

## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 01/01/2012

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**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

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

**Postal address:** Ministère de la Santé, de la Population et de la Réforme Hospitalière 125 Bd, Abderrahmane Laala El Madania - Alger - Algérie

**Telephone:** +213 21 27 98 03

**Fax:** +213 21 27 97 86

**E-mail:** smesbah51@yahoo.fr

**Describe the process used for NCPI data gathering and validation:** Organisation de deux ateliers de consultation distincts pour renseigner le questionnaire portant sur les « Engagements et moyens d'action nationaux (NCPI) » en 2013: atelier 1 : société civile et agences des Nations Unies le 18/3/2014, atelier 2 : représentants des départements ministériels le 19/3/2014. Méthodologie des ateliers: exposé introductif par le consultant national sur le rappel du contexte, les indicateurs, les nouvelles directives 2014 et de l'exercice attendu des participants ; débat autour de chacun des items du questionnaire et validation des réponses au fur et à mesure : contenu partie B renseignée par les acteurs représentant la société civile (ONG y compris l'association des PVIH) et les agences onusiennes, contenu partie A renseignée par les représentants des départements ministériels; Délai de 08 jours accordé aux participants des 02 ateliers pour recueillir les ultimes observations, commentaires et suggestions.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** Vote à main levée à la majorité simple

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

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

Organization	Names/Positions	Respondents to Part A
Ministère de la Formation et l'Enseignement Professionnels	Mr. Aoudar Nour Eddine/CES	A1,A2,A3,A4,A5,A6
Ministère de la Jeunesse et des Sports	Mme. Mekachtali Fettouma/chef de bureau	A1,A2,A3,A4,A5,A6
Ministère des Affaires Religieuses et des Wakfs	Mme. Mekhaldi Samira/chef de bureau	A1,A2,A3,A4,A5,A6
Ministère de la Solidarité Nationale, la Famille et la Condition de la Femme	Mme. Atmana Nacera/sous directrice	A1,A2,A3,A4,A5,A6
Ministère du Travail de l'Emploi et de la Sécurité Sociale	Mr. Haouam Faouzi/sous directeur central	A1,A2,A3,A4,A5,A6
Ministère de la Justice	Mme. Bouterra Ouarda /Médecin-Direction Générale de l'Administration Pénitentiaire	A1,A2,A3,A4,A5,A6
Ministère de la Défense Nationale	Mr. Naim Malek/Pr Chef de service-Hôpital Central de l'Armée	A1,A2,A3,A4,A5,A6
Ministère de la Santé, de la Population et de la Réforme Hospitalière	Mme. Khelifi Houria/chargé du programme sida	A1,A2,A3,A4,A5,A6
Ministère des Affaires Etrangères	Mr. Mefti Yacine/Chef de bureau	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
Association El Hayet des personnes vivant avec le VIH	Mme. Lahouel Nawel/présidente	B1,B2,B3,B4,B5
Association AIDS Algérie	Mr. Bourouba Othmane/président	B1,B2,B3,B4,B5
Association Info-com Jeunesse de Guelma	Mr. Adjabi Lotfi/président	B1,B2,B3,B4,B5
Association Solidarité Aids	Mr. Boufenissa Ahcene/président	B1,B2,B3,B4,B5
UNFPA	Mme. Sakani Ouahiba/assistante representative	B1,B2,B3,B4,B5
OMS	Mme. Chibout Leila/point focal sida	B1,B2,B3,B4,B5
ONUSIDA	Mr. Zeddiam Adel/coordonnateur national	B1,B2,B3,B4,B5

### A.I Strategic plan

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

**IF YES, what is the period covered:** 2013-2015

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:** Changement de l'approche du dépistage Inclusion de l'eTME Renforcement des axes de lutte contre la stigmatisation et la discrimination

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

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:** Ministère de la Santé, de la Population et de la Réforme Hospitalière.

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

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Transportation:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Other:** Affaires Religieuses, Formation Professionnelle, Justice, Finances, Communication, Affaires Etrangères

**Included in Strategy:** Yes

**Earmarked Budget:** No

**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?:** Les départements ministériels sus cités disposent tous d'un budget global « santé » qui leur permet d'engager et de pérenniser diverses activités relevant de leur compétence.

