APPENDIX 1.

UNGASS COUNTRY PROGRESS REPORT
UNITED KINGDOM (January 2008- December 2010)

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1. STATUS AT A GLANCE

1.1 The Department of Health (DH) and the Health Protection Agency, have completed the monitoring report for UNGASS 2010 on behalf of all four UK health departments. In completing the report, the DH was very grateful to the Terrence Higgins Trust and National AIDS Trust for completion of Part B of the National Policy Composite Index on behalf of civil society (submitted separately). They did this in consultation with other civil society organisations and people living with HIV. The HPA led on completion of the detailed Core Indicators numbers three to 25 as set out in the UNAIDS Reporting Guidelines.

1.2. The UK has a relatively low prevalence of HIV and AIDS. In their 2009 annual report[1] the Health Protection Agency (HPA) estimated that there were 83,000 persons living with HIV in the UK in 2008 (both diagnosed and undiagnosed), equivalent to 1.3 per 1,000 population in the UK (1.8 per 1,000 men and 0.88 per 1,000 women).

1.3. UK governments have prioritised action on HIV since reports of the first cases of AIDS in the 1980s. In 2001 in England, the Department of Health published the National Strategy for Sexual Health and HIV which has been complemented by similar strategies and frameworks in Scotland, Wales and Northern Ireland. In 2008, the Independent Advisory Group on Sexual Health and HIV, (set up by the Department of Health in 2003 to support and advise on implementation of the English strategy) published their review of progress on the English strategy.[2] DH formally responded to this in July 2009.

2. OVERVIEW OF HIV IN THE UNITED KINGDOM

2.1 The Health Protection Agency, on behalf of Health Protection Scotland, the National Public Health Service for Wales and the Department of Health, Social Services and Public Safety Northern Ireland, publish an annual *Report on HIV in the UK.* In their latest annual report, published in November 2009, the HPA reported that:

- At the end of 2008, an estimated **83,000 people** (of all ages) were living with diagnosed or undiagnosed HIV in the UK.

- Over a quarter (**27% 22,400**) of those living with HIV were unaware of their infection.

Numbers seen for HIV care

- A reported **61,213** HIV-diagnosed individuals were seen for care in the UK during 2008, representing an increase of **8%** on 2007. The increase reflects both the rise in the number of HIV diagnoses and the decrease in HIV-related deaths since the introduction of antiretroviral therapies.

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1 *HIV in the United Kingdom: 2009 Report*, London: Health Protection Agency, Centre for Infections. November 2009 http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1259151891866

2. Independent Advisory Group on Sexual Health 2008

- In 2008, among all diagnosed persons accessing HIV-related care in the UK, 50% were heterosexual, 42% were men who have sex with men (MSM), and 2.4% were injecting drug users.

New diagnoses

- 7382 new diagnoses were reported in 2008. This represents a slight decline on previous years, predominantly due to fewer diagnoses in people who acquired their infection abroad.

Men who have sex with men (MSM)

- Men who have sex with men (MSM) remain the group at highest risk of acquiring HIV in the UK. In 2008, an estimated **2,800** diagnoses were attributable to sex between men, and, where reported, **83%** of infections were probably acquired in the UK.

- There has been a steady rise in HIV diagnoses in MSM since 2000, the result of a number of factors, including increased HIV testing among MSM, continued transmission of HIV and improved reporting.

Heterosexually acquired HIV

- The major factor contributing to the rapid rise in the number of new HIV diagnoses since 1999 has been increased diagnosis of infections acquired through heterosexual contact in high HIV prevalence areas, mainly Africa.

- Heterosexually acquired infection accounted for around **58%** of new HIV diagnoses in 2008, compared to **38%** that occurred among MSM. In 2008, there were an estimated **4,260** diagnoses attributable to heterosexual contact.

- Although at a relatively low level there has been a steady increase in the number of diagnoses of HIV infection in people thought to have acquired their infection heterosexually within the UK, from an estimated 700 in 2004 to an estimated **1,080** in 2008. Most of these individuals were probably infected by partners who had been infected outside Europe, mainly in Africa.

AIDS diagnoses and deaths

- By contrast, the number of AIDS diagnoses and deaths fell markedly after the introduction of antiretroviral therapies (ARVs) in the mid-1990s and they have remained relatively constant in recent years. Deaths among HIV-infected persons have fallen from a peak of around 1726 in 1994 to **571** in 2008. AIDS diagnoses have dropped from a peak of 1882 in 1994 to **700** in 2008.

Injecting drug users (IDUs)

- Following the introduction of needle exchange schemes and other harm minimisation interventions since the 1980s, transmission amongst IDUs remains very low. The total number of HIV cases among IDUs remains low with an estimated 185 new diagnoses in 2008.

Uptake of testing

- The uptake of voluntary HIV testing in GUM and antenatal clinic settings continues to increase. In GUM clinics this increased to **93%** in 2008 compared with 77% in 2004.

Pregnant women

- Diagnosis rates of HIV in pregnant women have increased since the introduction in 1999 of the universal offer and recommendation of an HIV test to pregnant women in England as a routine part of antenatal care. In the UK in 2008, **95%** of pregnant women accepted an HIV test. Consequently at least **90%** of HIV-infected pregnant women had their HIV diagnosed before giving birth. This represents an increase from about 70% in 1999.

Late diagnosis of HIV

- In 2008, an estimated 32% (2,310/7,218) of adults aged over 15 years were diagnosed with a CD4 cell count lower than 200 within three months of diagnosis.

- The proportion of adults diagnosed late was lowest among MSM (20%) compared with heterosexual women (36%) and heterosexual men (44%). A substantial percentage of late diagnoses among the latter two groups were due to persons having acquired their infection abroad many years prior to their arrival and subsequent diagnosis in the UK.

- The proportion diagnosed with a CD4 cell count lower than 350 (the threshold at which revised guidelines from the British HIV Association recommend treatment were 43%, 61% and 66% respectively.

3. NATIONAL RESPONSE

3.1 UK Governments have prioritised action to respond to HIV and AIDS since the first reports of AIDS in the mid-1980s. Actions have included screening of the blood supply, early introduction of needle-exchange schemes and harm-minimisation programmes for injecting drug users, public education campaigns, targeted health promotion programmes for gay men and African communities, confidential and voluntary self-referral HIV testing services and dedicated funding for NGOs.

3.2 Antiretroviral therapies (ARVs) have been widely available throughout the UK since their introduction in the mid-1990s and are prescribed in line with guidelines agreed by the British HIV Association (BHIVA). In 2001, in response to concern about increasing rates of sexual ill-health, including HIV, the Department of Health published the first ever national strategy for sexual health and HIV in England. HIV was prioritised in four of the five goals which also address increasing rates of other sexually transmitted infections (STIs) and unplanned pregnancy.

