

Survey Response Details

Response Information

Started: 2/1/2010 10:05:28 AM
Completed: 3/23/2010 11:09:22 AM
Last Edited: 3/24/2010 8:54:26 AM
Total Time: 50.01:03:53.5540000

User Information

Username: ce_GB
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Response Details

Page 1

1) Country

United Kingdom of Great Britain and Northern Ireland (0)

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

Kay Orton

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7) Date of submission:

Please enter in DD/MM/YYYY format

24/03/2010

Page 3

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

Department of Health completed Part A on behalf of all four UK health departments. Completion of Part B was devolved to the Terrence Higgins Trust (THT) and the National AIDS Trust (NGOs) who completed a draft which they then consulted on with other civil society organisations and people living with HIV.

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

There were no disagreements. UK government recognises there is a diversity of views and opinions on our response to HIV, some of which are reflected in the Part A and Part B responses.

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

None identified.

Page 4

11) **NCPI - PART A [to be administered to government officials]**

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Department of Health	Kay Orton/ Team Leader	A.I, A.II, A.III, A.IV, A.V

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Terrence Higgins Trust	Lisa Power, Head of Policy	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	National AIDS Trust	Eleanor Briggs, Deputy Head of Policy	B.I, B.II, B.III, B.IV
Respondent 3			
Respondent 4			
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			

Respondent
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24
Respondent
25

Page 5

14)

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

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

Yes (0)**Page 7**15) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)**

Period covered:

2001-2011

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

9

17)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	No	No
Transportation	No	No
Military/Police	No	No
Women	Yes	No
Young people	No	No
Other*		No

Page 8

18)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

The Department of Health and other UK health departments invest separately in national HIV health promotion programmes and related programmes. At a local level the National Health Service (NHS) is responsible for providing HIV treatment along with prevention and health promotion services. Funding is not separately identified since HIV services are delivered as core healthcare services.

Page 9

19)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	No

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

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2000

Page 11

22)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

Men who have sex with men African communities from high prevalence countries living in the UK
 People with HIV Pregnant women

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes

- | | |
|---|-----|
| c. Detailed costs for each programmatic area? | No |
| d. An indication of funding sources to support programme? | No |
| e. A monitoring and evaluation framework? | Yes |

25)

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

Moderate involvement (0)

Page 12

26)

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

Moderate to active involvement. Local and national involvement will vary.

27)

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

No (0)

28)

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

No (0)

Page 13

29)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

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

Not relevant to the UK's response where there are no external (ie non-UK partners) involved.

Page 14

30)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 16

31)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 17

32)

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

No (0)

Page 19

33)

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

Yes (0)

Page 20

34)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

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

35)

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

Equalities and Human Rights Commission oversee implementation of legislation.

36)

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

A mixed picture.

Page 21

37)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 23

38)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 24

39)

Part A, Section I: STRATEGIC PLAN

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

No (0)

40)

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

Yes (0)

Page 25

41)

Part A, Section I: STRATEGIC PLAN

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

Estimates of current and future needs (0)

42)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

43)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

44)

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

Yes (0)

Page 27

45)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

As previously stated (MSM, African communities, pregnant women, PLWH)

46)

Briefly explain how this information is used:

Epidemiological surveillance and monitoring data is used to inform national and local responses on prevention and for planning future prevention and treatment services.

Page 28

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

48)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

Country (England, Scotland, Wales and Northern Ireland) and local geographical areas.

49)

Briefly explain how this information is used:

The National Health Service throughout the UK is responsible for front-line healthcare services, including for HIV. HIV service providers and commissioning authorities use data collected by the Health Protection Agency to inform and plan local HIV services. Local health economies will take account of local needs assessments in terms of HIV prevention services needed.

50)

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

No (0)

Page 30

51)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?****8 (8)**

52)

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

Reduction in GUM waiting times throughout the UK.

53)

What are remaining challenges in this area:

Loss of commissioning expertise locally in some areas as a result of reorganisation of the NHS.

Page 31

54)

Part A, Section II: POLITICAL SUPPORT**1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

President/Head of government	
Other high officials	Yes
Other officials in regions and/or districts	Yes

55)

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

No (0)

Page 32

56)

Part A, Section II: POLITICAL SUPPORT

Question 2 (continued)

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

This falls to the Department of Health and other UK Health Departments in terms in collaboration with others including the Health Protection Agencies, the National Health Service and civil society.