### **1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?**

**KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** Yes

**Elderly persons:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** Yes

**SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** No

**CROSS-CUTTING ISSUES:**

**Addressing stigma and discrimination:** Yes

**Gender empowerment and/or gender equality:** Yes

**HIV and poverty:** Yes

**Human rights protection:** Yes

**Involvement of people living with HIV:** Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:** Hommes en uniforme

: Yes

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

**1.6. Does the multisectoral strategy include an operational plan?:** Yes

**1.7. Does the multisectoral strategy or operational plan include:**

**a) Formal programme goals?:** Yes

**b) Clear targets or milestones?:** Yes

**c) Detailed costs for each programmatic area?:** Yes

**d) An indication of funding sources to support programme implementation?:** Yes

**e) A monitoring and evaluation framework?:** Yes

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

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:** Le développement d'une approche multisectorielle tant en ce qui concerne les départements ministériels que la société civile impliquant les PVIH, les autorités religieuses et les leaders d'opinion, avec le développement de partenariats intersectoriels dans le respect des rôles et fonctions de chaque institution est une constante de la riposte au sida. La réponse multisectorielle est considérée comme l'un des fondements et principes qui guident la mise en œuvre du PNS 2013-2015,

**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

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

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

**2.1. Has the country integrated HIV in the following specific development plans?**

**SPECIFIC DEVELOPMENT PLANS:**

**Common Country Assessment/UN Development Assistance Framework:** Yes

**National Development Plan:** Yes

**Poverty Reduction Strategy:** Yes

**National Social Protection Strategic Plan:** Yes

**Sector-wide approach:** Yes

**Other [write in]:**

:

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

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** N/A

**HIV impact alleviation (including palliative care for adults and children):** Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:** Yes

**Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:** Yes

**Reduction of stigma and discrimination:** Yes

**Treatment, care, and support (including social protection or other schemes):** Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):** Yes

**Other [write in]:** Violences à l'égard des femmes

: Yes

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:** No

**3.1. IF YES, on a scale of 0 to 5 (where 0 is “Low” and 5 is “High”), to what extent has the evaluation informed resource allocation decisions?:**

**4. Does the country have a plan to strengthen health systems?:** Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:** • augmentation du budget alloué ( ARV )et amélioration du dispositif d'approvisionnement des produits de santé, • mise en place d'un plan d'extension de décentralisation des CDR avec ouverture d'un CDR à Tizi Ouzou lors de la célébration de la Journée Mondiale sur le sida ,

**5. Are health facilities providing HIV services integrated with other health services?**

**a) HIV Counselling & Testing with Sexual & Reproductive Health:** Few

**b) HIV Counselling & Testing and Tuberculosis:** Many

**c) HIV Counselling & Testing and general outpatient care:** None

**d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** Few

**e) ART and Tuberculosis:** Many

**f) ART and general outpatient care:** None

**g) ART and chronic Non-Communicable Diseases:** Many

**h) PMTCT with Antenatal Care/Maternal & Child Health:** Many

**i) Other comments on HIV integration: :**

**6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in your country’s HIV programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area:** Elaboration du PNS incluant un plan opérationnel budgétisé. Elaboration de la stratégie eTME. Ouverture d'un nouveau CDR doté en ressources humaines et matérielles.

**What challenges remain in this area::** Faiblesse du système d'information et de surveillance épidémiologique actuel. Difficultés dans l'estimation de l'épidémie au niveau des populations clés identifiées. Faible fréquentation des CD.

## **A.II Political support and leadership**

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

**A. Government ministers:** Yes

**B. Other high officials at sub-national level:** Yes

**1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?:** Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** -Célébration de la Journée Mondiale de Lutte contre le sida 2013 par le Directeur Général de la Prévention, représentant du Ministre de la Santé. -Participation active du Ministre de la Santé représentant du Président de la

République au sommet spécial de suivi de l'Union Africaine: ABUJA+12. -Adhésion de l'Algérie à la Commission des droits de l'Homme.

