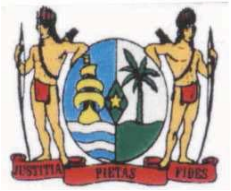
2010



SURINAME

COUNTRY REPORT ON

THE UNGASS ON HIV/AIDS

January 2008 – December 2009

Ministry of Health

Table of Contents

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BOG	Bureau of Public Health
BSS	Behavior Surveillance Survey
BTD	Blood bank
CAREC	Caribbean Epidemiology Center
CCPAP	Common Country Program Action Plan
CRIS	Country Response Information System
DD	Dermatological Department
HIV	Human Immunodeficiency Virus
IEC	Information Education and Information
ILO	International Labor Organization
M&E	Monitoring and Evaluation
MARPS	Most At Risk Populations
MICS	Multiple Indicator Cluster Survey
MM	Medical Mission
MOH	Ministry of Health
MSM	Men who have sex with men
NASA	National AIDS Spending Assessment
NGO	Non Governmental Organization
NSP	National Strategic Plan
NTP	National Tuberculosis Programme
PM	Patient Monitoring
PMTCT	Prevention of mother to child transmission
RHS	Regional Health Services
SBC	Suriname Business Coalition
STI	Sexually Transmitted Infections
SW	Sex Worker
TB	Tuberculosis
TWG	Technical Working Group
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary counseling en testing

Introduction

In June 2001 the Government of Suriname adopted the UNGASS Declaration of Commitment, thus underlining national commitment to the fight against HIV and AIDS.

In May 2004, the Government of Suriname and its partners developed the National Strategic Plan on HIV/AIDS 2004-2008 (NSP). The overarching objective of this NSP is: "to halt the spread of HIV and to reduce the negative effects of HIV and AIDS on the community". The NSP outlines a multi sector approach involving all sections of society. Since then this NSP served as the national framework for expansion and strengthening of the multi sectoral response against HIV/AIDS. Approval of a Global Fund grant and continued strong partnerships with UN and other partners provided the necessary financial resources for rapid expansion of national programs. In 2005 a second Global Fund grant enabled rapid up scaling of national-level and targeted prevention efforts.

Now, six years later, there are more stakeholders involved than ever before in financing and implementing this NSP. Responsibility for coordination of these various, national and international, actors in the HIV arena lies with the National AIDS Program of the Ministry of Health. The wide variety of stakeholders, both in terms of technical focus as well as geographic coverage, poses a challenge to coherent implementation of the NSP. The past two years have brought about significant increases in knowledge and lessons learned, both locally and globally, on how to respond more effectively to HIV.

In this 2010 update of the UNGASS Declaration of Commitment in the fight against HIV/AIDS outlines the report writing process, an overview of the status of the epidemic, the programmatic and political national response to HIV/AIDS and its monitoring based on the UNGASS indicators. Finally some identified challenges and remedial actions are presented.

1. Status at a glance

1.1. Report writing process

In the report writing process all public sector stakeholders were involved as well as the some of the private sector stakeholders, de UN agencies, PAHO/WHO and NGOs related to HIV AIDS response in Suriname. Meetings were held with the stakeholders in order to reach consensus on the available data.

Though gaps still remain in the available epidemiological data and the surveillance system still focuses primarily on coverage of the public sector, the completion of a few studies, such as different BSS and Seroprevalence studies, have provided more insights into the socio-cultural and economic forces which drive the epidemic. Also information regarding the range, quality and volume of services available were obtained. Some of these studies are

1.2 The status of the epidemic

Suriname has a generalized epidemic and HIV is prevalent in all layers and groups of society. It is estimated that approximately 1.1% of the adult population (age 15-49) is infected with HIV (UNAIDS 2009 estimation workshop). Since registration of the first case of HIV in 1983, there has been an upward trend until 2006. 610 new HIV cases were reported in 2005 and 740 in 2006[1]. From 2007 there is a decline in the number of new HIV cases seen with respectively 683 and 601 new cases in 2007 and 2008 (see figure 1)[2]

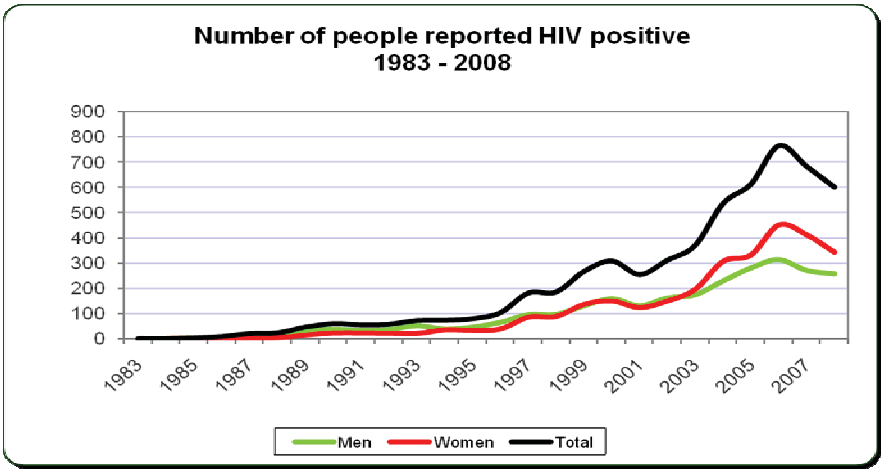


Figure 1: Number of people reported HIV positive, 1983 - 2008

[1] Factsheet Ministry of Public Health, HIV/AIDS Surveillance Team, Nov. 26, 2007. Revised: Feb. 4, 2008
[2] Draft HIV surveillance report 2004 – 2008, March 2010

Since the beginning of the HIV epidemic in Suriname, the number of reports of women with HIV, in comparison to men with HIV, has continued to increase and is even higher since 2003. The increase in the number of registered HIV infections among young women is remarkable. From 2001 to 2005, in the age group of 15-24, there were more registered HIV-positive women than men.

