conversation program • Good IEC/BCC materials have been developed and used by the media • Most of the CBOs participated in prevention activities e.g. Self-help organizations at community level are involved in prevention activities • Community mobilization has been scaled up

Quelles difficultés demeurent dans ce domaine ?:

• Access and quality gaps.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Oui

Si oui, identifier brièvement les éléments ainsi que ce qui a été retenu comme prioritaire:

• Chronic care and treatment services • TB/HIV collaborative activities • Laboratory and referral system • Supply management system in relation to availability of essential OI, ARV drugs and reagents • Treatment literacy and adherence counselling • Chronic care and treatment services in the private sector • Human resource issues • ART provision, IGA and psycho-social support are given priority.

Identifier brièvement comment les services de traitement, de soins et d'accompagnement liés au VIH sont intensifiés:

Other than the above mentioned strategies, care and support services are being scaled up by implementing the following strategies: • Strengthen the involvement of local communities in care and support-focus on accessibility to rural areas • Enforce the provision of standardized care and support to OVC and PLHIV-focus on quality and standards • Enhance school based OVC support. • Strengthen income generation activities to sustain the program-allow more resources for care and support

1.1. Dans quelle mesure ces services de traitement, de soins et d'accompagnement liés au VIH ont-ils été mis en oeuvre ?

la thérapie antirétrovirale (ART):

Strongly Agree

Traitement antirétroviral pour les patients TB:

Strongly Agree

la prophylaxie par le cotrimoxazole chez les personnes vivant avec le VIH:

Agree

Diagnostic infantile précoce:

Agree

services de soins et d'accompagnement liés au VIH sur le lieu de travail (notamment des arrangements pour travailler de manière alternée):

Agree

dépistage du VIH et conseils pour les personnes vivant avec la TB:

Strongly Agree

Services de traitement du VIH sur le lieu de travail ou systèmes d'orientation-recours pour le traitement à travers le lieu de travail:

Agree

Soins nutritionnels:

Disagree

Traitement pédiatrique du sida:

Agree

l'ART pour les femmes après l'accouchement:

Agree

la prophylaxie post-exposition pour exposition non professionnelle (par ex., agression sexuelle):

Disagree

la prophylaxie post-exposition pour exposition professionnelle au VIH:

Agree

l'accompagnement psychologique pour les personnes vivant avec le VIH et leurs familles:

Agree

la gestion de l'infection transmise sexuellement:

Agree

Contrôle de l'infection de TB dans les structures de traitement et de soins liés au VIH:

Agree

la thérapie préventive de la TB pour les personnes vivant avec le VIH:

Agree

dépistage de la TB pour les personnes vivant avec le VIH:

Agree

Traitement des infections communes liées au VIH:

Agree

Autre [préciser]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

7

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

• The HIV treatment, care and support program has been scaled up. The number of people under ART has increased mainly due to free ART service expansion; and this rapid scale up has increased access to service. ART sites expanded in a sustained and rapid way and ARV became freely available for patients. • There are no adequate interventions regarding nutritional care and support to PLHIV and treatment for cases with opportunistic infections.

Quelles difficultés demeurent dans ce domaine ?:

• Maintaining quality service is a challenge due to rapid rate of scale up, and lack of human and financial resources. • Still high losses to follow up among PLHIV enrolled in treatment and care.

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

Oui

2.1. SI OUI, existe-t-il, dans le pays, une définition opérationnelle des orphelins et des enfants vulnérables ?:

Oui

2.2. SI OUI, est-ce que le pays a un plan national d'action spécifique pour les orphelins et les enfants vulnérables ?

:

Oui

2.3. SI OUI, est-ce que le pays dispose d'une estimation du nombre d'orphelins et d'enfants vulnérables qui sont touchés par les interventions qui existent actuellement ?:

Oui

2.4. SI OUI, quel pourcentage d'orphelins et d'enfants vulnérables est touché ?:

15%

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

6

Depuis 2009, quelles ont été les réalisations clés dans ce domaine:

• A guideline on the minimum service package for Orphans and Vulnerable Children (OVCs) was produced and distributed. Support to OVCs is undertaken at present on the basis of the new guideline which lays out a minimum service package to OVC. • The average score given by the eleven respondents is consistent with the performance of the multi-sectoral HIV/AIDS response elaborated in the M&E Report. Most of the respondents stated that the country has a strategy that addresses the additional HIV-related needs of orphans and other vulnerable children. In fact a new guideline which provides guidance in the provision of a minimum service package to OVC is in place. There is an operational definition as well as a national action plan specifically for OVC. The coverage in the provision of support to needy orphans and vulnerable children remains at a low level; however, despite the limited coverage, according to the M&E Report (2010/11) support to OVCs has steadily increased over the years. For example, educational support was provided to 352,201 OVCs in 2009/10 and to 354,660 in 2010/11. Food and shelter support increased from 104,399 in 2009/10 to 251,505 in 2010/11

Quelles difficultés demeurent dans ce domaine ?:

Still a large number of OVC do not receive a minimum package of HIV services.

Source URL: <http://aidsreportingtool.unaids.org/fr/69/ethiopia-report-ncpi>