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

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

**2.1. IF YES, does the national multisectoral HIV coordination body:**

**Have terms of reference?:** Yes

**Have active government leadership and participation?:** Yes

**Have an official chair person?:** Yes

**IF YES, what is his/her name and position title?:** Pr Mesbah Smail. Directeur Général de la Prévention. Ministère de la Santé, de la Population et de la Réforme Hospitalière

**Have a defined membership?:** Yes

**IF YES, how many members?:** 29

**Include civil society representatives?:** Yes

**IF YES, how many?:** 08

**Include people living with HIV?:** Yes

**IF YES, how many?:** 01

**Include the private sector?:** Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:** Yes

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

**IF YES, briefly describe the main achievements::** PNS Stratégie nationale eTME Revue à mi-parcours 2013 Célébration de la JSM Réalisation d'une enquête bio-comportementale (IBBS) Mise en place du programme de coopération Algérie/UNFPA Poursuite du programme commun national pour l'égalité des sexes et l'autonomisation des femmes

**What challenges remain in this area::** Cadre de coordination non encore fonctionnel Insuffisance du système de surveillance épidémiologique

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

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

**Capacity-building:** Yes



**Coordination with other implementing partners:** Yes

**Information on priority needs:** Yes

**Procurement and distribution of medications or other supplies:** Yes

**Technical guidance:** Yes

**Other [write in]:**

: No

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:** No

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

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?:** 7

**Since 2011, what have been key achievements in this area::** Décret exécutif portant création, organisation et fonctionnement du Comité National de Prévention et de Lutte contre les IST/sida. Directive nationale fixant la conduite à tenir en milieu de soins en cas d'AES. Directive nationale relative à l'algorithme sur le diagnostic biologique de l'infection à VIH.

**What challenges remain in this area::** Entité de coordination non encore fonctionnelle Appui financier alloué aux ONG insuffisant Recherche opérationnelle peu développée

## **A.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable subpopulations [write in]:**

: No

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

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::** L'Algérie dispose d'un arsenal juridique qui protège les droits humains en garantissant notamment des soins sans discrimination avec une prise en charge de qualité et le droit à une vie décente au sein de la famille ou de la société : la constitution (articles 29, 31, 32, 34, 35, 43, 44, 51, 53, 54 et 59), la loi sanitaire(articles 2,3,67,68,69,72,73,74,75,77 et 206/1) , la Commission Nationale Consultative de Promotion et de Protection des Droits de l'Homme mise en place par Décret présidentiel n° 01-71 du 25 mars 2001. Par ailleurs, l'Algérie a adhéré aux traités et conventions internationales relatifs au VIH/sida et aux droits de l'homme.

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** Les personnes qui se voient discriminées ont toute une série de recours pour faire valoir leurs droits: institutions concernées, société civile dont l'association des PVIH, tribunaux.

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

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?:** No

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** No

**Elderly persons:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]::**

: No

**Briefly describe the content of these laws, regulations or policies::**

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

## **A.IV Prevention**

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

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

**Delay sexual debut:** Yes

**Engage in safe(r) sex:** Yes

**Fight against violence against women:** Yes

**Greater acceptance and involvement of people living with HIV:** Yes

**Greater involvement of men in reproductive health programmes:** Yes

**Know your HIV status:** Yes

**Males to get circumcised under medical supervision:** No

**Prevent mother-to-child transmission of HIV:** Yes

**Promote greater equality between men and women:** Yes

**Reduce the number of sexual partners:** Yes

**Use clean needles and syringes:** Yes

**Use condoms consistently:** Yes

**Other [write in]::**

: No

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

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:** Yes

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

**Primary schools?:** No

**Secondary schools?:** Yes

**Teacher training?:** Yes

## **2.2. Does the strategy include**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) gender-sensitive sexual and reproductive health elements?:** Yes

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

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

**Briefly describe the content of this policy or strategy::** La stratégie du PNS, compte tenu des caractéristiques de l'épidémie, se concentre sur les populations clés à haut risque d'infection IST/sida (PS, HSH, UDI) et les populations vulnérables (jeunes, détenus...). Cette stratégie s'appuie sur la société civile, partenaire essentiel de la mise en œuvre des actions de proximité avec ces populations, afin de leur permettre de mieux accéder et de mieux utiliser les services de santé.

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

**People who inject drugs:** Condom promotion, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Men who have sex with men:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Sex workers:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Customers of sex workers:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Prison inmates:** HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Other populations [write in]:** jeunes, hommes en uniforme, populations mobiles

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?:** 8

**Since 2011, what have been key achievements in this area::** Mise en place de la stratégie eTME Directive nationale sur la conduite à tenir en milieu de soins en cas d'AES Etudes cartographie-actions ciblant les PS (Oran) et les HSH (Alger et Oran),

Emissions radios, TV, spectacles et concerts gratuits, distribution de CD musicaux, préservatifs Campagnes de sensibilisation: - grand public: ministère des affaires religieuses, de la jeunesse et des sports et la société civile. - hommes en uniforme : ministère de la défense et police - détenus : ministère de la justice