3.3. In 2007, the Government commissioned the Independent Advisory Group on Sexual Health and HIV (IAG) to undertake a review of progress made in implementing the national strategy. The IAG published their report in July 2008. It recommended a wide-ranging set of actions at the national, the regional and local level, to respond to the changing environment, including devolved decision-making in

the health service. The Government responded to the IAG's review in July 2009.[3] The current English strategy ends in 2011, and the Department of Health is already considering what further action is needed to sustain and increase improvements in sexual health and HIV outcomes and respond to new challenges. A major national consultative conference took place in February 2010, addressed by the Minister for Public Health, the Chief Medical Officer and attended by 400 participants including sexual health and HIV clinicians, planners of sexual health services, people living with HIV and other civil society representatives. The outcome of the conference, along with the IAG's review, will inform the review process.

3.4 Action to implement the current English strategy has included:

- investing over £750,000 in eight pilots aimed at reducing undiagnosed HIV by considering options for more routine voluntary HIV testing in health and community-based settings in high prevalence areas,

- sustained and increased (20%) funding for the AIDS Support Grant which contributes to HIV social care services provided by local authorities,

- sustained funding for national HIV health promotion interventions for men who have sex with men (MSM) and African communities, the groups most at risk managed by NGOs (respectively the Terrence Higgins Trust and the African HIV Policy Network),

- funding of toolkits on HIV for Christian and Muslim faith leaders, developed by faith groups and the African HIV Policy Network and others,

- funding three NGOs for work on reducing HIV-related stigma,

- establishing an Independent Advisory Group on Sexual Health and HIV in 2003 to monitor implementation of the national strategy. Membership includes civil society and people living with HIV ;

- launch of *Sex. Worth Talking About* awareness campaign (Nov 2009)

3.4 In England, the Department of Health set a national target to provide an appointment in a genitourinary medicine (sexual health) clinic within 48-hours of contacting the clinic. The target was met in March 2008 and excellent progress is being maintained. In May 2005, only 45% obtained an appointment within 48 hours. This is important for HIV prevention and care since the majority of HIV is diagnosed in GUM services and the earlier HIV is diagnosed, the sooner a person can access treatment and make any behaviour changes to modify the risk of onward transmission.

3.5. In **Wales**, the Welsh Assembly Government have recently consulted on the Sexual Health and Wellbeing Draft Working Paper. This refreshes their previous sexual health Strategy and will be launched in 2010. The paper contains action on HIV prevention, treatment and care.

3.6 In **Scotland**, the Scottish sexual health strategy *Respect and Responsibility* incorporates HIV as an integral part of its ongoing action plan at both national and

[3] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103090

local levels. The Scottish Government published its HIV Action Plan in Scotland in November 2009. A strategic framework which aims to refocus action across Scotland, the plan promotes the importance of prevention in addition to good quality treatment and care. The overall aims of the HIV Action Plan are to

- Integrate HIV prevention, diagnosis, treatment and care
- Reduce HIV transmission and undiagnosed HIV through social marketing, education, service provision and guidance
- Improve performance management and accountability

3.7 The plan has a focus on vulnerable populations, MSM and those from areas of high prevalence, particularly African countries, as well as acknowledging the needs of the general population.

3.8 In **Northern Ireland** the Department of Health, Social Services and Public Safety (DHSSPS) issued a five-year Sexual Health Promotion Strategy and Action Plan in 2008. The Strategy aims to improve, protect and promote the sexual health and well-being of the population in NI. A key objective of the Strategy is to reduce the incidence of sexually transmitted infections including HIV. Planned action includes improved access to GUM and sexual health services, raising awareness of HIV for both the public and health professionals, with a particular focus on those most at risk, and preventative initiatives including community based programmes and outreach programmes. In addition, the DHSSPS also funds a number of voluntary organisations working in the field of HIV prevention through information, education and awareness raising.

4. BEST PRACTICE

4.1 Examples of best practice include: political engagement with civil society and other key players, a supportive legislative and policy environment, high quality epidemiological surveillance and monitoring, sustained evidence-based national HIV health promotion campaigns and programmes for the groups most affected by HIV and a programme of innovative pilots to reduce undiagnosed HIV.

4.2 Over the last two years, in England Health Ministers have:

- responded to Parliamentary debates and questions on HIV,
- included HIV in a key-note speech on sexual health at a major national conference,
- convened a meeting with HIV positive people and discussed their concerns on HIV-related stigma,
- met Chief Executives from the major HIV and sexual health charities,
- attended meetings of the Independent Advisory Group on Sexual Health and HIV,
- met with professional sexual health and HIV healthcare organisations;

4.3. In addition the Department of Health has:

- published an Equality Impact Assessment for National Sexual Health Policy[4],

- spoken about HIV prevention at major national conferences held by the Terrence Higgins Trust and African HIV Policy Network,

- participated jointly with officials from the Department for International Development and members of UK civil society at the 2008 UNGASS meeting,

- participated in the European Commission's AIDS Think Tank, and

- worked with officials in the Ministry of Justice, the Crown Prosecution Service (CPS), and HIV NGO organisations to develop the CPS's Guidance for Prosecutors on Prosecuting Cases Involving the Intentional of Reckless Sexual Transmission of Infection.

4.4 Civil society and stakeholders enjoy regular access to officials in the sexual health teams as well as senior personnel in the Department of Health and other health departments.

National HIV health promotion programmes

4.5 Nationally funded HIV health promotion for gay men or men-who-have-sex with-men (MSM) reflect best practice both in the UK and internationally in that work is evidence-based, with priorities agreed after consultation with civil society and key stakeholders. The programme is strategic in its application which is underpinned by the *Making it Count* strategic framework. *Vital Statistics*[5] , the national Gay Men's Sex Survey now in its 13th year, supports the evidence base for this work and attracts responses from 13,000 MSM. New health promotion work for African communities in England includes, publication of the strategic framework, *The Knowledge, the Will and the Power (KWP)*, and supporting handbook setting out a plan of action to meet the HIV prevention needs of Africans living in England. The KWP is important since it reflects a consensus view on priorities from African HIV civil society groups in England. Other work includes the *Bass Line* survey [6] which identifies the sexual HIV prevention needs of African people living in England, the targeted *Do it Right* testing awareness campaign, toolkits on HIV for Muslim and Christian faith leaders and capacity building support for African community-based organisations engaged in health promotion.