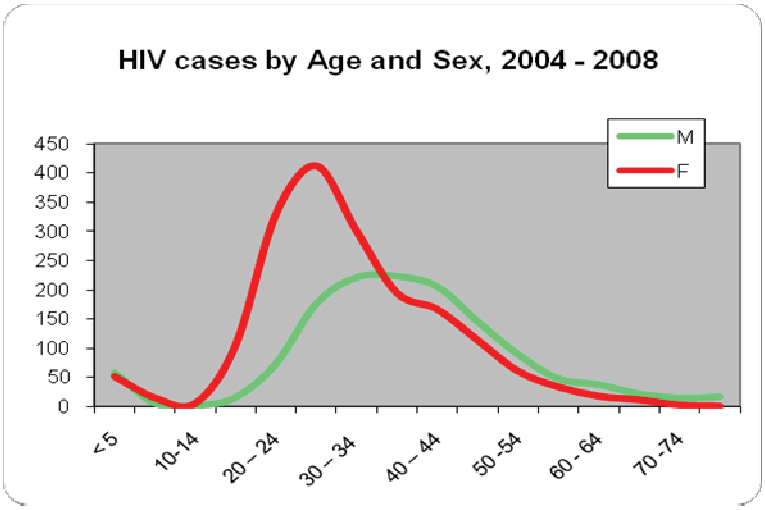


Figure 2: Number of HIV cases by sex and age, 2004 - 2008

Among the HIV cases, the person of Creole and Maroon descent are the largest group (see figure 3). Disparities between ethnic groups need closer study. Possible explanations could be ethnic culturally determined sexual patterns, perceptions about health and diseases, access to services and seeking aid behavior.[3].

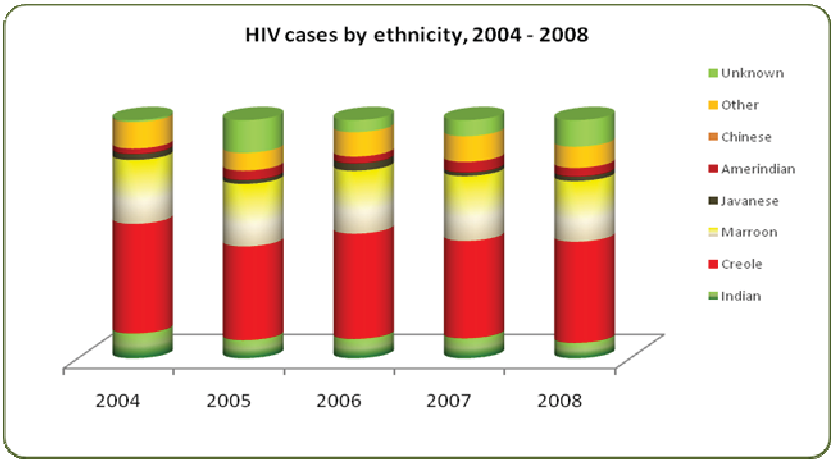
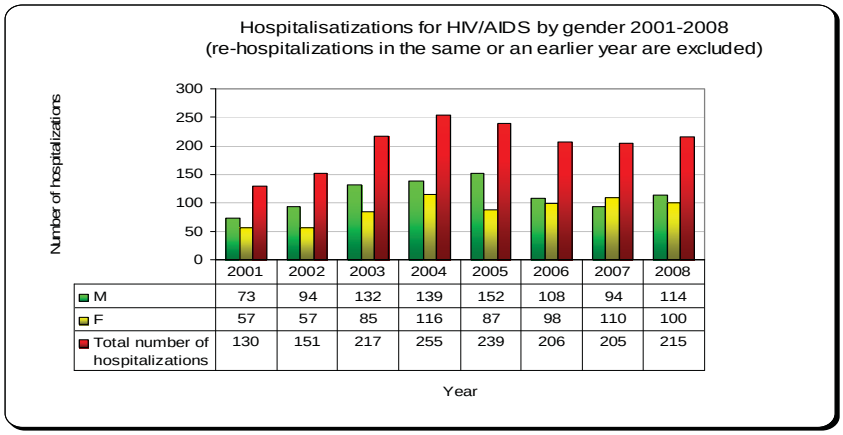


Figure 3: Number of HIV cases by ethnicity, 2004 - 2008

3 Medical Mission/ProHealth, 2005. 'Evaluation of the STI/HIV/AIDS program 1998-2003'

The annual numbers of HIV related hospitalizations suggest a decreasing trend. Hospitalizations went down from 255 in 2004 to 239 in 2005 and currently we are at 215 in 2008. There are fewer women hospitalized than men. Most hospitalized women are in the age group 20 - 44 years while the majority of male patients are in the age group 25 - 49 years.



	2001	2002	2003	2004	2005	2006	2007	2008
M	73	94	132	139	152	108	94	114
F	57	57	85	116	87	98	110	100
Total number of hospitalizations	130	151	217	255	239	206	205	215

Figure 4: Number of hospitalizations for HIV/AIDS by sex, 2004 - 2008

From 1997 to 2008, the cumulative number of certified cases of AIDS deaths is 1462. There are indications that the annual death rate due to AIDS has decreased. In 2004 and 2005, 171 and 181 persons respectively died of AIDS, but in 2006 this number dropped to 130 and in 2008 the reported number is 113. AIDS dropped from fifth to sixth place on the list of most frequent causes of death, in 2006. Causes for this decrease are the increase of early diagnostics and the wider availability of antiretroviral drugs (ARV).