Page 34

57)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

58)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Regular contact with health department officials, meetings with Ministers, participation in working groups and members of the Independent Advisory Group on Sexual Health and HIV and the UK Chief Medical Officers' Expert Advisory Group on AIDS

59)

Briefly describe the main challenges:

Diversity and numbers.

60)

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

Please enter the rounded percentage (0-100)

100

61)

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

Information on priority needs	Yes
Technical guidance	No
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
National HIV health promotion programmes for MSM and African communities	Yes

62)

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

No (0)

Page 38

63)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

9 (9)

64)

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

Prime Minister's World AIDS Day podcast Civil society meetings with Health ministers Equality Bill

65)

What are remaining challenges in this area:

Need to engage local support through elected MPs, mayors, councillors, civil society organisations.

Page 39

66)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

67)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- b. Delay sexual debut (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

68) In addition to the above mentioned, please specify other key messages explicitly promoted:

Department of Health and Dept of Children, Schools and Families funded "Sex. Worth Talking About" campaign promotes importance of t people (partners, parents, peers, healthcare professionals) having honest open conversations about sex including contraceptive choices, chlamydia testing, HIV testing. Will help encourage acceptance and offer of sexual health services and less stigma.

69)

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

No (0)

Page 41

70)

Part A, Section III: PREVENTION

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

Yes (0)

71)

2.1 Is HIV education part of the curriculum in:

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

72)

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

Yes (0)

73)

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

No (0)

74)

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

Yes (0)

Page 42

75)

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

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

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers,

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

Page 43**76) Part A, III. PREVENTION****Question 3.1 (continued)**

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Pregnant women (HIV testing offered and recommended as a part of routine antenatal care African communities living in UK

Page 44

77)

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

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

9 (9)

78)

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

Action to reduce undiagnosed and late diagnosis. Increased uptake of HIV testing in GUM services

79)

What are remaining challenges in this area:

Reducing undiagnosed and late diagnosis. Local needs assessments.

Page 45

80)

Part A, III. PREVENTION

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

Yes (0)

Page 46

81)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Bassline survey for African communities Gay Men's Sex Survey Through analysis of epidemiological data

82)

4.1 To what extent has HIV prevention been implemented?

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

Page 47

83)

Part A, III. PREVENTION

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

9 (9)

84)

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

As previously stated

85)

What are remaining challenges in this area:

Need to translate national priority into local action.

Page 48

86)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 49

87)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

88)

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

Yes (0)

89)

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

Yes (0)

Page 50

90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Survey of Prevalent HIV Infections Diagnosed - annual survey done by the Health Protection Agency and disseminated to local HIV providers and commissioners of services.

91)

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

implemented?

The majority of people in need
have access

HIV treatment, care and support service

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

Page 51

92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

93)

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 (0)

Page 52

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

HIV drugs are purchased (procured) by the National Health Service at the local or regional level.

Page 53

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

10 (10)

96)

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

Increasing uptake of treatment.

97)

What are remaining challenges in this area:

Reduce late diagnosis of HIV.

Page 54

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)

Page 57

99)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

100)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2001

101)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2011

102)

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

Yes (0)

103)

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

Yes (0)

104)

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

Yes, most partners (0)

Page 60

105)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

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

Page 61

106)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring No

behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

107)

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

No (0)

Page 64

108)

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

Yes (0)

Page 65

109)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

The monitoring functions described are done primarily through the the UK Health Protection Agencies and monitoring by the Independent Afvisory Group on Sexual Health and HIV.

110)

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

Yes (0)

Page 66

111)

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

in the National AIDS Commission (or equivalent)?		Yes
in the Ministry of Health?		
Elsewhere Health Protection Agencies		Yes

112)

Number of permanent staff:

Please enter an integer greater than or equal to 0

0

113)

Number of temporary staff:

Please enter an integer greater than or equal to 0

0

Page 68

114)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 69

115)

Part A, Section V: MONITORING AND EVALUATION**Question 5.3 (continued)**

IF YES, briefly describe the data-sharing mechanisms:

Submission of local reports of new diagnoses. Survey of Prevalent HIV Infections Diagnosed

116)

What are the major challenges?