Supportive legislative environment

4.6. In addition to sustained prevention interventions for individuals most at risk of HIV, the UK government has made a number of positive legislative changes, which support a social environment conducive to HIV health promotion and the challenging of HIV-related stigma and discrimination. These include the repeal of Section 28 of the Local Government Act, equalisation of the age of consent, the 2005 amendment to the Disability Discrimination Act, the Gender Recognition Act and Civil Partnership Act, and the Equality Bill.

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[4] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111227
[5] http://www.sigmaresearch.org.uk/go.php/projects/project21
[6] http://www.sigmaresearch.org.uk/go.php/reports/african

5. MAJOR CHALLENGES AND REMEDIAL ACTIONS

5.1 Today, the outlook for most people with HIV in the UK is much more positive thanks to the introduction of effective treatment over a decade ago. Treatment has transformed people's lives and the vast majority of people with HIV can now plan for their future with a great deal of certainty than before. In the UK we have also seen increased uptake of HIV testing and the number of testing options has also improved including the availability of tests which can provide an immediate result. However, despite this success, reducing undiagnosed and late diagnosis of HIV remain a challenge. Over 25% of people are unaware of their infection. Undiagnosed HIV infection remains a public health issue with around 22,000 of the estimated 83,000 people living with HIV unaware of their infection which means they are unable to benefit from effective treatment and risk unwittingly passing HIV on to others. A continuing challenge is therefore to diagnose HIV earlier and reduce late diagnosis which is the single most important factor associated with HIV-related morbidity and mortality in the UK.

5.2 The majority of people test for HIV in a GUM clinic or through routine opt-out antenatal HIV testing. But we know from audit evidence that the vast majority of patients who present late have had previous contacts with healthcare professionals who, if they were aware of the latest information on HIV, including common presenting conditions, could have made the HIV diagnosis much earlier.

5.3 Action to reduce undiagnosed and late diagnosis includes:

- a greater focus on HIV testing in the national HIV health promotion campaigns for gay men and African communities,

- the Chief Medical Officer in England writing to the Medical Royal Colleges and Faculties inviting their feedback on action they are taking to raise awareness of HIV testing amongst their members, good practice and any barriers to testing,

- the Department of Health (DH) funding the NGO, the Medical Foundation for AIDS and Sexual Health to produce *Tackling HIV Testing* – a resource pack for secondary care. This provides useful information resources about offering an HIV test in secondary care and importantly, it also addresses the impact of stigma as a barrier to offering and accepting an HIV test,

- DH funding five major pilot projects trying out new approaches to routine HIV testing for adults in primary and secondary care in high prevalence areas (defined as diagnosed HIV of at least 2 cases per 1,000 of the local population). Settings include general practice, hospital admission units, emergency departments and an acute care unit,

- DH funding for three HIV testing pilots working with community-based organisations for gay men and African communities looking at options for testing in social settings,

- The Health Protection Agency will evaluate all eight testing pilots. Their findings will help increase our evidence-based on HIV testing and inform any changes to our current policy.

6. MONITORING AND EVALUATION

6.1 The UK Collaborative Group for HIV and STI Surveillance comprises national STI and HIV surveillance agencies in England, Wales, Scotland and Northern Ireland. Their Annual Report includes a detailed analysis of national and regional HIV surveillance data including: reports of HIV, AIDS and deaths from laboratories and clinicians, the Survey of Prevalent Diagnosed HIV infections (SOPHID) on people accessing HIV treatment and care, the Unlinked Anonymous Prevalence Monitoring Programme and the National Study of HIV in Pregnancy and Childhood. Data are supplemented by mortality data from the Office for National Statistics and the Institute of Child Health. The report synthesising the data for 2008 was published in November 2009.

6.2 The Independent Advisory Group on Sexual Health and HIV also has a role in advising the Department of Health and monitoring implementation of the English national strategy for sexual health and HIV. The Expert Advisory Group on AIDS provides an ongoing source of expert scientific advice on HIV/AIDS.[7]

[7] http://www.advisorybodies.doh.gov.uk/eaga/

Appendix 4. National Composite Policy Index (NCPI) 2010

COUNTRY:

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

Anjella Skerritt , STI/HIV/AIDS Coordinator

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Date of submission 31 March 2010

Instructions

The following instrument measures progress in the development and implementation of national HIV policies, strategies and laws. **It is an integral part of the core UNGASS indicators and is to be completed and submitted as part of the 2010 UNGASS Country Progress Report.**

This fourth version of the National Composite Policy Index (NCPI) has been updated to reflect new HIV programmatic guidance and to be consistent with new and agreed to policy and implementation measurement tools.[14] Additional guidance has been included to increase validity of the responses and comparability across different countries. The majority of questions are identical to the 2005 and 2007
NCPI, hence countries are able and are strongly advised to conduct a trend analysis and include a description of progress made in (a) policy, strategy and law development and (b) implementation of these in support of the country's HIV response. Comments on the agreements or discrepancies between overlap- ping questions in Parts A and B should also be included as well as a trend analysis on the key NCPI data since 2003, where available[15].

STRUCTURE OF THE QUESTIONNAIRE

The NCPI is divided into **two parts**.

Part A to be administered to government officials.

Part A covers:

I. Strategic plan
II. Political support
III. Prevention
IV. Treatment, care and support
V. Monitoring and evaluation

Part B to be administered to representatives from civil society organizations, bilateral agencies, and UN organizations.

Part B covers:

I. Human rights
II. Civil society involvement
III. Prevention
IV. Treatment, care and support

Some questions occur in both Part A and Part B to ensure that the views of both the national government and nongovernmental respondents, whether in agreement or not, are obtained.

It is important to submit a fully completed NCPI. Please check the relevant standardized responses as well as provide further information in the open text boxes where requested. This will facilitate a better understanding of the current country situation, provide examples of good practice for others to learn from, and pin-point some issues for further improvement. NCPI responses reflect the overall policy, strategy, legal and programme implementation environment of the HIV response. The open text boxes provide an opportunity to comment on anything that is perceived to be important but insufficiently captured by the standardized questions (e.g. important subnational variations; the level of implementation of laws, policies
or regulations; explanatory notes; comments on data sources etc). In general, *draft* strategies, policies, or laws are *not* considered 'in existence' (i.e. there is no opportunity yet to expect their influence on programme

[14] Policy and Planning Effort Index for children orphaned and made vulnerable by HIV/AIDS, UNICEF 2005; Scaling up Towards Universal Access, UNAIDS 2006; Setting National Targets for Moving Towards Universal Access, UNAIDS 2006; Practical Guidelines for Intensifying HIV Prevention; UNAIDS 2007

[15] Compare NCPI in *Guidelines on construction of core indicators*, UNAIDS 2002, 2005, and 2007 respectively, for selecting questions for which trends can be calculated.

implementation) so questions about whether such a document exists should be answered with 'no'. It
would, however, be useful to state that such documents are in draft form in the relevant open text box.