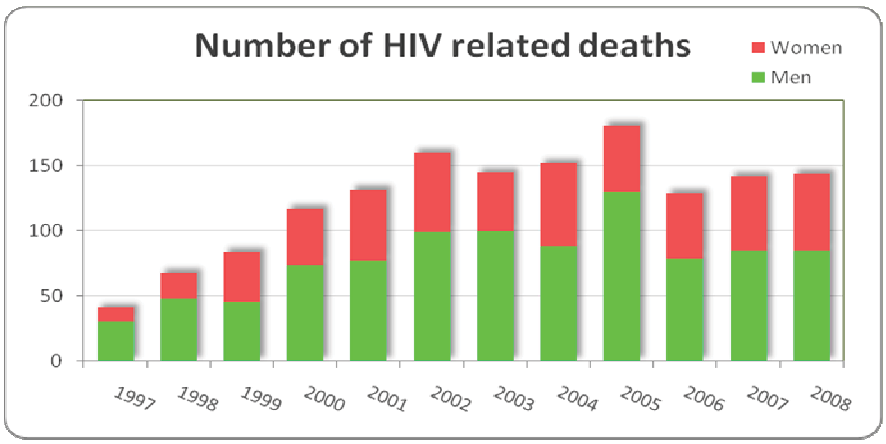


Figure 5: Number of HIV related deaths, 1997 – 2008

1.3 Policy and programmatic response

Since 2004 the HIV response in Suriname is guided by the National Strategic Plan for a multi sectoral approach of HIV/AIDS, 2004-2008. Mid 2007 preparations started for a joint review and revision of that NSP and the 1st of December 2009 the NSP 2009-2013 was officially launched. Both NSP's were developed as results based strategic frameworks and based on a national and broad consultative process.

The priority areas for strategic interventions remained more or less the same with slightly different focuses. The current 5 priority areas of the NSP are:

1. National Coordination, Policy and Capacity building

2. Prevention of further spread of HIV

3. Treatment, Care and Support

4. Reduction of stigma and discrimination of PLHIV

5. Strategic Information for policy development and service provision

1.4. UNGASS indicators overview table, 2006 – 2008

No	Indicator name	2006	2007	2008	Data source
National Commitment and Action Indicators					
1	Domestic and International AIDS spending by categories and financing sources	NASA will be conducted after 31st of March, 2010			
2	The National Composite Index (NCPI)	See Annex 2, page 29			

No	Indicator name	2006	2007	2008	Data source
	National Programme Indicators				
3	Percentage of donated blood units screened for HIV in a quality-assured manner	100%	100%	100%	Blood Transfusion Department
4	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	45%	60%	66%	National Patient Monitoring database
5	Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	64%	79%	83%	National Patient Monitoring database
6	Percentage estimated HIV-positive incident TB cases that received treatment for TB and HIV		32%	60%	National TB Programme / National Patient Monitoring database
7	Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	30.2%			MICS 2006
8	Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results	65.7%			Commercial Sex Work in Paramaribo, Suriname; A Behavioral Study among commercial sex workers in the streets, clubs, bars and salons of greater Paramaribo city, 2009
9	Percentage of most-at-risk populations reached with HIV prevention programmes	N.A			
10	Percentage of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child	N.A			No administrative data available
11	Percentage of schools that provided life-skills based HIV education within the last academic year	0%			Program data

No	Indicator name	2006	2007	2008	Data source
Knowledge and Behavior Indicators					
12	Current school attendance among orphans and non-orphans aged 10–14	N.A.			No data available
13	Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	41%			MICS 2006
14	Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	33.2%			Commercial Sex Work in Paramaribo, Suriname; A Behavioral Study among commercial sex workers in the streets, clubs, bars and salons of greater Paramaribo city, 2009
15	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	9.2%			MICS 2006
16	Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	1 %			MICS 2006
17	Percentage of women and men aged **15–49** who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	80 %			MICS 2006
18	Percentage of female and male sex workers reporting the use of a condom with their most recent client				Commercial Sex Work in Paramaribo, Suriname; A Behavioral Study among commercial sex workers in the streets, clubs, bars and salons of greater Paramaribo city, 2009
	Vaginal sex	98.4%			
	Anal sex	87%			
	Oral sex	94%			
19	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	89.1%			BSS: MSM, 2005

20	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	N.A.	Not a relevant indicator for Suriname
21	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	N.A.	Not a relevant indicator for Suriname

No	Indicator name	2006	2007	2008	Data source
Impact Indicators					
22	Percentage of young women and men aged 15-24 who are HIV infected	1%	0.9%	0.9%	National HIV Test database
23	Percentage of most-at-risk populations who are HIV-infected	N.A.			No sentinel site HIV test data available on MARPS.
24	Percentage of adults and children with HIV still alive and known to be on treatment 12 months after initiation of antiretroviral treatment	81%	78%	62%	National Patient Monitoring database
25	Percentage of infants born to HIV-infected mothers who are infected	N.A.			Data mining in progress

2. Overview of the AIDS epidemic

HIV surveillance is part of the regular surveillance in different groups in Suriname such as pregnant women, general population going for a HIV test, TB patients and blood donors. Furthermore periodically studies among the identified vulnerable groups are performed.

2.1. HIV test surveillance

Under the persons tested for HIV in Suriname, the prevalence among the tested men is higher compared to women. An explanation is that women are being tested regularly because of pregnancy compared to the men who are mostly being tested because of medical indication.

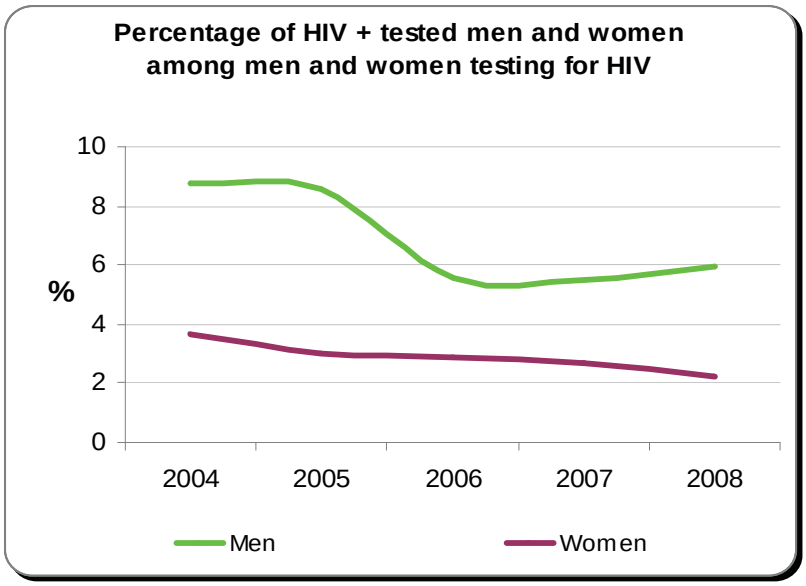


Figure 6: Percentage of HIV positive tested men and women among men and women testing for HIV by sex, 2004 – 2008
Source: National HIV Test database, 2009

