

Chile Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source: Reuniones grupales realizadas con los distintos actores de la respuesta nacional, las que fueron llevadas a cabo durante el mes de marzo de 2014, incluyendo un periodo de validación de las respuestas sistematizadas.

From date: 03/08/2014

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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

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Describe the process used for NCPI data gathering and validation: Para la elaboración del Índice , se convocó a tres reuniones de trabajo. En la primera de ellas participaron representantes de distintos sectores de gobierno, quienes aportaron para completar la parte A del cuestionario. Esta reunión se realizó el día 14 de marzo de 2014, con la asistencia de 30 personas, representantes del Ministerio de Salud, el Ministerio de Educación, el Servicio Nacional de Menores, Gendarmería de Chile, el Servicio Nacional de la Mujer, el Instituto Nacional de la Juventud, el Ministerio de Relaciones Exteriores, el Ministerio de Defensa, Ministerio de Agricultura, Ministerio de Justicia, la Corporación Nacional de Desarrollo Indígena y la Asociación de Municipalidades de Chile. Esta reunión se desarrolló con una amplia discusión y se acordó completar las respuestas faltantes, por vía mail para integrarlas y completar el ICPN, parte A, que se incluye en este informe. La segunda y tercera reunión, convocadas para completar el ICPN, parte B, fueron realizadas con fecha 20 de marzo, en dos jornadas de trabajo. En la mañana se trabajó con representantes de sociedades científicas, académicos y agencias internacionales, a la cual asistieron 9 personas, provenientes de las Universidades: de Chile, Católica, Andrés Bello; Hospital San Juan de Dios, Hospital Roberto del Rio; OIT, OIM y UNESCO. En la jornada de la tarde, participó un total de 13 representantes de organizaciones sociales: MUMS, Fundación Margen, Fundación Savia, Sindicato Trans Amanda Jofré, ICW-Capítulo Chileno, RENPO/Chile, Mesa Intersectorial VIH/SIDA de la Región Metropolitana, Asociación Indígena Kiñe Pu Liwen, Agrupación Positivamente Positivos, CONVIHDA, Red VIVOPOSITIVO y Coordinadora Nacional VIVOPOSITIVO. Adicionalmente, este último grupo se auto convocó a una nueva reunión para consensuar y completar el indicador, el día 26 de marzo. Como resultado de este proceso, se obtuvo dos cuestionarios del ICPN, parte B, que se incluyen en el presente reporte.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Para consensuar tanto el ICPN parte A, como el ICPN parte B, los participantes acordaron enviar las respuestas que no pudieron completarse en las reuniones de trabajo vía mail, las cuales fueron sistematizadas e integradas en un cuestionario único del ICPN, parte A y dos cuestionarios del ICPN, parte B, los cuales se incluyen en el presente informe. Todo este proceso de elaboración del indicador, se desarrolló entre los días 8 y 28 de marzo de 2014.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): Los participantes manifiestan durante el análisis y la formulación de

respuesta a las preguntas del cuestionario del ICPN, tanto parte A como parte B, la complejidad de realizar las evaluaciones requeridas, dado que tanto la interpretación de las preguntas como la subjetividad de las respuestas, pueden presentar variabilidad dependiendo desde dónde se situó el análisis. En este contexto, surge la duda respecto a la comparabilidad de las opiniones de los distintos actores y países.