The overall responsibility for collating and submitting the information requested in the NCPI lies with the national government, through officials from the National AIDS Committee (NAC) (or equivalent).

PROPOSED STEPS FOR DATA GATHERING AND DATA VALIDATION

The NCPI is ideally completed in the last 6 months of the reporting period (i.e. between June and December 2009 for the 2010 reporting round). As a variety of stakeholders need to be consulted, it is important to allow adequate time for the data gathering and data consolidation process.

1. **Designate two technical coordinators (one for part A; one for part B)**

   Technical coordinators should be given responsibility to undertake the desk review, to carry out interviews as needed, to bring together relevant stakeholders, and to facilitate collating and consolidating the NCPI data. Preferably, the technical coordinator for Part A is from the NAC (or equiva- lent) and for Part B is a person outside the government. They should ideally have a monitoring and evaluation background, knowledge of the main actors in the national HIV response, and an under- standing of the national policy and legal environment.

2. **Agree with stakeholders on the NCPI data gathering and validation process**

   Accurate completion of the NCPI requires the involvement of a range of stakeholders which should include representatives of civil society organizations. It is strongly recommended to organize an initial workshop with key stakeholders to agree on the NCPI data-gathering process including relevant documents for desk review, organizational representatives to be interviewed, the process to
   be used for determining final responses, and the timeline.

3. **Obtain data**

   The submitted NCPI data should represent the most recent stock-taking of the policy, strategic and legal environment. As the process involves a range of stakeholders and data need to be consolidated before official submission to UNAIDS, it is important to allow adequate time for completion.

   Each section should be completed by completing the following tasks:

   (i). Desk review of relevant documents

   If not already the case, it is useful to collate all key documents (i.e. policies, strategies, laws, guidelines, reports etc) related to the HIV response in one place which allows easy access by all stakeholders (such as a website). This will not only facilitate validation of NCPI responses but, even more importantly, increase awareness about and encourage use over time of these important documents in the implementation of the national HIV response.

   (ii). Interviewing (or other ways of obtaining the information efficiently) key people most knowl- edgeable about the specific topic including, but not restricted to the following:

   - *For Strategic Plan* and *Political Support sections*: the Director or Deputy Director of the National AIDS Programme or National AIDS Committee (or equivalent), the Heads of the AIDS Programme at provincial and at district levels (or equivalent decentralised levels).
   - *For Monitoring and Evaluation section*: Officers of the National AIDS Committee (or equiva- lent), Ministry of Health, HIV focal points of other ministries, the national monitoring and evaluation technical working group.
   - *For Human Rights questions:* Ministry of Justice officials and human rights commissioners for questions in Part A; representatives of human rights and other civil society organizations and legal aid centres/institutions working in the area of HIV for questions in Part B.
   - *For Civil Society Participation section:* key representatives of major civil society organizations working in the area of HIV. These specifically include representatives from networks of people living with HIV and from most-at-risk and other vulnerable populations.

- *For Prevention and Treatment, Care and Support sections:* Ministries and major implementing agencies/organizations in those areas, including nongovernmental organizations and networks of people living with HIV.

Note that interviewees are requested to provide responses as representatives of their institutions or constituencies, not their own personal views.

4. Validate, analyse and interpret data

Once the NCPI is fully completed, the technical coordinators need to carefully review all responses to determine if additional consultations or review of more documents are needed.

It is important to analyse the data for each of the NCPI sections and include a write-up in the Country Progress Report in terms of progress made in policy/strategy development and imple- mentation of programmes to tackle the country's HIV epidemic. Comments on the agreements/ discrepancies between overlapping questions in Part A and Part B should also be included, as well as
a trend analysis on the key NCPI data since 2003, where available.

It is strongly recommended to organize a final workshop with key stakeholders to present, discuss and validate the NCPI responses and the write-up of the findings before official submission. It is expected that representatives from civil society organizations working in the area of HIV are invited to participate. These specifically include representatives from networks of people living with HIV and from most-at-risk and other vulnerable populations. Ideally, the workshop would review the results from the last reporting round highlighting changes since that time and focus on validation
of the NCPI data. Agreement on the final NCPI data does not require that discrepancies, if any, between overlapping questions in Part A and Part B be reconciled; it simply means that when there are different perspectives, that Part A respondents agree on their responses, Part B respondents agree
on their responses, and that both are submitted. If there are no established mechanisms in place, the workshop can also provide an opportunity to discuss further collaboration between relevant stake- holders to address key gaps identified through the NCPI process.

5. Enter and submit data

Submit the final NCPI data before 31 March 2010, using the dedicated software provided on the UNGASS reporting website (www.unaids.org/UNGASS2010). If this is not possible, an electronic version of the completed questionnaire should be submitted as an appendix to the Country Progress Report before 15 March 2010 to allow time for the manual entry of data in Geneva.

NCPI Data Gathering and Validation Process

Describe the process used for NCPI data gathering and validation:
Surveillance and data collected for agreed indicators were reviewed by the NAPC and Epidemiologist.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
Desk review of primary data source

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

NCPI Respondents

[Indicate information for **all** whose responses were compiled to fill out (parts of) the NCPI in the below table; add as many rows as needed]

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A [indicate which parts each respondent was queried on]				
		A.I	A.II	A.III	A.IV	A.V
NAP	Anjella Skerritt STI/HIV/AIDS Coordinator	√	√	√	√	√
Ministry of Health	Dorothea Hazel Epidemiologist/ Health Planner	√	√	√	√	√
Ministry of Education, Health, Community Services, Youth and Sports	Hon. Colin Riley/ Minister of Education, Health, Community Services, Youth and Sports		√			
Ministry of Health	Dr. Krishnamurthy Gopal/CMO	√	√	√	√	√

Add details for all respondents.

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

Organization	Names/Positions	Respondents to Part B [indicate which parts each respondent was queried on]			
		B.I	B.II	B.III	B.IV
Montserrat Christian Council	Rev. Fr. George Saggert/Chairman		√		

NAP	Anjella Skerritt STI/HIV/AIDS Coordinator			√	√
Montserrat HIV/AIDS/STI Multisectoral Team (MHASMT)	Rev. Dr. Joan DelsolMeade/Chair MHASMT	√	√	√	√
Ministry of Education	Dr. Sheron Burns/Chair IEC Committee MHASMT	√	√	√	√
Ministry of Education, Health, Community Services, Youth and Sports	Hon. Colin Riley/ Minister of Education, Health, Community Services,	√			

Add details for all respondents.

National Composite Policy Index (NCPI) questionnaire

Part A

[to be administered to government officials]

I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

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

Yes √	No	Not Applicable (N/A)

Period covered: *[write in]*

IF NO or NOT APPLICABLE, briefly explain why.