2.2. Screening of pregnant women

Pregnant women constitute a cross-section of the general, sexually active population and therefore provide a reasonable estimation of the extent to which HIV has spread among the population. In 2005, 78%[4] of all pregnant women were tested for HIV, which increased to 82% in 2008. The HIV sero-prevalence found was on average 1.0% from 2003 to 2008. There was a slight increase in the age category 15-24, from 0.9 in 2004 to 1.1% in 2005.

[4] Screening coverage estimated based on the total number of births in 2005: 8,657

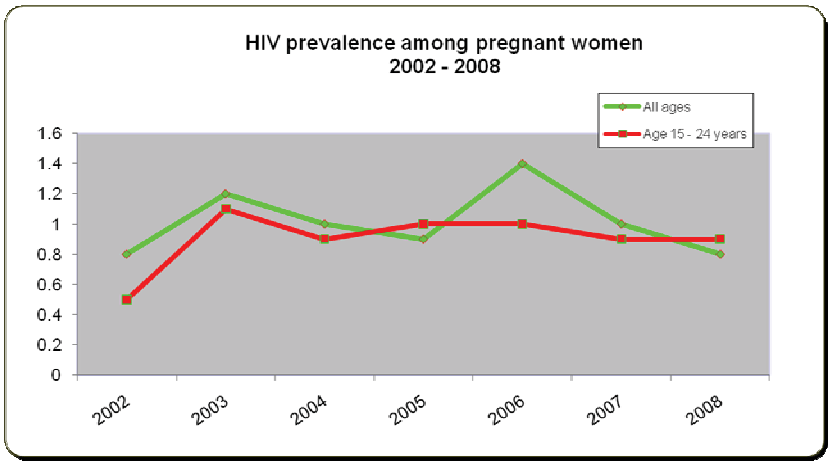


Figure 7: HIV prevalence among pregnant women, 2002 – 2008

2.3. Screening of Blood donors

During the period 2004-2008, HIV prevalence among active blood donors was 0.021%[5] annually. This was the result of blood screening of all donated, performed by the blood bank that followed documented operating procedures and participated in external quality assurance scheme.

2.4. Screening of Tuberculosis patients

From 2000 - 2003 on average 64 % of TB patients were tested on HIV. Of these persons tested 23% were HIV positive. In the next 4 years, from 2004 – 2008, the average percentage of testing went to 72 %, while the HIV prevalence, being 24% stayed somewhat the same.

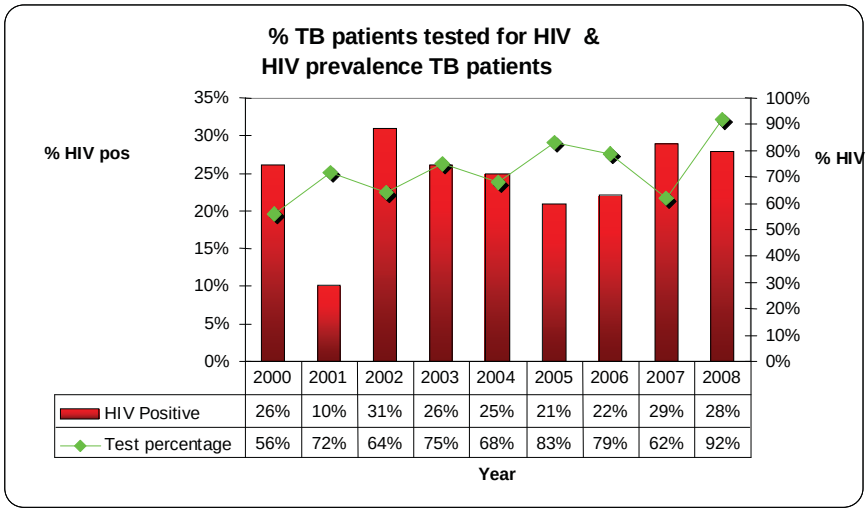


Figure 8: Percentage of TB patient tested for HIV and HIV prevalence among TB patients, 2000– 2008

Source: National Tuberculosis Programme, 2009

[5] HIV/AIDS/STI Surveillance Report 2004-2006

2.5. Special surveys among MARP's

Suriname has recognized the need to implement intensive surveillance on populations whose behaviors puts them in at increased risk to HIV, and has identified subpopulations whose specific behaviors make them important to the HIV epidemic. These populations are:

- Male and Female Sex Workers
- Clients of Sex Workers
- Man having Sex with Men
- Prisoners
- STI clinic clients
- Gold miners

Yea	SWs	Street SWs	MSM	Prisoner	Military	STI Clinics
198	0.00					0.00
198	1.00					0.60
199	2.50					
199						1.03
199	22.00			0.00		
199		22.00				
199			18.00			
199					1.40	
200	24.10		6.70			
200						2.8
200	7.2%	15.7%				

Table 2: Overview of HIV prevalence among MARPS, 1986 - 2009

In the past years HIV prevalence studies have been done among high risks subpopulation (see table 2). For 2010 a BSS and sero-prevalence study is planned among MSM.

3. National response to the AIDS epidemic

For the implementation of the NSP 2009 – 2013, Suriname came to the development of a new national Coordination structure (figure 9).