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

Organization	Names/Positions	Respondents to Part A
Ministerio de Agricultura	Sergio Soto Referente Intersectorial	A1,A2,A3,A4,A5,A6
Instituto Nacional de la Juventud	Camilo Escobar Referente Intersectorial	A1,A2,A3,A4,A5,A6
Ministerio de Relaciones Exteriores	Leyla Vásquez Referente Intersectorial	A1,A2,A3,A4,A5,A6
Corporación Nacional de Desarrollo Indígena	Brody Lagos Referente Intersectorial	A1,A2,A3,A4,A5,A6
Gendarmería de Chile	Eugenia Díaz Referente Intersectorial	A1,A2,A3,A4,A5,A6
Ministerio de Defensa Nacional	Angélica Pino Referente Intersectorial	A1,A2,A3,A4,A5,A6
Ministerio de Defensa Nacional	Gerardo Bonilla Referente Intersectorial	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Tania Herrera, Jefa Programa Tuberculosis	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Zulema Torres, Programa de Tuberculosis	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Karen Cáceres, Departamento Epidemiología	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Sergio Loayza, Jefe Departamento Epidemiología	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Beatriz Heyermann, DIGERA - GES	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Ana María Merello DIGERA - GES	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Carolina Isla DIGERA - GES	A1,A2,A3,A4,A5,A6
Ministerio de Justicia	María Paz González Referente Intersectorial	A1,A2,A3,A4,A5,A6
Ministerio de Justicia	Pedro Díaz Referente Intersectorial	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Gloria Berrios, Programa Nacional VIH/SIDA/ITS	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Mayra Torres, Programa Nacional VIH/SIDA/ITS	A1,A2,A3,A4,A5,A6
Servicio Nacional de la Mujer	Mónica Herrera, Referente Intersectorial	A1,A2,A3,A4,A5,A6
Ministerio de Educación	Erika Castro Quezada, Referente Intersectorial	A1,A2,A3,A4,A5,A6
Secretaría Regional de Salud Región Metropolitana, SEREMI	Gabriel Carreño, programa VIH/SIDA/IST, SEREMI, Región Metropolitana	A1,A2,A3,A4,A5,A6
Servicio Nacional de Menores	Carola González Referente Intersectorial	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Karina Cuevas, Departamento de Información y Estadísticas de Salud	A1,A2,A3,A4,A5,A6
Asociación de Municipalidades de Chile, AMUCH.	Marisol Osorio, representante AMUCH	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Miriam González; Programa Ciclo Vital	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Paola Donoso, Programa Nacional VIH/SIDA/ITS	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Irene Escribano, Programa Nacional VIH/SIDA/ITS	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Edith Ortiz, Programa Nacional VIH/SIDA/ITS	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Ana María San Martín, Programa Nacional VIH/SIDA/ITS	A1,A2,A3,A4,A5,A6
Ministerio de Salud	Julia Vásquez, Programa Nacional VIH/SIDA/ITS	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
Movimiento Unificado de Minorías Sexuales (MUMS)	Ignacio Yáñez Castillo	B1,B2,B3,B4,B5
Mesa Intersectorial Servicio de Salud Sur Oriente	Jorge Carreño Integrante	B1,B2,B3,B4,B5
Fundación Savia, Salud, Vida y Acción Social	Luz María Yaconi Directora Ejecutiva	B1,B2,B3,B4,B5
Fundación Savia, Salud, Vida y Acción Social	María Soledad Vidal Directora Técnica	B1,B2,B3,B4,B5
ICW Capitulo Chileno	Marcela Silva A. Referente Titular	B1,B2,B3,B4,B5
ICW Capitulo Chileno	Carolina Paulsen Referente Área Mujer	B1,B2,B3,B4,B5
Red Nacional de Pueblos Originarios, RENPO Chile	Tibor Gutiérrez Integrante	B1,B2,B3,B4,B5
Asociación Indígena Kiñe Pu Liwen	Juana Cheuquepan Coordinadora Programa Educación Intercultural Bilingüe de La Pintana.	B1,B2,B3,B4,B5
Agrupación de Personas Viviendo con VIH/SIDA Positivamente Positivos y Grupo Acción solidaria	Luis Benavides Punto Focal en Chile, Redlacvo+ Chile Red Latino Americana y Caribe en Acción Voluntaria en VIH/SIDA	B1,B2,B3,B4,B5
Fundación Margen, Apoyo y Promoción de la Mujer	Herminda González I. Presidenta Fundación Margen Coordinadora Nacional RedTraSex	B1,B2,B3,B4,B5
Sindicato Nacional Independiente de Trabajadores Sexuales Comunidad Trans, Amanda Jofré	Bianca Vidal Representante	B1,B2,B3,B4,B5
CONVIHDA RED VIVOPOSITIVO	Manuel Jorquera Presidente	B1,B2,B3,B4,B5
VIVOPOSITIVO	Sara Araya Presidenta	B1,B2,B3,B4,B5
Universidad de Chile	Pablo Tapia Académico	B1,B2,B3,B4,B5
Universidad Católica	Lilian Ferrer Académica	B1,B2,B3,B4,B5
Universidad Andrés Bello	Anabella Arredondo Académica	B1,B2,B3,B4,B5
Universidad de Chile	Irma Palma Académica Facultad Ciencias Sociales	B1,B2,B3,B4,B5
Hospital Roberto del Río	María Isabel Galaz, Comité Científico Asesor VIH; Encargada Programa VIH/SIDA, Unidad de Infectología	B1,B2,B3,B4,B5
Hospital San Juan de Dios	Patricia Vásquez, Comité Científico Asesor VIH/SIDA MINSAL.	B1,B2,B3,B4,B5
Organización Internacional del Trabajo, OIT	Eric Carlson Especialista en VIH para la OIT	B1,B2,B3,B4,B5
Organización Internacional para las Migraciones, OIM	Claudia Araya, Asistente de administración y proyectos OIM_Chile	B1,B2,B3,B4,B5
Organización de las Naciones Unidas para la educación de la Ciencia y la Cultura, UNESCO	Mary Guinn Delaney Asesora Oficina Regional de Educación para América Latina y el Caribe	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: El Plan Estratégico Nacional de Respuesta Multisectorial a la Prevención y Control del VIH/SIDA y las ITS, cubre el período 2012 - 2016.