There are no challenges. We believe we have well developed HIV monitoring systems already in place (eg surveillance, CD4 monitoring, independent HIV treatment audits)

Page 70

117)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

118)

6.1 Does it include representation from civil society?

No (0)

Page 71

119)

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

Yes (0)

Page 72

120)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

Managed by Health Protection Agencies

121)

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

Yes, but only some of the above (0)

Page 73122) **Part A, Section V: MONITORING AND EVALUATION****For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

target populations (0)

geographical coverage of HIV services (0)

123)

7.3 Is there a functional* Health Information System?

At national level Yes

At subnational level Yes

Page 74124) **Part A, Section V: MONITORING AND EVALUATION****For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.****For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?**

Country level (England, Wales, Scotland, Northern Ireland) Health authority area and region

125)

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

Yes (0)

126)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

127)

Provide a specific example:

Inform local needs assessments, national and local health promotion priorities, future funding needs for healthcare services and action on reducing undiagnosed and late diagnosis.

Page 75

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

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

4 (4)

129)

Provide a specific example:

Inform priorities for national action eg targeted HIV health promotion programmes. HIV testing pilots in high prevalence areas was informed by surveillance data.

Page 76

130)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

4 (4)

131)

Provide a specific example:

National and local prevention and health promotion programmes.

Page 77

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

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

No (0)

Page 78

133)

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

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

Page 80

134)

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

Yes (0)

Page 81135) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

National health promotion programmes include capacity building support for NGOs which cover assessing the impact of interventions. Workshops held by Health Protection Agency (SOPHID)

Page 82136) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

10 (10)

137)

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

Continuing high quality monitoring and surveillance data from the Health Protection Agencies which informs national and local priorities and planning of services.

Page 83

138)

Part B, Section I: HUMAN RIGHTS

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

Yes (0)

Page 84

139)

Part B, Section I. HUMAN RIGHTS

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

The Equality Bill (shortly to become law) extends the Disability Discrimination Act 2005 to include protection from discrimination by perception and association, and prohibits the use of pre-employment health questionnaires. The law gives legal protection against discrimination to people with HIV in a variety of ways including employment, provision of goods and services, housing, education and trade-union membership and provides for a public duty to actively promote equality.

140)

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

Yes (0)

Page 85

141)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	No
f. prison inmates	No
g. Migrants/mobile populations	No
Other: ethnic minorities and disabled people	Yes

142)

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

implemented:

The Equality and Human Rights Commission oversees the implementation of all equalities and human rights related legislation. In addition, individuals have the right to take cases to either an employment tribunal or the county court if they feel they have been discriminated against.

143)

Briefly describe the content of these laws:

See above. In addition although equality legislation does not provide distinct protection for sex workers, injecting drug users, prisoners and migrants, human rights legislation does provide some generic protections, and there are also some relevant administrative regulations, for example, for prisoners, which provide protections.

144)

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

The new Equality Bill comes into law shortly and it will be important for Government to provide resources sufficient to ensure its implementation. Although individuals can take cases to tribunal/court, there are very few cases involving HIV-related discrimination, suggesting there are barriers to people pursuing this option (for example concerning cost and confidentiality). Implementation in individual cases depends upon individual complaint to the Commission, who also have the power to investigate generalised issues of concern.

Page 86

145)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 87

146)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

147)