**What challenges remain in this area:** Ciblage insuffisant des populations à haut risque d'infection IST/sida, Harmonisation des interventions et des messages auprès des populations prioritaires Qualité des services offerts dans les CD en direction des groupes prioritaires identifiés par le PSN, Recherche opérationnelle irrégulièrement menée,

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

**IF YES, how were these specific needs determined?:** Suite à l'analyse de la riposte nationale par toutes les parties prenantes (secteurs institutionnels, société civile) au regard du profil épidémiologique et de la dynamique de l'épidémie

**IF YES, what are these specific needs? :** Méconnaissance des modes de transmission et de prévention du VIH par plusieurs groupes de population. Faiblesse de la stratégie actuelle de dépistage notamment en direction des CPN. Prise en charge des IST : Faible application de l'approche syndromique, Suivi et évaluation : Faiblesse de la coordination et de la synergie des interventions

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

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Strongly agree

**Economic support e.g. cash transfers:** Agree

**Harm reduction for people who inject drugs:** Agree

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Disagree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Agree

**Prevention of mother-to-child transmission of HIV:** Agree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Strongly disagree

**Risk reduction for men who have sex with men:** Agree

**Risk reduction for sex workers:** Agree

**Reduction of gender based violence:** Agree

**School-based HIV education for young people:** Agree

**Treatment as prevention:** Strongly agree

**Universal precautions in health care settings:** Strongly agree

**Other [write in]:**

:

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?:** 8

## **A.V Treatment, care and support**

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

**If YES, Briefly identify the elements and what has been prioritized:** Extension géographique des Centres de Référence pour la prise en charge de l'infection à VIH (CDR) Approche multidisciplinaire et multiprofessionnelle Généralisation de la proposition systématique à toute CPN du test VIH avec recours aux tests rapides dans le cadre de la stratégie eTME .

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** Élargissement du réseau des CDR dans un souci d'équité dans l'accès aux soins Consolidation des CDR en place Mise en œuvre d'un partenariat ONG/secteurs ministériels concernés pour le maintien de la dynamique de soin et d'observance aux traitements ARV, le développement des Activités Génératrices de Revenus (AGR) et la réinsertion sociale.

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Agree

**Economic support:** Agree

**Family based care and support:** Agree

**HIV care and support in the workplace (including alternative working arrangements):** Strongly disagree

**HIV testing and counselling for people with TB:** Strongly agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** N/A

**Nutritional care:** Disagree

**Paediatric AIDS treatment:** Strongly agree

**Palliative care for children and adults Palliative care for children and adults:** Strongly agree

**Post-delivery ART provision to women:** Strongly agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Strongly agree

**Post-exposure prophylaxis for occupational exposures to HIV:** Strongly agree

**Psychosocial support for people living with HIV and their families:** Agree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Strongly agree

**TB preventive therapy for people living with HIV:** N/A

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Strongly agree

**Other [write in]:**

:

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:** No

**Please clarify which social and economic support is provided:** Il s'agit d'un appui dans un cadre global non spécifique aux PVIH

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

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:** No

**IF YES, for which commodities?:**

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area?:** Renforcement du suivi viro-immunologique. Meilleure gestion de l'approvisionnement et de la distribution des produits de santé (ARV, réactifs) Renforcement de l'aide à l'observance des traitements ARV.

**What challenges remain in this area?:** Insuffisance de la prise en charge psychosocial en particulier en direction des populations prioritaires Prise en charge tardive de l'infection à VIH Retard à la mise en place du génotypage

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** N/A

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** No

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:**

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::**

## **A.VI Monitoring and evaluation**

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

**Briefly describe any challenges in development or implementation::** Insuffisance actuelle du système de surveillance épidémiologique et de suivi évaluation Données des structures médicales libérales (activités de dépistage, prise en charge des IST...) insuffisamment intégrées.