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Se identifica un avance en cuanto a una definición de ejes estratégicos más amplios que explicitan y relevan la promoción de la salud sexual, calidad de vida, estigma y no discriminación, al mismo nivel que los ejes del plan estratégico previo (atención, prevención y control). Además, el Plan Estratégico actual, incluye un costeo para el quinquenio completo. Se plantean observaciones por parte de los participantes que se constituyen en desafíos, tales como: ampliar la participación de actores, particularmente de la Subsecretaría de Redes Asistenciales del Ministerio de salud en todas las etapas del proceso de planificación; se requiere un mayor respaldo político de la Estrategia Nacional de salud y su vinculación con el trabajo intersectorial, incluido el Plan Estratégico Multisectorial en VIH/SIDA/ITS; considerar la participación de actores de base territorial en la planificación e implementación del Plan Estratégico; incluir explícitamente líneas de acción para facilitar la atención de la población migrante a la atención y focaliza enfáticamente los recursos financieros hacia las poblaciones clave y vulnerables al VIH/SIDA.

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?: Ministerio de Salud

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: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Gendarmería, SENAME (Ministerio Justicia), Municipios

Included in Strategy: Yes

Earmarked Budget: Yes

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?: Aún cuando los sectores no contemplan un presupuesto específico desarrollan distintas acciones en el tema, bajo financiamiento de salud y con apoyo de agencias internacionales o con aportes de fondos del gobierno regional y local.

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: Yes

People with disabilities: No

People who inject drugs: No

Sex workers: Yes

Transgender people: Yes

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: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: De acuerdo al perfil de la epidemia en el país, la población de usuarios de drogas inyectables no representa una población prioritaria en tanto población clave. Sin embargo, la vinculación del consumo problemático de alcohol y drogas con la vulnerabilidad y la exposición al riesgo se considera transversalmente en los planes de intervención, siendo un área en la se requiere mayor desarrollo. En el caso de las personas con capacidades diferentes (discapacidad), tienen acceso a todas las prestaciones y servicios relativos al VIH/SIDA y las ITS.

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: No

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: pueblos indígenas

: 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?: No

d) An indication of funding sources to support programme implementation?: No

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?: Moderate involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: La participación de organizaciones sociales incluye solo organizaciones vinculadas al VIH, en una participación de tipo consultiva, no en todas las etapas del proceso.

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, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why: La armonización con los asociados en la estrategia multisectorial apunta principalmente a la existencia de un entorno favorable a la prevención del VIH, por ejemplo, trabajo en el área de los derechos humanos, la salud sexual y reproductiva, protección de los derechos de la infancia, inclusión de género, entre otros.