***IF YES*, complete questions 1.1 through 1.10; *IF NO*, go to question 2.**

1.1 How long has the country had a multisectoral strategy?

Number of Years: 5 years *[write in]*

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

Sectors	Included in strategy		Earmarked budget	
Health	Yes	No	Yes	No
Education	Yes	No	Yes	No
Labour	Yes	No	Yes	No

Transportation	Yes	No	Yes	No
Military/Police	Yes	No	Yes	No
Women	Yes	No	Yes	No
Young people	Yes	No	Yes	No
Legal	Yes	No	Yes	No
Development	Yes	No	Yes	No
Media	Yes	No	Yes	No
PLWHA	Yes	No	Yes	No
Chamber of Commerce	Yes	No	Yes	No
Community Group	Yes	No	Yes	No
Religious Group	Yes	No	Yes	No

* Any of the following: Agriculture, Finance, Human Resources, Justice, Minerals and Energy, Planning, Public Works, Tourism, Trade and Industry.

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? At the national level most costs are absorbed costs. For example, the laboratory and pharmacy procures reagents and ARVs in routine orders, not specifically listed under HIV. It is done this way because HIV is integrated into Primary and Secondary Health Care. It is similar for other organizations and groups involved in the HIV response. At the community level there is a tremendous amount of goodwill and persons readily volunteer to implement activities. Regionally, funding and TA is sourced from PAHO/PHCO, EU OCT HIV Project, DFID HIV Project, PANCAP/CARICOM, OECS HAPU

1.3 Does the multisectoral strategy address the following target populations, settings and cross-cutting issues?

Target populations		
a. Women and girls	a. Yes	No
b. Young women/young men	b. Yes	No
c. Injecting drug users	c. Yes	No
d. Men who have sex with men	d. Yes	No
e. Sex workers	e. Yes	No
f. Orphans and other vulnerable children	f. Yes	No
g. Other specific vulnerable subpopulations*	g. Yes	No
Settings		
h. Workplace	h. Yes	No
i. Schools	i. Yes	No
j. Prisons	j. Yes	No
Cross-cutting issues		
k. HIV and poverty	k. Yes	No
l. Human rights protection	l. Yes	No
m. Involvement of people living with HIV	m. Yes	No
n. Addressing stigma and discrimination	n. Yes	No
o. Gender empowerment and/or gender equality	o. Yes	No

1.4 Were target populations identified through a needs assessment?

Yes	No

IF YES, when was this needs assessment conducted?

Year: 2004 *[]*

* Sub-populations other than injecting drug users, men who have sex with men and sex workers, that have been locally identified as being at higher risk of HIV transmission (e.g., clients of sex workers, cross-border migrants, migrant workers, internally displaced people, refugees, prisoners).

IF NO, explain how were target populations identified?

1.5 What are the identified target populations for HIV programmes in the country?
Pregnant Women, Youths, blood donors, men and women in the reproductive age group

[write in]

1.6 Does the multisectoral strategy include an operational plan?

Yes	No

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes	No
b. Clear targets or milestones?	Yes	No
c. Detailed costs for each programmatic area?	Yes	No
d. An indication of funding sources to support programme	Yes	No
e. A monitoring and evaluation framework?	Yes	No

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

Active involvement	Moderate involvement	No involvement

IF active involvement, briefly explain how this was organised: Stakeholder involvement at every stage of the process.

* Civil society includes among others: networks of people living with HIV; women's organizations; young people's organizations; faith-based organizations; AIDS service organizations; community-based organizations; organizations of key affected groups (including men who have sex with men, sex workers, injecting drug users, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.

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

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

Yes	No

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

Yes, all partners	Yes, some partners	No

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

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes	No	N/A

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

a. National Development Plan	Yes	No	N/A
b. Common Country Assessment / UN Development Assistance Framework	Yes	No	N/A
c. Poverty Reduction Strategy	Yes	No	N/A
d. Sector-wide approach	Yes	No	N/A
e. Other: *[write in]*	Yes	No	N/A

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

HIV-related area included in development plan(s)		
HIV prevention	Yes	No
Treatment for opportunistic infections	Yes	No
Antiretroviral treatment	Yes	No
Care and support (including social security or other schemes)	Yes	No
HIV impact alleviation	Yes	No
Reduction of *gender* inequalities as they relate to HIV prevention/ treatment, care and/or support	Yes	No
Reduction of *income* inequalities as they relate to HIV prevention/ treatment, care and /or support	Yes	No
Reduction of stigma and discrimination	Yes	No
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes	No
Other: Development of National HIV Policies for the health, education and employment sectors, which will address many of the areas listed above *[write in]*	Yes	No

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

Yes	No	N/A

3.1 ***IF YES***, to what extent has it informed resource allocation decisions?

Low			High		
0	1	2	3	4	5

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

Yes	No

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

Behavioural change communication	Yes	No
Condom provision	Yes	No
HIV testing and counselling	Yes	No
Sexually transmitted infection services	Yes	No
Antiretroviral treatment	Yes	No
Care and support	Yes	No
Others: Trained HIV Peer Educators *[write in]*	Yes	No

If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):
It is a part of the annual physical examinations stipulated by the Royal Montserrat Police Force.

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

Yes	No

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

a.	Women	Yes	No
b.	Young people	Yes	No
c.	Injecting drug users	Yes	No
d.	Men who have sex with men	Yes	No
e.	Sex Workers	Yes	No
f.	Prison inmates	Yes	No
g.	Migrants/mobile populations	Yes	No
h.	Other: *[write in]*	Yes	No

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

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

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes	No

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

a.	Women	Yes	No
b.	Young people	Yes	No
c.	Injecting drug users	Yes	No
d.	Men who have sex with men	Yes	No
e.	Sex Workers	Yes	No
f.	Prison inmates	Yes	No
g.	Migrants/mobile populations	Yes	No
h.	Other: *[write in]*	Yes	No

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

Migrant workers require a physical examination which involves HIV testing to get a work permit. The Immigration Act has AIDS listed as on the reasons persons may be refused permission to stay within its jurisdiction.
Young persons less than 16 years need parental consent for medical treatment and care.

Briefly comment on how they pose barriers:

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes	No

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes	No

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

Yes	No

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs	Estimates of current needs only	No

7.4 Is HIV programme coverage being monitored?

Yes	No

(a) ***IF YES***, is coverage monitored by sex (male, female)?

Yes	No

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

Yes	No

IF YES, for which population groups?

Briefly explain how this information is used:

(c) Is coverage monitored by geographical area?

Yes	No

IF YES, at which geographical levels (provincial, district, other)?