**1.1. IF YES, years covered:** 2013-2015

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

**Briefly describe what the issues are::** Absence d'instance de coordination à tous les niveaux Insuffisance du dispositif actuel de collecte de données et de supervision des activités

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

**A data collection strategy:** Yes

**IF YES, does it address::**

**Behavioural surveys:** Yes

**Evaluation / research studies:** Yes

**HIV Drug resistance surveillance:** Yes

**HIV surveillance:** Yes

**Routine programme monitoring:** Yes

**A data analysis strategy:** Yes

**A data dissemination and use strategy:** Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):** Yes

**Guidelines on tools for data collection:** Yes

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

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:** 09%



**4. Is there a functional national M&E Unit?:** In Progress

**Briefly describe any obstacles::** Le système de suivi & évaluation prévu dans le PNS est actuellement en cours de mise en oeuvre

**4.1. Where is the national M&E Unit based?**

**In the Ministry of Health?:** Yes

**In the National HIV Commission (or equivalent)?:** No

**Elsewhere?:** No

**If elsewhere, please specify:**

**4.2. How many and what type of professional staff are working in the national M&E Unit?**

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
chargé du programme national de lutte contre les IST/sida.	Temps plein	1994

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

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

**Briefly describe the data-sharing mechanisms::** Élaboration de canevas de collecte périodique de données (CD, CDR) Saisie des ONG et institutions gouvernementales pour envoi de rapports périodiques de leurs activités

**What are the major challenges in this area::** Harmonisation des rapports d'activité notamment dans l'utilisation des indicateurs de la riposte Lenteur du dispositif de remontée des données

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:** No

**6. Is there a central national database with HIV- related data?:** Yes

**IF YES, briefly describe the national database and who manages it.:** - confirmation et notification des cas d'infection VIH ventilés par age, sexe, mode de transmission et wilaya de résidence - publication d'un rapport trimestriel Laboratoire National de Référence (LNR)

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

**IF YES, but only some of the above, which aspects does it include?:** Données par année, âge, sexe, mode de transmission, et wilaya de résidence

**6.2. Is there a functional Health Information System?**

**At national level:** Yes

**At subnational level:** Yes

**IF YES, at what level(s)?:** National Wilaya Local ( services d'épidémiologie et de médecine préventive des Etablissements de santé)

**7.1. 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

**7.2. Is HIV programme coverage being monitored?:** Yes

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

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

**IF YES, for which population groups?:** groupes de populations prioritaires identifiés par le PNS : HSH, PS, UDI, Jeunes.

**Briefly explain how this information is used::** Estimations des besoins en médicaments ARV et en réactifs (dépistage et suivi viro-immunologique) Planification des programmes de prévention Estimations des besoins en appui psychosocial et économique Élaboration de cartographies

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other)?:** par wilaya (district)

**Briefly explain how this information is used::** Estimations des besoins en médicaments ARV et en réactifs (dépistage et suivi viro-immunologique) Planification des programmes de prévention Estimations des besoins en appui psychosocial et économique Élaboration de cartographies

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

**9. How are M&E data used?**

**For programme improvement?:** Yes

**In developing / revising the national HIV response?:** Yes

**For resource allocation?:** Yes

**Other [write in]::**

: No

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any::** Utilisation des données: Estimations et projections Spectrum , Meilleure planification des besoins en médicaments ARV, réactifs ,appui, prévention Principales difficultés: Insuffisance du ciblage des populations clés. Enquêtes pour une meilleure connaissance de l'épidémie pratiquées irrégulièrement,

**10. In the last year, was training in M&E conducted**

**At national level?:** No

**IF YES, what was the number trained::**

**At subnational level?:** No

**IF YES, what was the number trained:**

**At service delivery level including civil society?:** No

**IF YES, how many?:**

**10.1. Were other M&E capacity-building activities conducted other than training?:** No

**IF YES, describe what types of activities:**

**11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?:** 6

**Since 2011, what have been key achievements in this area?:** Résultats enquête MICS4.2013 Enquête bio-comportementale auprès des PS de la wilaya d'Oran. 2013 Etablissement d'une base de données de suivi des interventions de proximité auprès des PS. Poursuite du programme AL INSAF portant sur l'autonomisation économique des femmes et filles vivant avec le VIH.

**What challenges remain in this area?:** Déficit en capacités techniques humaines et financières des parties prenantes de la riposte

## **B.I Civil Society involvement**

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

**Comments and examples::** Participation active dans l'élaboration du PSN 2013-2015, de la Stratégie Nationale eTME 2012, des rapports nationaux de la Riposte au sida (2012) et de la Revue à mi-parcours de la Déclaration Politique 2011 (2013) et la préparation des Journées Mondiales sur le sida Facilités accordées par les autorités pour mener les activités en direction des populations clés identifiées par le PSN 2013-2015 (PS, HSH, UDI) Consultation et participation de la société civile, en particulier l'association des PVIH « El Hayet », à plusieurs forums internationaux (PCB, ICASA, UA, AFRAVIH)

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

**Comments and examples::** La mise en œuvre du PSN ne pourrait se faire sans la participation de la société dans la mesure où les ONG sont d'une part des structures d'exécution et d'autre part en raison de leur expertise dans interventions de proximité auprès des populations clés.