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

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: No

National Development Plan: No

Poverty Reduction Strategy: No

National Social Protection Strategic Plan: No

Sector-wide approach: No

Other [write in]:

: N/A

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:

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

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

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

Reduction of stigma and discrimination:

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

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

Other [write in]:

:

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: La descentralización de las decisiones terapéuticas y de la planificación local de la compra de ARV, ha permitido la instalación de capacidades en los equipos locales de atención, el uso de tecnologías on line, y con ello, optimizar los tiempos involucrados en estos procesos. El esfuerzo ha estado también radicado en incrementar la disponibilidad de recursos humanos especializados en la atención y tratamiento.

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: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: None

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

i) Other comments on HIV integration: : Los servicios de asesoramiento, pruebas están disponibles en toda la red asistencial e integrado los programas de salud. La atención de VIH y tratamiento con ARV se concentra en los 63 Centros de atención de adultos y niños en todo el país.

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?: 4

Since 2011, what have been key achievements in this area: Se cuenta con un Plan Estratégico Multisectorial; se han desarrollado esfuerzos en planificación y la búsqueda y formalización de acuerdos de trabajo con otros sectores gubernamentales, formalizados mediante convenios y planes operativos 2013-2014.

What challenges remain in this area: Mejorar canales de difusión de la planificación estratégica para lograr una mayor participación de actores internos, intersectoriales y sociales, en todas las etapas del proceso. Necesidad de mayor respaldo

político, expresado en un Plan con carácter de mandato y el financiamiento necesario.

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?: No

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: No

IF NO, briefly explain why not and how HIV programmes are being managed:: La coordinación del trabajo en VIH/SIDA del país está radicada en el Ministerio de salud, a través de un Departamento que desarrolla el Programa Nacional de Prevención y Control del VIH/SIDA y las ITS.

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

Have terms of reference?: No

Have active government leadership and participation?: No

Have an official chair person?: No

IF YES, what is his/her name and position title?:

Have a defined membership?: No

IF YES, how many members?:

Include civil society representatives?: No

IF YES, how many?:

Include people living with HIV?: No

IF YES, how many?:

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

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:: Existen programas e iniciativas de interacción gobierno sociedad civil a nivel nacional y regional, entre los cuales destacamos: 1. Fondo de proyectos dirigidos a Organizaciones de la sociedad civil para ejecutar acciones orientados a la promoción de la salud sexual, prevención del VIH/SIDA e ITS, y tolerancia y no discriminación desde el Ministerio de Salud y la División de Organizaciones Sociales (DOS) del Ministerio Secretaría General de Gobierno (SEGEOB). 2. Concurso Buenas Prácticas, que convoca a instituciones públicas, privadas y organizaciones de la sociedad civil, con el objetivo de premiar las buenas prácticas que promueven el respeto y la inclusión de las personas y grupos vulnerados. Entre los logros se puede señalar: - Fortalecimiento del trabajo colaborativo. - Reconocimiento al trabajo de distintas instituciones y organizaciones sociales. - Desarrollo de acciones a poblaciones como campañas de prevención, dirigidas a pueblos indígenas en zonas de alto interés turístico (Isla de Pascua, Chiloé).

What challenges remain in this area:: Incorporación activa, permanente del sector privado en las respuestas al VIH/Sida y las ITS.

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]: apoyo financiero para ejecución de acciones de organizaciones sociales con trabajo en VIH/SIDA

: Yes

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

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:: La Ley de Regulación de la Fertilidad entrega autonomía a adolescentes entre 14 y 18 años para el acceso a la anticoncepción de emergencia, sin embargo, el Reglamento que regula el examen VIH, establece que los menores de 18 años deben contar con la autorización de padres o tutores legales para el acceso al examen VIH. Esta misma Ley obliga al Estado a impartir educación sexual para la población escolarizada y la Política General de Educación al sostener la libertad de enseñanza, deja al arbitrio de las comunidades educativas la decisión de implementar programas de educación sexual, generando inequidad en el acceso, lo que incide en la vulnerabilidad al VIH.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 5

Since 2011, what have been key achievements in this area:: A partir del apoyo político, se logra la promulgación de la Ley Antidiscriminación y la Ley de Derechos y Deberes de los pacientes.