Briefly explain how this information is used:

7.5 Has the country developed a plan to strengthen health systems, including infrastructure,
human resources and capacities, and logistical systems to deliver drugs?

Yes	No

Overall, how would you rate *strategy planning efforts* in the HIV programmes in 2009?											
2009 Very poor											Excellent
	0	1	2	3	4	5	6	7	8	9	10

Since 2007, what have been key achievements in this area:
Training for Health Care Providers in Treatment and Care for PLWHAs and STIs. National HIV Multisectoral Team has been formed and is functioning. Reduction of HIV Related Stigma and Discrimination for Health Care Workers, HIV Multisectoral Teams, Community Groups, Students and the general public. Work has started on the development on the National HIV Policies for the health, education and employment sectors. M & E Evaluation Plan has been formulated and a TWG meets quarterly to assess THE NAP. Access to regional funding for HIV has improved. HIV/STI Prevention Programs continues. All persons tested HIV positive in the public health system have access to treatment and care from a team of health care providers. PLWHAs are being encouraged to actively participate in decision making. Improved laboratory HIV/STI screening and capacity. Capacity to keep HIV integrated in Primary and Secondary Health Care systems strengthened.

What are remaining challenges in this area:
Limited human and financial resources. No allocated budget in national estimates. Disproportionate reliance on external resources for the NAP.

OLITICAL SUPPORT

Strong political support includes: government and political leaders who speak out often about AIDS and regularly chair important AIDS meetings; allocation of national budgets to support HIV programmes; and, effective use of government and civil society organizations to support HIV programmes.

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes	No
Other high officials	Yes	No
Other officials in regions and/or districts	Yes	No

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

Yes | No

IF NO, briefly explain why not and how AIDS programmes are being managed:

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

Year: 2008 *[write in]*

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

Name: Rev. Dr. Joan DelsolMeade
Position/Title: Chair Montserrat HIV/AIDS/STI Multisectoral Team *[write in]*

2.3 ***IF YES***, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes	No
have active government leadership and participation?	Yes	No
have a defined membership?	Yes	No
IF YES, how many members? 36 [write in]		
include civil society representatives?	Yes	No
IF YES, how many? 6 [write in]		
include people living with HIV?	Yes	No
IF YES, how many? 3 [write in]		
include the private sector?	Yes	No
have an action plan?	Yes	No
have a functional Secretariat?	Yes	No
meet at least quarterly?	Yes	No
review actions on policy decisions regularly?	Yes	No
actively promote policy decisions?	Yes	No
provide opportunity for civil society to influence decision-making?	Yes	No
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes	No

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

Yes	No	N/A

IF YES, briefly describe the main achievements:
First Draft of National HIV Workplace Policy, preliminary work for the Health and Education HIV Policies, HIV sensitization, prevention and education messages for media use and broadcast, Advocacy for the reduction of HIV related stigma and discrimination.

Briefly describe the main challenges: Timely decision making, resources to implement activities, keeping the committees motivated.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Percentage: No data available [write in]

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes	No
Technical guidance	Yes	No
Procurement and distribution of drugs or other supplies	Yes	No
Coordination with other implementing partners	Yes	No
Capacity-building	Yes	No
Other: [write in]	Yes	No

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

Yes	No	

6.1 ***IF YES***, were policies and laws amended to be consistent with the National AIDS Control policies?

Yes	No	

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Overall, how would you rate the *political support* for the HIV programme in 2009?											
2009 Very poor											Excellent
	0	1	2	3	4	5	6	7	8	9	10

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

Appointment of NAPC. PLWHAs are accessing care and treatment in the public health system using a team approach supported by government sponsored resources. Passing National Strategic Plan in Executive Council. Establishment of the National HIV Multisectoral Team.

What are remaining challenges in this area:

Assigned budget in national estimates

III. PREVENTION

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

Yes	No	N/A

1.1 ***IF YES***, what key messages are explicitly promoted?

Check for key message explicitly promoted

a. Be sexually abstinent	√
b. Delay sexual debut	√
c. Be faithful	√
d. Reduce the number of sexual partners	√
e. Use condoms consistently	√
f. Engage in safe(r) sex	√
g. Avoid commercial sex	
h. Abstain from injecting drugs	√
i. Use clean needles and syringes	
j. Fight against violence against women	
k. Greater acceptance and involvement of people living with HIV	√
l. Greater involvement of men in reproductive health programmes	
m. Males to get circumcised under medical supervision	
n. Know your HIV status	√
o. Prevent mother-to-child transmission of HIV	√
Other: *[write in]*	

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes	No

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes	No	N/A

2.1 Is HIV education part of the curriculum in:

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

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

Yes	No

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

Yes	No

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

Yes	No

IF NO, briefly explain: Work needs to be done to assess the needs of these groups, e.g. mapping exercises, to implement appropriate activities with theses groups. There is also the need to build capacity to do these activities.

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

Check which specific populations and elements are included in the policy/strategy

	IDU*	MSM**	Sex workers	Clients of sex workers	Prison inmates	Other populations* *[write in]*
Targeted information on risk reduction and HIV education						
Stigma and discrimination reduction						
Condom promotion						
HIV testing and counselling						
Reproductive health, including sexually transmitted infections prevention and treatment						
Vulnerability reduction (e.g. income generation)						
Drug substitution therapy						
Needle & syringe exchange						

* IDU = injecting drug user
* MSM = men who have sex with men

Overall, how would you rate *policy* efforts in support of HIV prevention in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	8	9	10
Since 2007, what have been key achievements in this area: . There is a draft national Workplace Policy and work has begun to develop a national Health and Education Policy for HIV. *What are remaining challenges in this area:* Feedback from the legal department.											

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

Yes		No	

IF YES, how were these specific needs determined? Needs assessment done in 2004.

IF NO, how are HIV prevention programmes being scaled-up?

4.1 To what extent has HIV prevention been implemented?

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

Overall, how would you rate the efforts in the *implementation* of HIV prevention programmes in 2009?											
2009 Very poor											Excellent
	0	1	2	3	4	5	6	7	8	9	10

Since 2007, what have been key achievements in this area: Ongoing activities in HIV education and sensitization for target groups, including introducing the female condom

What are remaining challenges in this area: Developing evidenced based health promotion activities

* IEC = information, education, communication

IV. TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes	No

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

Yes	No

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

Yes	No

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

Yes	No

IF YES, how were these determined? Needs Analysis of patients

IF NO, how are HIV treatment, care and support services being scaled-up?