**3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?:** 5

**b. The national HIV budget?:** 2

**c. The national HIV reports?:** 5

**Comments and examples::** Les acteurs de la société civile ont pris une part active à toutes les étapes du processus d'élaboration et de planification des travaux d'élaboration de tous les PSN à ce jour, de la Stratégie Nationale eTME 2012 et de la Revue à mi-parcours de la Déclaration politique 2011 (2013). Ce n'est pas le cas concernant le processus de budgétisation (faiblesse du budget alloué au regard des caractéristiques de l'épidémie).

**4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**a. Developing the national M&E plan?:** 5

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 1**

**c. Participate in using data for decision-making?: 4**

**Comments and examples:** Participation active au processus de développement du plan de S&E. En revanche, approche du S&E à renforcer,

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4**

**Comments and examples:** Absence d'obstacles à la participation des populations clés et des PVIH à la riposte. La représentation de la société civile dans la riposte est diversifiée. A côté des ONG thématiques dont l'association des PVIH, il existe d'autres acteurs de la société civile engagés dans la riposte au sida (scouts musulmans algériens, Info-com jeunes de Guelma, Y-PEER...)

**6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:**

**a. Adequate financial support to implement its HIV activities?: 1**

**b. Adequate technical support to implement its HIV activities?: 4**

**Comments and examples:** Insuffisance des financements orientés vers les acteurs de la société civile. Renforcement souhaité des capacités techniques de mise en œuvre des activités.

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

**Prevention for key-populations:**

**People living with HIV:** >75%

**Men who have sex with men:** 25-50%

**People who inject drugs:** <25%

**Sex workers:** 25-50%

**Transgender people:**

**Palliative care :**

**Testing and Counselling:** 51-75%

**Know your Rights/ Legal services:** >75%

**Reduction of Stigma and Discrimination:** >75%

**Clinical services (ART/OI):**

**Home-based care:** <25%

**Programmes for OVC:** 25-50%

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?:** 6

**Since 2011, what have been key achievements in this area::** Implication dans l'élaboration du PNS, de la stratégie eTME. Intégration dans le CNPLS. Implication à travers le Cadre de coopération stratégique avec le système des Nations Unies. Participation de la société civile y compris les populations à haut risque et les PVIH dans les consultations post 2015. Participation à l'atelier sur les normes et standards des interventions de la société civile auprès des groupes à risque. Participation à l'atelier national sur l'implication de la société civile dans la mise en oeuvre de la stratégie eTME. Poursuite du programme commun pour l'égalité des sexes et l'autonomisation des femmes en Algérie: AL INSAF.

**What challenges remain in this area::** Insuffisance du financement alloué, Faible implication de la société civile dans la prise de décision, Faible coordination entre les différents acteurs de la société civile.

## **B.II Political support and leadership**

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

Yes

**IF YES, describe some examples of when and how this has happened::** Association des personnes vivant avec le VIH est membre du CNLPS. Participation des populations clés et des PVIH dans l'élaboration du PNS et de la stratégie eTME. Autonomisation des femmes vivant avec le VIH à travers des dispositifs nationaux d'appui financier. Subvention des ONGs par des secteurs gouvernementaux tels que le Ministère de la Jeunesse et des Sports, le Ministère de la Solidarité et les Fonds de wilaya.

## **B.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** No

**Other specific vulnerable subpopulations [write in]:** Personnes âgées

: Yes

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

Yes

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:** L'Algérie dispose d'un arsenal juridique qui protège les droits humains en garantissant notamment des soins sans discrimination avec une prise en charge de qualité et le droit à une vie décente au sein de la famille ou de la société : la constitution (articles 29, 31, 32, 34, 35, 43, 44, 51, 53, 54 et 59), la loi sanitaire(articles 2,3,67,68,69,72,73,74,75,77 et 206/1) , la Commission Nationale Consultative de Promotion et de Protection des Droits de l'Homme mise en place par Décret présidentiel n° 01-71 du 25 mars 2001. Par ailleurs, l'Algérie a adhéré aux traités et conventions internationales relatifs au VIH/sida et aux droits de l'homme.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:** Les personnes qui se voient discriminées et privées de leurs droits peuvent avoir recours : Aux institutions selon le droit qui leur a été refusé (structures de soins, inspection du travail, institutions éducatives...), La Commission Nationale Consultative de Promotion et de Protection des Droits de l'Homme, A l'institution judiciaire qui constitue le moyen ultime pour rétablir la personne dans ses droits, A l'association des PVIH « El Hayet » pour la prise en charge des revendications et la plus apte à indiquer les moyens de recours voire même se s'improviser médiateur pour faire valoir les droits de ces personnes.