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

Disorderly Houses Act 1751: prevents sex workers from sharing property and therefore marginalises an already vulnerable group, making them reluctant to come forward for advice and support, including sexual health care. Sexual Offences Act 2003: sex work is illegal (see above). There are also currently Government proposals to criminalise payment for sex and advertisements for sex workers, which will further deleteriously affect work to improve the health of sex workers. Offences Against the Person Act 1861 (England and Wales) and Culpable and Reckless Conduct (Scotland): allows for criminal prosecution of sexual HIV transmission under GBH category and, in Scotland, prosecution of both transmission and of exposure to HIV without transmission. PWHIV may be reluctant to be tested, seek help/advice on maintaining safer sex; undermines health promotion messages about mutual responsibility for safer sex; creates a culture of blame/fear: confusion. Nationality, Immigration and Asylum Act (2002) and Asylum and Immigration (treatment of claimants etc) Act 2004: allow for detention, dispersal and withdrawal of support from failed asylum seekers, deportation and does not permit asylum seekers to work whilst their claim is being processed - dispersal and deportation in particular present obstacles for HIV prevention as well as interruptions of care and therapy. Furthermore, people are currently being deported to countries where treatment access is not yet rolled out and thus to their deaths, causing them to "go underground" within the UK and thus reducing access to treatment and care here also. NHS (Charges to Overseas Visitors) Regulations 1989: those ineligible for free NHS hospital and out-patient care must pay for HIV treatment in England (but not Scotland or Wales). This affects all categories of undocumented migrants (including refused asylum seekers who may be unable to return to their country of origin), most of whom may have no recourse to funds and are therefore effectively denied access to treatment. There are also currently proposals from the Home Office to exclude NHS debtors from further entry to the UK which could result in migrants with NHS debts being unable to leave the UK for fear of refusal on re-entry. Another proposal currently under consultation would end charges for failed asylum seekers who are unable to leave the UK. HIV testing kits and services regulations 1992: prevents buying and selling of regulated home testing kits, despite unregulated kits being available on the internet. More generally: Prison policy documents which refuse to apply a harm reduction approach to injecting drug use and sexual relations in prisons. Needle exchange is not permitted in prisons in the UK, and when we last reported, a pilot scheme was planned for Scotland but this has still not been carried out. Whilst policy has changed in Scotland recently to allow condom vending machines in prisons, there is variable practice for the provision of condoms across English and Welsh prisons, and no provision at all in Northern Ireland. Sexual relationships in English prisons are contrary to prison regulation. The general context of immigration regulation which denies asylum seekers the right to work and provides income support at a rate below the minimum available to UK citizens and which denies both the right to work and benefits to those without residency status, provides a very difficult and adverse environment in which to engage in effective HIV prevention and care with some African communities (eg undocumented migrant women with babies are unable to access free formula milk) Legislation is currently in Parliament to make comprehensive Sex and Relationships Education a statutory part of the National Curriculum for schools, which would be welcome.

148)

Briefly comment on how they pose barriers:

See above

Page 88

149) Part B, Section I. HUMAN RIGHTS**4. Is the promotion and protection of human rights explicitly mentioned in any HIV**

policy or strategy?

Yes (0)

Page 89

150)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)****IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

Department of Health document Tackling Stigma and Discrimination mentions the 2001 UN Declaration of Commitment on HIV, importance of people living with HIV understanding their legal rights, setting up of a Commission for Equality and Human Rights. The National Strategy for Sexual Health and HIV: "Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the the fundamental human rights to privacy, a family life and living free from discrimination". Recommended quality standards for sexual health training: "Training should respectfully challenge attitudes and practice which may infringe or limit equality, human rights and dignity". Effective Sexual Health Promotion: A Toolkit for Primary Care Trusts and others working in the field of promoting Good Sexual Health and HIV Prevention: advises staff to talk about sexual health promotion work in terms of human rights and self-esteem, in order to avoid negative media reaction. Making it Count/The Knowledge, The Will & The Power: these template documents for most public health promotion work with gay men have a strong human rights emphasis throughout. Whilst strictly speaking the promotion and protection of human rights are not explicitly mentioned in some key strategy documents, human rights principles are embodied in the anti-discrimination, anti-stigma and health inequalities agendas of the Government. Having said that, an explicit commitment to the promotion and protection of human rights as the foundation of the Government's Sexual Health and HIV Strategy would provide an important corrective to an approach which is too often individually focussed, ignoring or underestimating structural inequalities and injustices which help spread HIV and harm the health of PWHIV.

151)

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?

No (0)

Page 90

152)

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

Yes (0)

Page 91

153)

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

People with HIV and others representing affected communities have been included in working parties and consultations eg on the National Strategy and on the Expert Advisory Group on AIDS and the Sexual Health Independent Advisory Group. However, it is uncommon for people with HIV to be included in wider health planning issues where they may have insights (for example health impacts of immigration policies) and it is even more unusual for HIV-vulnerable populations to be consulted about any relevant policies outside the Department of Health's purview (beyond the standard public health consultation processes).

154)

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

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

Page 92

155)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)****IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

ARVs are free at National Health Service specialist clinics and social care and support is available through local authorities and community organisations. Undocumented migrants are not automatically eligible for free ARVs or statutory agency-provided social care. Prevention services are provided through National Health Service and community agencies.

156)

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

Yes (0)

Page 93

157)

Part B, Section I. HUMAN RIGHTS**8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

158)

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

Yes (0)

Page 94

159)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

However, there is no policy which aims to reverse or counteract the harm done to HIV work by the immigration system. For example, lack of access to free HIV treatment for some undocumented migrants including pregnant women. There is very little consideration as yet of the wider support needs (including psychological support and economic support) of vulnerable and socially marginalized groups.