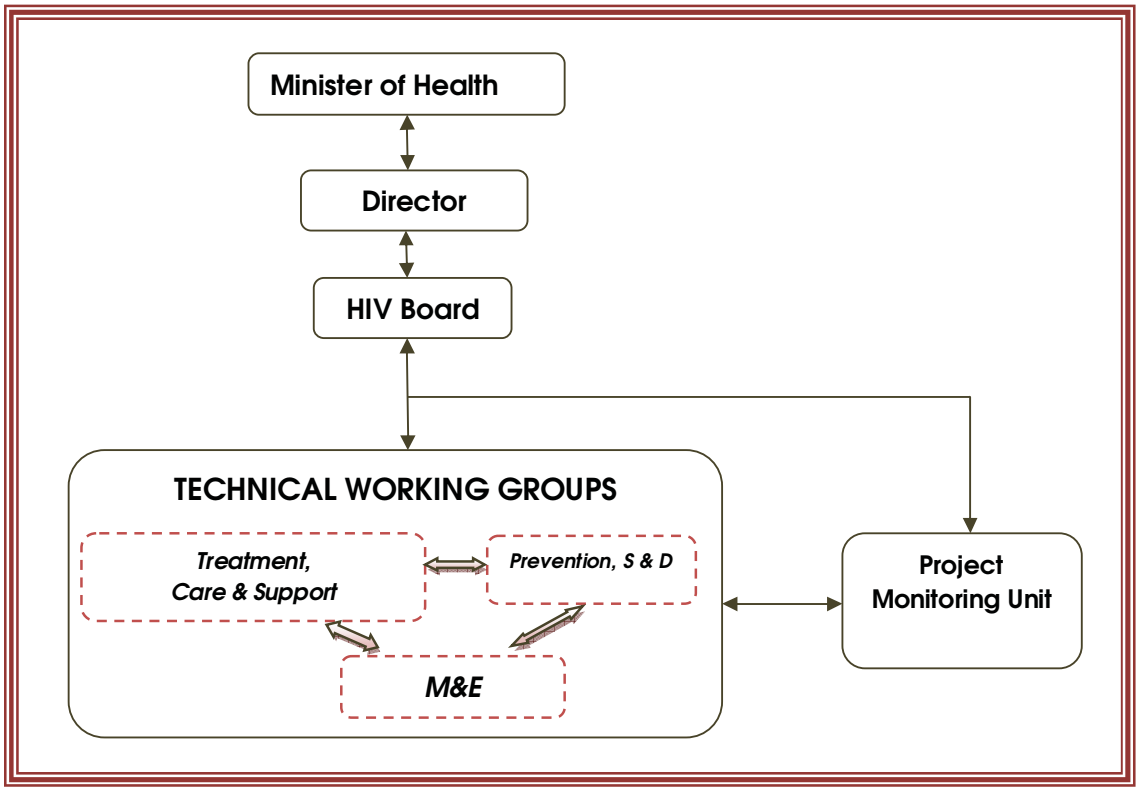


Figure 9: Organizational structure of the Suriname HIV/AIDS Programme

An HIV Board was installed, residing under the Director of Health. This Board has technical working groups advising and implementing the technical part of the HIV response. For good monitoring of the HIV related projects, such as Global Fund, a Project Monitoring Unit is responsible.

3.1 Multisectoral Participation

In order to speed up mainstreaming of HIV in government policies and programs, the HIV Board, besides persons of civil society, consists of members of different line ministries such as Ministry of Social Affairs, Labor and Education

HIV has been included as a priority in Suriname's current Multi-Annual Development Plan, 2006-2011, and in several other national policy documents, among others the National Gender Action Plan and the `Sexual and Reproductive health Policy.

Based on the NSP, increased efforts were made to include more partners in the response, which generated rewarding results. Since 2004, the private sector and faith based organisations increased their involvement and separate structures and mechanisms were put in place for an effective participation in the response. In this regard the Suriname Business Coalition (SBC) was established, and together with the government, resources were mobilized for the development of HIV workplace policies and programs, which in the past years have been implemented.

3.2 Financial commitment to the national HIV response

As part of the national commitment and actions the government is providing support through increased budget allocations for the HIV response.

In 2008 the government of Suriname, in particular the Ministry of Health, allocated a specific budget for the national coordination of the HIV response, amounted US$ 800,000. In the approved budget for 2009, the allocated government funds have been scaled up to US$1,007,714.

On a much smaller scales other ministries have also increased their expenditures on HIV, however not specified as such and therefore not identifiable on their budget.

In order to facilitate the production of accurate figures on government expenditures on HIV, Suriname plans to conduct the National AIDS Spending Assessment (NASA) account model later this year.

3.3 Summary Findings from the National Composite Policy Index

(See also Appendix 2, page 29)

A. 1. STRATEGIC PLAN

NSP on HIV AIDS 2009 -2013:

- NSP includes the sectors health, education, labor, armed forces as well as the target populations: young people, women and the MARPS such as SW, MSM, STI clients and gold miners.
- NSP is developed with active involvement of civil society in development operational plan through consultation and studying of drafted documents.

- NSP is integrated in national development plans (MADP 2006 - 2011) especially with the areas Prevention /Therapy/Care and support /Stigma and discrimination)
- The impact of HIV and AIDS on the national development is not evaluated for planning purposes.
- Overall there is a sense that the strategic planning efforts have improved since 2007

Since 2007, the key achievements in the area of Strategic Planning are:

- Mid 2007: Joint review of NSP 2004- 2008
- December 2007: action plan 2008 – 2009
- New coordination structure implemented to carry out HIV response
- December 2009: Based on recommendations from the joint review the current NSP 2009 – 2013 was launched
- Annual work plan NSP for 2010 developed and start with implementation
- January 2010: An M&E plan based on NSP 2009-2013 was developed
- Annual work plan M&E NSP for 2010 developed and start with implementation

The remaining challenges in this area are:

- Commitment and Capacity of implementing agencies

A. 2. POLITICAL SUPPORT

- There are no specific efforts through civil society to increase political support also no body promote interaction between government and civil society.
- Although no high officials except for the Minister of Health and some other health officials speak publicly and favorably about HIV efforts in major domestic forums still there some progress in the political support for the HIV programme since 2007