What challenges remain in this area: Realizar un mayor esfuerzo en transversalizar la temática, de tal manera que cada Ministerio y Servicio Público, se comprometa en acciones concretas que estén reflejadas en sus procesos de planificación anual. Asignación de presupuestos específicos en los distintos sectores gubernamentales para trabajar en VIH/SIDA e ITS. Lograr la participación activa del sector privado en la respuesta país al VIH.

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: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: pueblos indígenas

: 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 content of the/laws: La Ley N°20.609 contra la Discriminación, establece mecanismos para entablar una acción judicial frente a la discriminación arbitraria, posibilitando eficazmente el imperio del derecho, toda vez que se cometa un acto de discriminación arbitraria. Traduce el deber del Estado de elaborar políticas y arbitrar las acciones que sean necesarias para garantizar que las personas no sean discriminadas en el goce y ejercicio de sus derechos fundamentales. El ámbito de esta ley incluye la discriminación por raza o etnia, nacionalidad, situación económica, el idioma, la ideología u opinión política, la religión o creencia, la sindicalización o participación en organizaciones gremiales o falta de ellas, el sexo, la orientación sexual, como la identidad de género, el estado civil, la edad, la filiación, la apariencia personal y la enfermedad o discapacidad.

Briefly explain what mechanisms are in place to ensure these laws are implemented: Los Juzgados de Letras de todo el país, están disponibles para recibir las demandas o querrelas que los afectados presentan cuando se comete un acto de discriminación arbitraria. Se encuentra en funcionamiento el Instituto Nacional de Derechos Humanos; algunas organizaciones sociales cuentan con servicios de apoyo jurídico, elaboran informes y se ha desplegado una amplia difusión de la Ley en los medios de comunicación social.

Briefly comment on the degree to which they are currently implemented: En forma paulatina se ha ido ejerciendo la aplicación de Ley N°20.609 en particular, asociada a denuncias de discriminación por violencia contra personas de la diversidad sexual.

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?: Yes

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

People living with HIV: Yes

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: - Decreto 45, que modifica el Reglamento 182 sobre VIH, facultando al médico para buscar contactos de las personas diagnosticadas con VIH. - Regulaciones nacionales, impiden que personas migrantes ilegales, accedan a servicios de salud. - Reglamentación interna de Gendarmería y otras ramas de las Fuerzas Armadas, tienen disposiciones normativas o legales que impiden acceso a servicios preventivos, por ejemplo preservativos. - Artículo 373 del Código Penal, se refiere a sanciones que atentan contra "el pudor, la moral y las buenas costumbres"

Briefly comment on how they pose barriers: Todas estas regulaciones, normativas y reglamentaciones, afectan a los grupos clave y más vulnerables frente al VIH en su acceso a la atención de salud, gestión de riesgo para la prevención, se incrementan factores de vulnerabilidad, por el atropello a sus derechos humanos básicos. En el caso de migrantes ilegales, no pueden acceder a servicios de atención, prevención y control de salud, con excepción de las mujeres embarazadas y niños/as. En el caso a trabajadores/as sexuales, personas trans, hombres gay, las policías mediante la aplicación arbitraria del Artículo 373, detienen y requisan preservativos a estas poblaciones.

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: No

Use clean needles and syringes: No

Use condoms consistently: Yes

Other [write in]: promoción del examen VIH para el diagnóstico y tratamiento precoz y prevención primaria

: Yes

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?: Yes

Secondary schools?: Yes

Teacher training?: No

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:: En el área de educación formal, el Ministerio de Educación orienta al sistema educativo para abordar la prevención de conductas de riesgo, desde un enfoque preventivo-formativo, que proyecta hacia una formación integral, a través del desarrollo de competencias que le permiten tener la información y conocimientos, las estrategias, habilidades, destrezas y finalmente, las actitudes consistentes con conductas de autocuidado y responsabilidad con su cuerpo y su bienestar. En este marco, el proceso de enseñanza-aprendizaje de las competencias de autocuidado y prevención, se aborda desde los Objetivos Fundamentales Transversales (OFT, marco curricular) y los Objetivos de Aprendizaje Transversales (OAT, bases curriculares) propuestos por el Currículum Nacional Chileno. El carácter transversal de estos objetivos, señala que deben ser desarrolladas en todos los ámbitos de aprendizaje de la vida escolar, de manera que no quede reducido a un grupo de asignaturas, sino que esté presente en todas las asignaturas y sectores de aprendizaje. La Estrategia Nacional de Prevención involucra cuatro ejes (individuales, grupal/comunitario, masivos e Intersectorial) en los que se desarrollan distintas acciones dirigidas a promover la información, educación y comunicación en población general, poblaciones clave y vulnerables.