160)

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

No (0)

Page 95

161)

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

No (0)

162)

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

Yes (0)

Page 96

163)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

164)

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

Committees vary.

Page 97

165)

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

Yes (0)

166)

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

No (0)

167)

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

No (0)

Page 98

168)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

The Equality and Human Rights Commission fulfils the first function.

Page 99

169)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/

employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

170)

– Legal aid systems for HIV casework

Yes (0)

171)

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

No (0)

172)

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

No (0)

173)

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

Yes (0)

Page 100

174)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	No
Personalities regularly speaking out	No
Other: DH Stigma Action Plan, Civil society initiatives such as the People Living with HIV Stigma Index	Yes

Page 101

175)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

7 (7)

176)

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

New Equality Bill (see above)

177)

What are remaining challenges in this area:

Continuing charging of some migrants for ARVs.

Page 102

178)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

6 (6)

179)

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

None

180)

What are remaining challenges in this area:

Research shows ongoing discrimination in employment and in schools.

Page 103

181)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

3 (3)

182)

Comments and examples:

Civil society lobbied hard on the Equality Bill and continues to lobby and educate on a wide range of rights issues for people with HIV and those most at risk of transmission. CS also secured commitment from top leaders to increase funding for research into vaccines and microbicides.

Page 104

183)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

2 (2)

184)

Comments and examples:

The National Strategic Plan is currently in need of renewal and there are no concrete plans to do so as yet. Also although CS representatives have been involved in planning, they are seldom if ever involved in budgetary processes other than as recipients.

Page 105

185)

a. the national AIDS strategy?

4 (4)

186)

b. the national AIDS budget?

3 (3)

187)

Comments and examples:

Re c) we don't have these.

Page 106

188)

a. developing the national M&E plan?

0

189)

c. M&E efforts at local level?

2 (2)

190)

Comments and examples:

There is no M&E plan or committee. At local level CS involvement is highly variable.

Page 107

191) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

4 (4)

192)

Comments and examples:

A wide variety of HIV, sexual health, faith, women's, youth and migrant organisations are involved in HIV efforts, with a good geographic range. However, there is currently less representation for IDUs and no national organisation for people with HIV, though many people with HIV work within the above range of organisations.

Page 108

193)

a. adequate financial support to implement its HIV activities?

2 (2)

194)

b. adequate technical support to implement its HIV activities?

4 (4)

195)

Comments and examples:

Funding is increasingly restricted by the economic downturn and competing priorities.

Page 109

196) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sex workers	51-75%

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

Page 110

197)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

7 (7)

198)

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

The Government (Department of Health) has funded a national resource for civil society ShoutLoud which gives access to tools for influencing local decision making. In addition they have funded Taking Part, a project at Positively Women to promote the engagement of women with HIV in local and national strategy decision-making - this development led to the setting-up of the PoZFem national network.

199)

What are remaining challenges in this area:

There is some evidence of ongoing difficulty in persuading public bodies, including health services, in proper and non-tokenistic involvement of civil society. Practice is variable.

Page 111

200)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

201)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

Epidemiological data and research into most affected populations.

202)

1.1 To what extent has HIV prevention been implemented?

The majority of people in
need have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify, prison, immigration detention centres, specific work on prevention with PLWHIV	Don't agree

Page 113

203)

Part B, Section III: PREVENTION

Question 1.1 (continued)

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

5 (5)

204)

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

While some progress has been made in national programmes, locally they have suffered through poor commissioning and underfunding.

205)

What are remaining challenges in this area:

Quality of commissioning, economic downturn, competing health priorities, lack of national targets.

Page 114

206)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

services?

Yes (0)

Page 115

207)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Epidemiological data and research.

208)

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

The majority of people in need
have access

HIV treatment, care and support service

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

Page 116

209)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care

and support programmes in 2009?

8 (8)

210)

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

Retention and increase in social care AIDS Support Grant.

211)

What are remaining challenges in this area:

Lack of psychosocial support, uncertainty of continuing social care funding (current AIDS Support Grant scheme end 2011) and lack of access to free HIV treatment and support for all undocumented migrants.

Page 117

212)

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

N/A (0)