Since 2007, the key achievement in the area of Political Support is:

- Expansion of Government Budget for HIV Response

The remaining challenges in this area are:

- Increasing awareness of politicians regarding socio-economic consequences of HIV(Impact of HIV on the society)

A.3. PREVENTION

- Policy development that promotes information, education and communication on HIV to the general population is in progress.
- There is a growth in the prevention efforts and implementation: more awareness and in-depth discussion on approaches
- Overall the policy efforts in support of HIV Prevention are low or minimal since 2007

Since 2007, the key achievements in the area Policy efforts in support of HIV Prevention are:

- HIV programmes for some ministries (Labor, Education)
- Inventory of legislations on stigma and discrimination of HIV
- HIV on the workplace implemented in some companies

The remaining challenge in this area:

- Including Basic Life skills Program into the national curriculum in the primary and secondary schools and in the teacher training program

Since 2007, the key achievements in the area of efforts in the implementation of HIV prevention programmes are:

- Peer education programs
- Up scaling VCT / PMTCT (Know Your Status Campaign) (General population)
- Condom Promotion (Increase accessibility)
- Stigma & Discrimination awareness
- Knowledge increase of the youth

The remaining challenges in this area are:

- Awareness condom promotion for Armed forces
- Lack of capacity within NGOs working with MARPS
- Prevention efforts to be effective and resulting in reduction of transmission
- Development of tailor-made intervention programmes for sub-populations
- Lack of specific cultural, socio-economic, environmental and behavioral data on subpopulations for targeted interventions
- Putting knowledge and skills in to practice

A.4. TREATMENT, CARE AND SUPPORT

The efforts in the implementation of HIV treatment, care and support programmes has increased tremendously.

Since 2007, the key achievements in the efforts in implementation of treatment, care and support programmes are:

Process achievements

- Strengthened coordination through establishment of a national HIV Board
- Establishment of Centre of Excellence for HIV 2009/2010
- Increased Government budget for HIV

Outcome Achievements

- Increased # of persons tested for HIV
- People on HAART scaled – up
- 2nd line ARV Regimens for children expended
- General access to medication for Opportunistic Infections (2008) achieved
- Access to VL testing and genotyping provided on indication(2007/2008)
- All health care workers trained in developed protocols

The remaining challenges in this area are:

- Achieving equal access; reaching population in remote areas, especially in the interior of Suriname
- Reduction of S&D: Stigma is still a considerable obstacle in the response to HIV
- Improving PMTCT: the key challenge is to ensure that all pregnant women tested positive and their baby's are followed up and receive the necessary prophylaxes and treatment & Care

The efforts to meet the HIV-related needs: Treatment, Care and Support for orphans and other vulnerable children are very low.

There are no specific achievements for this combined group

Since 2007, the key achievements in the area of HIV related needs for children in general are:

- guidelines for treatment of children are developed
- Early infant diagnosis (PCR) available

The remaining challenge in this area is:

- To address the specific needs of the orphans and vulnerable children

A.5. MONITORING AND EVALUATION

Overall rating of M&E efforts has increased tremendously since 2007
Since 2007, the key achievements in the area of M&E efforts of the HIV Programme are:
- Establishment of M&E unit
- Development of an M&E plan
- Establishment of an M&E technical working group
- Development of an M&E work plan for 2010
- Development of databases for HIV testing, PMTCT and HIV-TB treatment

The remaining challenges in this area:
- Timeliness of data gathering
- Human resources for data collection and processing
- Integration and harmonizing different data sets

B. 1. HUMAN RIGHTS

- Initiatives and focus on this area with regard to HIV is still lacking although promotion and protection of human rights is explicitly mentioned in the NSP 2009 – 2013.
- There are laws for protection against discrimination in general; also service delivery is non- discriminatory.
- There is no legislation regulating the administration of sex education to children and young people in schools, according to the Basic Life Skills Committee under the Ministry of Education.
- However there are laws restricting or prohibiting access to sexual and reproductive health for young people less than 14 years of age, although the general practices does not follow.
- Free services are guaranteed by funding through project funds (Global fund) posing threats for continuation after ending of funds.

Since 2007, the key achievements in the area of the policies, laws and regulations in place to promote and protect human rights in relation to HIV are:
- The existing laws and regulations already promote and protect human rights
- In NSP on HIV 2009 – 2013 promotion and protection of human rights is explicitly mentioned.
- Reducing stigma and discrimination surrounding HIV is one of the 5 priority areas of the NSP on HIV 2009 -2013
- Involvement of PLWHA in the HIV Board

The remaining challenges in this area:

- Integrating Basic Life Skills components on HIV prevention for children and young people in to the national education curriculum, although the Education Sector Plan 2004 - 2008 aimed to adapt the BLS in to the formal curriculum
- Distributing condoms to prison inmates

The remaining challenges in the area enforcing the existing policies, laws and regulation are:

- Ensuring equal access to MARPS and / or other vulnerable subpopulations to HIV prevention, treatment, care and support
- Having monitoring and enforcement mechanisms in place for the promotion and protection of human rights

B.2. CIVIL SOCIETY PARTICIPATION

The participation of civil society has increased over the years.
Since 2007, the key achievements in the area of civil society participation are:

- At least 25% of the HIV services are provide by the civil society

The remaining challenges in this area are:

- involvement of civil society in strengthening the political commitment of top leaders
- Involvement of the civil society in M&E of the HIV response

B.3. PREVENTION

Although efforts in implementing services in prevention regarding blood safety, PMTCT, condom promotion and reproductive health services have increased, still questions on effectiveness and efficiency exist.

Since 2007, the key achievements in the area of efforts in the implementation of HIV prevention programmes are:

- There has been no progress to date towards including Basic Life Skills into the national curriculum and introducing policy for reaching out-of-school children.