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

People who inject drugs:

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

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

Customers of sex workers:

Prison inmates: 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

Other populations [write in]: pueblos indígenas

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

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?: 4

Since 2011, what have been key achievements in this area:: - Campañas de promoción de la detección del VIH para el diagnóstico e ingreso precoz al tratamiento en población general. - Mayor asertividad en el uso del lenguaje de las campañas. - Material de difusión, incluyendo lenguas originarias de pueblos indígenas. - Elaboración de programa nacional para niños y niñas del sistema de protección de derechos, jóvenes infractores de ley y población adulta privada de libertad; difusión de programa nacional a todas la Seremis de Justicia. - La División de Organizaciones Sociales de la DOS, ha capacitado a los funcionarios públicos de Ministerios y Servicios, así como a las Organizaciones de la Sociedad Civil, en Ley N°20.609 (No Discriminación Arbitraria).

What challenges remain in this area:: Voluntad política insuficiente para formalizar compromisos de trabajo, apoyo y fortalecimiento de coordinación nacional y regional intersectorial salud-educación. Avanzar significativamente en campañas de prevención orientadas a grupos focalizados, entre ellos grupos claves y más vulnerables.

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

IF YES, how were these specific needs determined?: En el proceso de análisis y planificación estratégica del Plan Multisectorial Quinquenal y en el proceso de Consulta sobre la Declaración Política 2011 sobre VIH/SIDA de Naciones Unidas, realizada en el 2013 y en distintos encuentros de trabajo con el intersector y organizaciones de la sociedad civil.

IF YES, what are these specific needs? : Se destacan: - Salud sexual promocionada a través de estrategias multisectoriales. - Abordaje de la educación en sexualidad en establecimientos educacionales. - Uso correcto y consistente del condón - Conocimiento e información estratégica para la toma de decisiones sobre prevención y transmisión del VIH e ITS. - Mayor inversión en prevención primaria del VIH y las ITS - Ampliar la provisión de servicios de prevención. - Educación social para la no discriminación. - Invertir en participación social en la respuesta a la prevención del VIH y las ITS

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: Disagree

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly disagree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Strongly 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: Disagree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Disagree

Treatment as prevention: 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?: 4

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:: - Nueva Ley de Garantías Explícitas en Salud-GES que incorpora la sospecha del diagnóstico del VIH y su seguimiento. - Actualización de la guía clínica sobre VIH/SIDA en 2013 - Fortalecimiento del recurso humano en los establecimientos que incluyen prestaciones integrales para las personas que viven con VIH/SIDA.

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Ampliación de coberturas para la atención a personas viviendo con VIH/SIDA, específicamente en exámenes de seguimiento. - Aumento del presupuesto para ampliar la cobertura de tratamiento para las personas que viven con VIH/SIDA - Aumento de las horas de profesionales no médicos para la atención integral de las personas que viven con VIH/SIDA

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: Agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Strongly agree

Economic support: Strongly disagree

Family based care and support: N/A

HIV care and support in the workplace (including alternative working arrangements): 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: Agree

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): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Disagree

Sexually transmitted infection management:

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Strongly agree

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:

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?: Yes

IF YES, for which commodities?: Tanto los antiretrovirales, los preservativos, técnicas diagnósticas y los medicamentos para infecciones oportunistas a nivel nacional, requieren Registro Sanitario otorgado por el Instituto de Salud Pública, para lo cual deben someterse a los mecanismos de control de calidad establecidos en el país.