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

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

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

Yes	No

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

Yes	No

IF YES, for which commodities?: First line ARVs *[write in]*

Overall, how would you rate the efforts in the *implementation* of HIV treatment, care and support programmes in 2009?											
2009 Very poor											Excellent
	0	1	2	3	4	5	6	7	8	9	10
Since 2007, what have been key achievements in this area: Training in Treatment Care and Support for health care workers. Implementation of M&E Plan											
What are remaining challenges in this area: Development of National HIV Policy for the health sector and formalizing of guidelines											

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

Yes	No	N/A

5.1 ***IF YES***, is there an operational definition for orphans and vulnerable children in the country?

Yes	No

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

Yes	No

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

Yes	No

IF YES, what percentage of orphans and vulnerable children is being reached? % *[write in]*

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?											
2009 Very poor											Excellent
	0	1	2	3	4	5	6	7	8	9	10
Since 2007, what have been key achievements in this area:											
What are remaining challenges in this area:											

V. MONITORING AND EVALUATION

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

Yes	In progress	No

IF NO, briefly describe the challenges:

1.1 ***IF YES***, years covered: 2008 & 2009 *[write in]*

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

Yes	No

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

Yes	No

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

Yes, all partners	Yes, most partners	Yes, but only some partners	No

IF YES, but only some partners or IF NO, briefly describe what the issues are:

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy *IF YES*, does it address: routine programme monitoring behavioural surveys HIV surveillance Evaluation / research studies	Yes Yes Yes Yes Yes	No No No No No
a well-defined standardised set of indicators	Yes	No
guidelines on tools for data collection	Yes	No
a strategy for assessing data quality (i.e., validity, reliability)	Yes	No
a data analysis strategy	Yes	No
a data dissemination and use strategy	Yes	No

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

Yes	In progress	No

3.1 ***IF YES***, what percentage of the total HIV programme funding is budgeted for M&E activities? % *[write in]*

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

Yes	No

IF NO, briefly describe the challenges:
Associated costs are absorbed by the Ministry of Health.

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

Yes	No

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

Yes	No

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:
The team, chaired by the Epidemiologist, meets quarterly. Assessment is done using agreed harmonized indicators mainly through routine surveillance systems.

IF NO, briefly describe how priorities for M&E are determined:

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

Yes	In progress	No

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

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

in the National AIDS Commission (or equivalent)?	Yes	No
in the Ministry of Health?	Yes	No
Elsewhere? *[write in]*	Yes	No

5.2 ***IF YES***, how many and what type of professional staff are working in the national M&E Unit?

Number of permanent staff: 3		
Position: Epidemiologist/Health Planner	Full time / Part time?	Since when?: 2006
Position: Health Information Officer	Full time / Part time?	Since when?: 2007
[Add as many as needed]		
Number of temporary staff:		
Position: *[write in]*	Full time / Part time?	Since when?:
Position: *[write in]*	Full time / Part time?	Since when?:
[Add as many as needed]		

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

Yes	No

IF YES, briefly describe the data-sharing mechanisms:

Data are actively collected on a quarterly and annual basis depending on the indicator.
Data sharing is on a voluntary basis through the Ministry's network of Health Centres Medical Laboratory as well as Physicians in Private Practice.

What are the major challenges?

Compliance of some Physicians.

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

No	Yes, but meets irregularly	Yes, meets regularly

6.1 Does it include representation from civil society?

Yes	No

IF YES, briefly describe who the representatives from civil society are and what their role is:

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

Yes	No

7.1 ***IF YES***, briefly describe the national database and who manages it *[write in]*

Database in managed by the Epidemiologist.
Data base contains basic demographic and clinical information on reported PLWHAs.

7.2 ***IF YES***, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

a. Yes, all of the above

b. Yes, but only some of the above: *[write in]*

c. No, none of the above

7.3 Is there a functional* Health Information System?

At national level	Yes	No
At subnational level ***IF YES***, at what level(s)? *[write in]*	Yes	No

*(*regularly reporting data from health facilities which are aggregated at district level and sent to national level;
and data are analysed and used at different levels)*

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

Yes	No

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

Low			High		
0	1	2	3	4	5

Provide a specific example:

What are the main challenges, if any?

9.2 for resource allocation?:

Low			High		
0	1	2	3	4	5

Provide a specific example:

What are the main challenges, if any?

9.3 for programme improvement?:

Low			High		
0	1	2	3	4	5

Provide a specific example:

What are the main challenges, if any?

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

a. Yes, at all levels

b. Yes, but only addressing some levels: *[write in]*

c. No

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

At national level?	Yes	No
IF YES, Number trained: *[write in]*		
At subnational level?	Yes	No
IF YES, Number trained: *[write in]*		
At service delivery level including civil society?	Yes	No
IF YES, Number trained: *[write in]*		

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

Yes	No

IF YES, describe what types of activities: *[write in]*

Overall, how would you rate the *M&E efforts* of the HIV programme in 2009?
2009 Very poor Excellent
0 1 2 3 4 5 6 7 8 9 10
Since 2007, what have been key achievements in this area: Completion of M& E Reports that are now available to inform the formulation of a new Plan
What are remaining challenges in this area: Competing interests

Part B

[to be administered to representatives from civil society organizations, bilateral agencies, and UN organizations]

I. HUMAN RIGHTS

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

Yes	No

1.1 ***IF YES***, specify if HIV is specifically mentioned and how or if this is a general non-discrimination provision: *[write in]*

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

Yes	No

2.1 ***IF YES***, for which populations?

a. Women	Yes	No
b. Young people	Yes	No
c. Injecting drug users	Yes	No
d. Men who have sex with men	Yes	No
e. Sex Workers	Yes	No
f. Prison inmates	Yes	No
g. Migrants/mobile populations	Yes	No
h. Other: *[write in]*	Yes	No

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:
Briefly describe the content of these laws:
Briefly comment on the degree to which they are currently implemented:

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes	No

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

a. Women	Yes	No
b. Young people	Yes	No
c. Injecting drug users	Yes	No
d. Men who have sex with men	Yes	No
e. Sex Workers	Yes	No
f. Prison inmates	Yes	No
g. Migrants/mobile populations	Yes	No
h. Other: *[write in]*	Yes	No

IF YES, briefly describe the content of these laws, regulations or policies: Briefly comment on how they pose barriers:

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes	No

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

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

Yes	No

IF YES, briefly describe this mechanism:

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes	No

IF YES, describe some examples: PLHIV are involved in the development of the national policies for the employment, health and education sectors and other activities of the NAP.

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

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

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:
HIV sensitization and prevention education are government sponsored. VCT, PITC and PMTCT programmes are free.

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

Yes	No

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

Yes	No

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes	No

IF YES, briefly describe the content of this policy:

9.1 ***IF YES***, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes	No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

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

Yes	No

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

Yes	No

11.1 ***IF YES***, does the ethical review committee include representatives of civil society including people living with HIV?