- The military continued its ongoing HIV/AIDS awareness programme among its staff. In October 2009 the Ministry of Defense unveiled a two-year plan to develop a workplace policy on HIV/AIDS awareness that included the development of a policy and protocols manual, free condom distribution, and training of peer educators, with the goal of reducing the risk of HIV/AIDS to military personnel and their families.
- The Ministry of Labor implemented a two year ILO funded project on HIV prevention at the workplace, including development of protocols and development and implementation of BCC interventions and establishment of an HIV focal point at a number of enterprises.

The remaining challenges in this area are:
- implementing the specific needs for HIV prevention programmes

B. 4. TREATMENT, CARE AND SUPPORT

TREATMENT, CARE AND SUPPORT in general

Since 2007, the key achievements in the area of the efforts in the implementation of HIV treatment, care and support programmes are:

- The treatment, care and support efforts have increased
- Specific needs for HIV treatment, care and support services have been identified and scaled up

The remaining challenges in this area are:
- Implementation of the HIV treatment, care and support services in order to ensure that the majority of people in need have access to ART, STI management, psychosocial support to people living with HIV and their families, home based care and HIV care and support in the workplace

TREATMENT, CARE AND SUPPORT for orphans and other vulnerable children

Civil society contribution in services is high (at least 50 %) in most areas (prevention programs to youth and vulnerable sub populations, home based care and support to orphans and other vulnerable children).

Since 2007, the key achievements in the area of efforts to meet the HIV-related needs of orphans and other vulnerable children are:
No progress to report.

The remaining challenges in this area are:
- Develop and implement a policy or strategy to address the additional HIV related needs of orphans and other vulnerable children.

4. Best practices

The labor force accounts for a majority of the national population and prevention of HIV can be considered critical in this 'backbone of the economy'. In this regard the active involvement of the private sector and trade unions is identified as a major strategy in the response against HIV.

Guided by the NSP and in particular by the 'ILO Code of Practice on HIV and the world of work', the business sector, the Ministry of Labor and workers unions joined forces in the response against HIV, which resulted in some milestone achievements in the workplace response against HIV.

First, the establishment of the Suriname Business Coalition against HIV (SBC) in December 2005, funded by the Dutch Embassy, currently includes ten medium to large companies in Suriname (with 1000-2500 employees). In three of the nine companies, based on KAPB surveys, draft HIV policies were developed and integrated in existing HR policy. Guided by international standards and the specific Surinamese experiences, the SBC developed an adjusted model policy on HIV in the workplace, which would make it much easier for the remaining enterprises to follow in policy development. Non governmental organizations such as Maxi Linder Foundation and Mamio Namen Project contributed by providing HIV sensitization and training for workers, including human resource managers. Working towards a more systematic and strategic approach, the SBC developed a costed strategic plan for the period 2008-2009, including an action plan.

Further, worth mentioning is the piloting of the male circumcision program as a HIV preventive intervention. With this program Suriname has been the first in the Caribbean to promote and offer male circumcision as a HIV preventive intervention. The pilot will be evaluated later in 2010 and lessons learnt will be drawn to provide input to scaling up this intervention. It is hoped that this program may then serve as best practice to the Caribbean region.

5. Major challenges and remedial actions

The major challenges currently being faced and some actions that would contribute to the achievement of milestones and targets are summarized below:

Key Issues	Major challenges	Remedial actions
Strategic Planning	Commitment and Capacity of implementing agencies	Strengthening capacity of the implementing agencies based on the needs assessment
Political Support	Increasing awareness of politicians regarding socio-economic consequences of HIV	Awareness campaign for politicians
Prevention	- Lack of capacity within NGOs working with MARPS - Prevention efforts to be effective and resulting in reduction of transmission - Lack of specific cultural, socio-economic, environmental and behavioral data on subpopulations for targeted interventions	- Strengthening capacity of NGOs based on the needs assessment - Development of tailor-made intervention programmes for sub-populations - Develop and conduct research program to collect specific data for tailored interventions
Treatment, Care and Support	- Reduction of S&D: - Improving PMTCT: - Addressing the specific needs of the group of orphans and vulnerable children - Implementation of psychosocial support system for people living with HIV and their families	Up scaling the activities regarding the reduction of S &D and PMTCT
M&E	- Timeliness of data gathering - Human resources for data collection and processing - Integration and harmonizing different data sets	Implement action plan based on assessment of the current M&E system
Human Rights	Having monitoring and enforcement mechanisms in place for the promotion and protection of human rights	
Civil Society Participation	involvement of civil society in all aspects of the HIV response	Inclusion of the civil society in the HIV Board in order to increase their involvement in the HIV Response

6. Support from the country's development partners

Suriname's development partners showed continued support of HIV and AIDS efforts through different sectors. Guided by the multi-sectoral approach, in the past years increased efforts have been made to involve government ministries at the national and district level, local and international NGOs, community based organizations, religious organizations, international donors, private sector, United Nations and other multilateral agencies. This approach implies harmonization of individual and group efforts into an effective coordinated national response. Each partner is therefore encouraged to bring into play their individual comparative advantages into the process, but with the overall coordination, monitoring and evaluation of the NAP.

Within this context the newly developed UNDAF approach could serve as a good initiative to work towards program support. A United Nations Development Assistance Framework (UNDAF) has been signed in 2007 by the Surinamese government and the United Nations, shortly followed by the agreement on a Common Country Programme Action Plan (CCPAP) for a 4 year period: 2008-2011. In this Action Plan, identified priority programmes regarding subdivided into priority projects. HIV/AIDS is identified as a priority project under the program 'Improved social services'.