**Briefly comment on the degree to which they are currently implemented:** Toute personne qui se voit discriminée a à sa disposition un mécanisme de plaintes pour faire valoir ses droits à travers les institutions concernées, la société civile dont l'association des PVIH et les tribunaux. Il existe, cependant, une méconnaissance des droits et des mécanismes de recours.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:** No

**2.1. IF YES, for which sub-populations?**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]::**

: No

**Briefly describe the content of these laws, regulations or policies::** L'Algérie dispose d'un arsenal juridique qui protège les droits humains : à titre d'illustration, la constitution dans son article 29 précise que «les citoyens sont égaux devant la loi, sans que puisse prévaloir aucune discrimination pour cause de naissance, de race, de sexe, d'opinion ou de toute autre condition ou circonstance personnelle ou sociale »

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

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

**Briefly describe the content of the policy, law or regulation and the populations included.:** Promotion de l'équité en matière de genre et facilitation de l'accès à l'information et à la prévention du VIH aux femmes

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

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy::** Un des principes directeurs de la lutte contre le sida et réaffirmé dans le PNS 2013 - 2015 est la garantie, justement, de la protection des droits des personnes vivant avec le VIH et de leurs familles dans le cadre du Droit commun (Constitution, Loi sanitaire, Code pénal...) et des traités et conventions internationales ratifiées par l'Algérie. L'axe stratégique 5 « Droits humains et genre » de l'actuel PSN est entièrement dédié à la prise en compte de la dimension des Droits Humains dans la riposte au sida.

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

**IF YES, briefly describe this mechanism::** Par l'intermédiaire de toutes les instances judiciaires du pays et de la Commission Nationale Consultative de Promotion et de Protection des Droits de l'Homme mise en place par Décret présidentiel mais aussi des institutions concernées (instruction ministérielle du MSPRH ayant trait à la lutte contre la discrimination en milieu des soins par exemple) et de l'association des PVIH « El Hayet » comme médiateur. Pour faciliter l'accès à ce mécanisme d'enregistrement, la stratégie adoptée dans le PSN est la promotion « des IEC de proximité sur les droits humains et les voies de recours » en direction des PVIH et des plus vulnérables et à haut risque. Une aide juridique gratuite est possible pour tout citoyen qui en fait la demande.

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV prevention services:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:** Le système de santé algérien assure un accès gratuit et universel à la prévention, au traitement, aux soins et au soutien à tous y compris aux populations identifiées comme prioritaires dans le PNS.

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

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

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

**IF YES, Briefly describe the content of this policy/strategy and the populations included::** L'équité dans l'accès aux services de prévention, de traitement, de soins et d'accompagnement est un droit garanti pour tous les citoyens sans exclusive: (Constitution (article 54), Loi sanitaire 85-05 du 16 février 1985 relative à la promotion et la protection de la santé garantit un accès égal à toutes les populations sans exclusive (article 3) )

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

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations::** Les ONG ont acquis une expertise qui leur permet de conduire des activités de sensibilisation contre le stigma et la discrimination et sur le droit à la santé pour tous à travers des: • Actions ciblées de proximité avec utilisation de la pair éducation en direction des populations clés et vulnérables, • Campagnes itinérantes estivales en direction des jeunes des 2 genres scolarisés ou non, • Productions de supports d'information, Contribution du secteur des Affaires Religieuses pour le respect et l'aide au malade quel que soit son affection.

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:** No

**IF YES, briefly describe the content of the policy or law::**

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

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

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:** No

**IF YES on any of the above questions, describe some examples::** L'Algérie dispose d'une Commission Nationale Consultative de Promotion et de Protection des Droits de l'Homme mise en place par Décret présidentiel qui vient renforcer



l'arsenal juridique existant relatif au respect des droits des personnes sans exclusive. Dans son axe stratégique 5 « droits de l'homme et genre », 03 produits sont dédiés à cette question : • Les capacités des populations vulnérables et des groupes à haut risque en matière de droits humains sont renforcées. • Les capacités des PVIH en matière de droits humains sont renforcées. • Les différents intervenants adoptent des comportements respectueux des droits humains, excluant les différentes formes de stigmatisation et de discrimination, dans tous les contextes de la riposte aux IST/VIH/sida.