Yes	No

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

12. Does the country have the following human rights monitoring and enforcement mechanisms?

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombud- spersons which consider HIV-related issues within their work

Yes	No

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

Yes	No

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

Yes	No

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

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes	No

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

– Legal aid systems for HIV casework

Yes	No

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

Yes	No

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

Yes	No

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

Yes	No

IF YES, what types of programmes?

Media	Yes	No
School education	Yes	No
Personalities regularly speaking out	Yes	No
Other: *[write in]*	Yes	No

Overall, how would you rate the *policies, laws and regulations* in place to promote and protect human rights in relation to HIV in 2009?
2009 Very poor Excellent
0 1 2 3 4 5 6 7 8 9 10
Since 2007, what have been key achievements in this area: A policy and legislative review for HIV related Stigma and Discrimination was conducted through the HIV/DFID OCT Project. This is being reviewed by the policy and legislative representatives in country. *What are remaining challenges in this area: Getting areas recommended for review and amendment on the legislative agenda.*

Overall, how would you rate the *effort to enforce* the existing policies, laws and regulations in 2009?
2009 Very poor Excellent
0 1 2 3 4 5 6 7 8 9 10
Since 2007, what have been key achievements in this area: Stakeholder participation in this area has increased in a positive way. *What are remaining challenges in this area:* The decision making process and the disbursements of funds is a slow process

II. CIVIL SOCIETY* PARTICIPATION

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

Low			High		
0	1	2	3	4	5

Comments and examples: Active participation in legislative review, formulation of National Workplace policy and ensuring the involvement of PLWHAs.

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

Low			High		
0	1	2	3	4	5

Comments and examples:
Participating in planning meetings, commenting on all related documents and reports and including PLWHAs in the dialogue especially when they do not feel comfortable sitting at the table.

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included in

a. the national AIDS strategy?

Low			High		
0	1	2	3	4	5

b. the national AIDS budget?

Low			High		
0	1	2	3	4	5

c. national AIDS reports?

Low			High		
0	1	2	3	4	5

* Civil society includes among others: networks of people living with HIV; women's organizations; young people's organizations; faith-based organizations; AIDS service organizations; community-based organizations; organizations of key affected groups (including men who have sex with men, injecting drug users, sex workers, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.

Comments and examples:

4. To what extent is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. developing the national M&E plan?

Low			High		
0	1	2	3	4	5

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

Low			High		
0	1	2	3	4	5

c. M&E efforts at local level?

Low			High		
0	1	2	3	4	5

Comments and examples: Civil Society performs functions of HIV/STI education and sensitization for the prevention and the reduction of stigma and discrimination. Also in the area of psychological and emotional support. HIV/STI screening and treatment is done in the healthcare sector.

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

Low			High		
0	1	2	3	4	5

Comments and examples: Individual PLWHAs involvement and inclusion.

6. To what extent is civil society able to access:

a. adequate financial support to implement its HIV activities?

Low			High		
0	**1**	2	3	4	5

b. adequate technical support to implement its HIV activities?

Low			High		
0	1	2	**3**	4	5

Comments and examples: Most of the costs for PLWHA involvement in activities are absorbed costs from the NAP.

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

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

**ART = Antiretroviral Therapy; OI=Opportunistic infections*
***OVC = Orphans and other vulnerable children*

Overall, how would you rate the efforts to increase *civil society participation* in 2009?											
2009 Very poor											Excellent
	0	1	2	3	4	5	6	7	8	9	**10**

Since 2007, what have been key achievements in this : Active participation in HIV Multisectoral Team planning and activities. Find creative ways of getting PLWHAs involved.

What are remaining challenges in this area: PLWHAs are not comfortable being identified publicly.

III. PREVENTION

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

Yes	No

IF YES, how were these specific needs determined?
Needs Assessment

IF NO, how are HIV prevention programmes being scaled-up?

1.1 To what extent has HIV prevention been implemented?

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

* IEC = information, education, communication

Overall, how would you rate the efforts in the *implementation* of HIV prevention programmes in 2009?												
2009	Very poor											Excellent
		0	1	2	3	4	5	6	7	8	9	10

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

Continuous and sustained media messages on HIV prevention and reduction of Stigma and Discrimination. Translation of HIV messages to Spanish during carnival.

What are remaining challenges in this area: Developing evidenced based activities

IV. TREATMENT, CARE AND SUPPORT

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

Yes	No

IF YES, how were these specific needs determined?

IF NO, how are HIV treatment, care and support services being scaled-up? Using regional guidelines

1.1 To what extent have HIV treatment, care and support services been implemented?

HIV treatment, care and support service	The majority of people in need have access		
Antiretroviral therapy	Agree	Don't Agree	N/A
Nutritional care	Agree	Don't Agree	N/A
Paediatric AIDS treatment	Agree	Don't Agree	N/A
Sexually transmitted infection management	Agree	Don't Agree	N/A
Psychosocial support for people living with HIV and their families	Agree	Don't Agree	N/A
Home-based care	Agree	Don't Agree	N/A
Palliative care and treatment of common HIV-related infections	Agree	Don't Agree	N/A
HIV testing and counselling for TB patients	Agree	Don't Agree	N/A
TB screening for HIV-infected people	Agree	Don't Agree	N/A
TB preventive therapy for HIV-infected people	Agree	Don't Agree	N/A
TB infection control in HIV treatment and care facilities	Agree	Don't Agree	N/A

Cotrimoxazole prophylaxis in HIV-infected people	Agree	Don't Agree	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree	Don't Agree	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree	Don't Agree	N/A
HIV care and support in the workplace (including alternative working arrangements)	Agree	Don't Agree	N/A
Other programmes: *[write in]*	Agree	Don't Agree	N/A

Overall, how would you rate the efforts in the *implementation* of HIV treatment, care and support programmes in 2009?
2009 Very poor … Excellent
0 1 2 3 4 5 6 7 8 9 10
Since 2007, what have been key achievements in this area: More PLWHAs are accessing care and treatment on island
What are remaining challenges in this area: Formalizing national treatment and care guidelines, protocols and procedures.

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

Yes	No	N/A

2.1 ***IF YES***, is there an operational definition for orphans and vulnerable children in the country?

Yes	No

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

Yes	No

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

Yes	No

IF YES, what percentage of orphans and vulnerable children is being reached? % *[write in]*

Overall, how would you rate the efforts to *meet the HIV-related needs* of orphans and other vulnerable children in 2009?												
2009	Very poor											Excellent
	0	1	2	3	4	5	6	7	8	9	10	
Since 2007, what have been key achievements in this area: Not applicable												
What are remaining challenges in this area:												