Financial and technical support needed to conduct NASA in 2010

7. Monitoring and Evaluation environment

In the UNGASS report 2007 one of the major challenges identified were a weak M&E environment. In the last 2 years Suriname has worked towards improvement of this environment.
Some of the concrete actions regarding M&E are:

- Installation and functioning TWG M&E
- Establishment of M&E unit with at least one full time officer. This unit has good integration in the already existing National Health Information System and close links with the established Bureau of Public Health, Epidemiology department
- M&E plan which includes national, project and internationally required indicators. The plan for data collection and feedback is also included in this plan (see figure 10)
- M&E work plan for 2010

Some of the challenges still faced are:

- Timeliness of data gathering
- Human resources for data collection and processing
- Integration of different data sets

Remedial actions

- Clear responsibilities with defined timelines
- Execution of capacity building schedule regarding M&E for not only personnel at national level but especially for implementing organizations
- Integration of different databases such as HIV test, PMTCT and Patient monitoring database

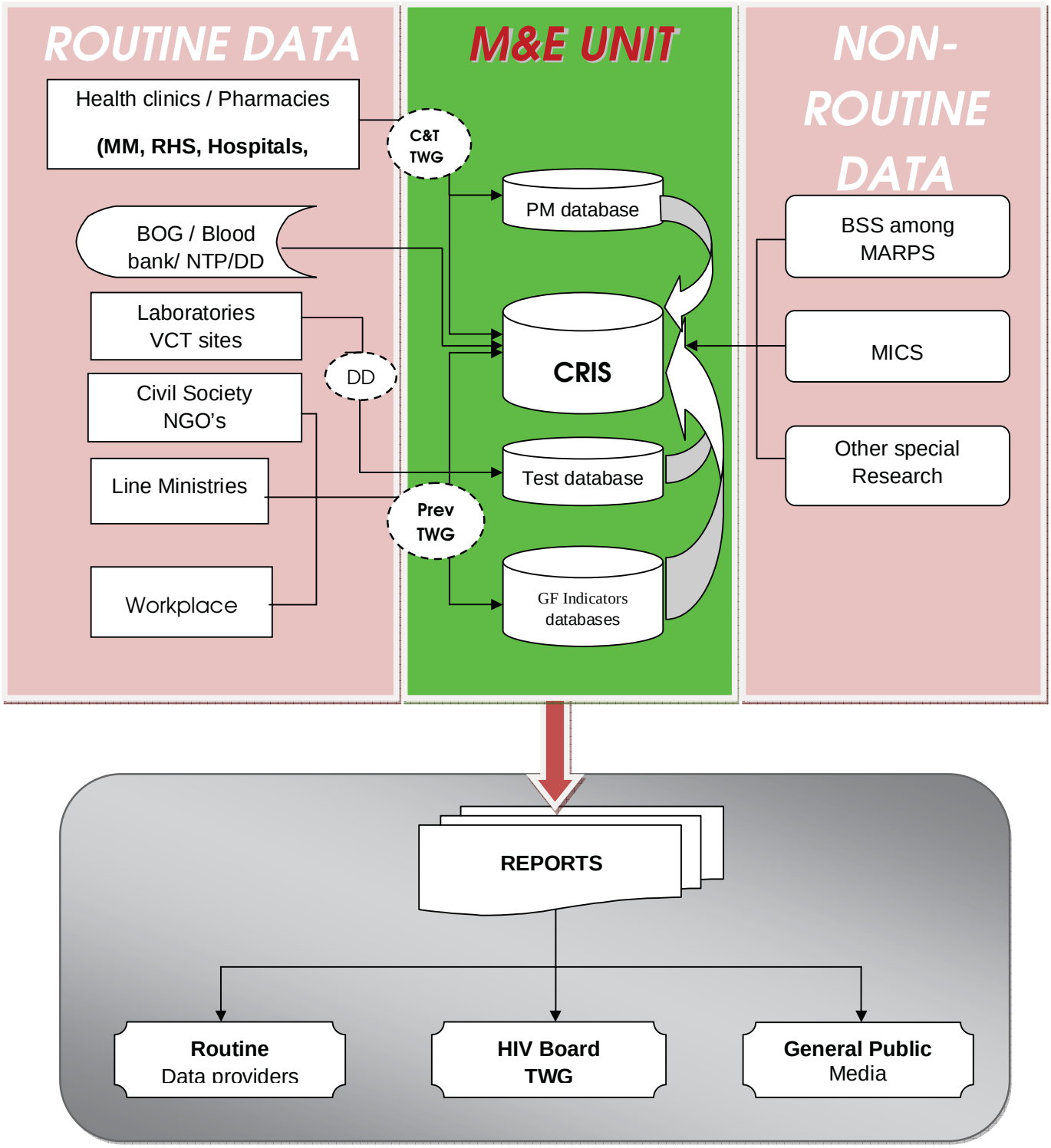


Figure 10: SUMMARY OF DATA AND INFORMATION FLOW[6]

[6] HIV/AIDS Monitoring and Evaluation plan, Ministry of Health Suriname, January 2010

Annex 1 Consultation/preparation process for the Country Progress Report on monitoring the follow up to the *Declaration of Commitment on HIV/AIDS*

1) Which institutions/entities were responsible for filling out the indicator forms?

a) NAC or equivalent (HIV Board)	Yes
b) NAP	
c) Others , (please specify)	Yes
TWG M&E	Yes
TWG Treatment, Care & Support	Yes
TWG Prevention , S & D Reduction	Yes

2) With inputs from:

Ministries	Education	Yes	
	Health	Yes	
	Labour	Yes	
	Foreign Affairs		No
	Others (Please specify)		
	Social Affairs	Yes	
Civil society organizations		Yes	
People living with HIV		Yes	
Private sector			No
United Nations organizations		Yes	
Bilaterals			
International NGOs			
Others (please specify)			

3) Was the report discussed in a large forum? Yes

4) Are the survey results stored centrally? Yes

5) Are data available for public consultation? Yes

6) Who is the person responsible for submission of the report and for follow-up if there are questions on the Country Progress Report?

Name / title:	Maltie Algoe, M.D.	Deborah Stijnberg, M.D.
Date:	31 .03 .2010	31. 03. 2010
Address:	H.A.E. Arronstr 64 Paramaribo	H.A.E. Arronstr 64 Paramaribo
Email:	nhis_moh_suriname@yahoo.com	debbystijn@yahoo.com
Telephone:	00 597 410441 # 333	00 597 410441 # 333
Signature:		

ANNEX 2
National Composite Policy Index (NCPI)
SURINAME
2010