**11. In the last 2 years, have there been the following training and/or capacity-building activities:**

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

**b. Programmes for members of the judiciary and law enforcement<sup>46</sup> on HIV and human rights issues that may come up in the context of their work?:** Yes

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

**a. Legal aid systems for HIV casework:** Yes

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

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

**IF YES, what types of programmes?:**

**Programmes for health care workers:** Yes

**Programmes for the media:** Yes

**Programmes in the work place:** No

**Other [write in]:** Ecoles, universités

: Yes

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?:** 9

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::** Méconnaissance des droits et des voies de recours par les PVIH. Méconnaissance par certains acteurs dans tous les contextes de la riposte aux IST/ sida de comportements respectueux des droits humains, excluant les différentes formes de stigmatisation et de discrimination

**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?:** 8

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::** Suivi & évaluation en la matière.

## **B.IV Prevention**

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

**IF YES, how were these specific needs determined?:** Analyse de la situation et de la riposte

**IF YES, what are these specific needs? :** Axes stratégiques et stratégies définis sur la base des besoins identifiés par le PNS

### **1.1 To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Agree

**Harm reduction for people who inject drugs:** N/A

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Disagree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Strongly agree

**IEC on stigma and discrimination reduction:** Strongly agree

**Prevention of mother-to-child transmission of HIV:** Agree

**Prevention for people living with HIV:** Strongly agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Agree

**Risk reduction for men who have sex with men:** Agree

**Risk reduction for sex workers:** Agree

**School-based HIV education for young people:** Agree

**Universal precautions in health care settings:** Agree

**Other [write in]::**

:

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?:** 6

**Since 2011, what have been key achievements in this area::** Extension géographique des sites eTME , Introduction au côté du dépistage volontaire du dépistage systématiquement proposé et des tests de diagnostic rapide, Actions de proximité

ciblées en direction essentiellement des populations clés et vulnérables, Plus grande implication des médias (radio, TV, presse) pour une meilleure sensibilisation des populations à la riposte au sida .

**What challenges remain in this area::** Accessibilité à certaines populations clés, Harmonisation des interventions, Insuffisance de financement adéquat pour la pérennisation des activités.

## **B.V Treatment, care and support**

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

**IF YES, Briefly identify the elements and what has been prioritized::** Conseil et dépistage, Prise en charge médicale des malades selon un consensus régulièrement actualisé, Prise en charge psychosociale et autonomisation des PVIH à travers le développement des Activités génératrices de revenus (AGR) et de la réinsertion socioprofessionnelle initiées par les ONG.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** Souci de l'équité dans l'accès aux soins. Amélioration des prestations par un renforcement des capacités en matière de diagnostic, de suivi biologique et virologique, de traitement et d'aide à l'observance des anti rétroviraux (ARV), Nécessité en parallèle de veiller au soutien psychosocial au côté de la société civile.

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Agree

**HIV care and support in the workplace (including alternative working arrangements):** N/A

**HIV testing and counselling for people with TB:** Strongly agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** N/A

**Nutritional care:** Agree

**Paediatric AIDS treatment:** Strongly agree

**Post-delivery ART provision to women:** Strongly agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Strongly agree

**Post-exposure prophylaxis for occupational exposures to HIV:** Strongly agree

**Psychosocial support for people living with HIV and their families:** Agree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Strongly agree

**TB preventive therapy for people living with HIV:** N/A

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Strongly agree

**Other [write in]:**

:

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 7

**Since 2011, what have been key achievements in this area::** Dispositifs d'activités génératrices de revenus à travers le programme commun pour l'égalité des sexes et l'autonomisation des femmes. Amélioration de la gestion et de l'approvisionnement des ARV. Meilleure implication des PVIH dans l'aide à l'observance.

**What challenges remain in this area::** PEC obstétricale dans certains cas, PEC psychosociale insuffisante, PEC des PVIH à un stade tardif de l'immunodépression, Gestion des perdus de vue, Financements très réduits au regard des besoins des populations clés les plus démunies.

**2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:**  
Yes

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

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

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 7

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::**