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?: 7

Since 2011, what have been key achievements in this area?: - Incorporación del seguimiento y la sospecha diagnóstica al Plan Garantizado de Salud (GES) para beneficiarios del seguro de salud público (FONASA) y del seguro de salud privado (ISAPRES). - Aumento de centros de atención en la red asistencial pública. - Aumento del recurso humano en los centros de atención a personas viviendo con VIH/SIDA en la red asistencial pública. - Aumento del presupuesto para coberturas de tratamientos antiretrovirales y otros en la red asistencial pública.

What challenges remain in this area?: - Cerrar brechas de recurso humano y actualizar el modelo de atención integral en la red asistencial pública cercana a las personas. - Obtención de datos del sector privado - Actualización de la Norma de accidentes laborales en el contexto de la prevención del VIH/SIDA.

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

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

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

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?: 5

Since 2011, what have been key achievements in this area:: 2011: constitución de mesa de trabajo intersectorial Ministerio de Justicia/Servicio Nacional de Menores/Ministerio de Salud. 2012: inclusión de la temática del VIH/SIDA en metodologías de intervención en centros privativos de libertad SENAME. 2013: firma de convenio de colaboración interinstitucional SENAME-MINSAL en materia de promoción de la salud sexual, la prevención y control del VIH/SIDA y las ITS en un contexto de no discriminación. 2012-2013: construcción y ejecución de Plan Bianual de trabajo en materia de promoción de la salud sexual.

What challenges remain in this area:: Plan no cuenta con recursos asociados que permitan asegurar la correcta ejecución de las acciones planificadas. Las acciones que se han podido desarrollar por parte de SENAME, han sido mediante la ejecución de presupuesto general.

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:: Insuficiente difusión del plan estratégico y su componente de seguimiento y evaluación a los actores participantes e integración de la información obtenida. Falta de definición de roles y funciones de los actores, además de crear un plan con criterios de análisis y evaluación.

1.1. IF YES, years covered: Un eje estratégico del Plan Multisectorial, corresponde a Vigilancia Epidemiológica, Monitoreo, Evaluación e investigación para el quinquenio 2012 – 2016. Se cuenta con un Plan de Monitoreo integrado para el seguimiento y evaluación de la estrategia de eliminación de la transmisión vertical del VIH y la sífilis, periodo 2012 – 2015.

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

Briefly describe what the issues are:: Principalmente el proceso de armonización se ha efectuado con instancias del intrasector, no se ha avanzado suficientemente en la armonización sobre S y E con actores externos al sector salud dadas las prioridades temáticas propias y que en general la temática de VIH/SIDA, es entendida como una responsabilidad sólo del sector salud.

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?: No

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

4. Is there a functional national M&E Unit?: No

Briefly describe any obstacles:: Si bien no existe una Unidad Nacional de S y E, se cuenta con distintos departamentos en el Ministerio de Salud a cargo de sistemas de registro, análisis, monitoreo, evaluación y divulgación de información.

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?

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?: No

Briefly describe the data-sharing mechanisms:: El Depto. de Epidemiología del Ministerio de Salud provee de información según los requerimientos del Programa Nacional en relación a la caracterización de los casos notificados y realiza un informe anual de la situación epidemiológica nacional, el cual es publicado en la página web institucional. Se dispone del seguimiento sistemático de algunos indicadores del Programa, requeridos en distintos niveles del sistema público de salud. Además, para la preparación de informes nacionales, se recogen datos del intersector y otros actores de acuerdo a la especificidad del reporte.

What are the major challenges in this area:: Ausencia de un sistema único nacional e integrado para la respuesta al VIH.

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.: En el Depto. de Epidemiología existe una base nacional con todos los casos notificados y además de una base con los casos confirmados, entregada por el Laboratorio de Referencia Nacional (Instituto de Salud Pública) Además, se cuenta con un sistema Informático, denominado SURVIH, que registra los tamizajes de VIH realizados en el área pública y su proceso de diagnóstico e información al paciente.

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, all of the above

IF YES, but only some of the above, which aspects does it include?: El sistema de vigilancia epidemiológica en su formulario de notificación, recoge algunas variables que pueden dar cuenta de población clave que se está infectando, no obstante, esta información tiene una calidad deficiente en algunos datos.

6.2. Is there a functional Health Information System?

At national level: No

At subnational level: No

IF YES, at what level(s)?:

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?: Sector público privado. Poblaciones beneficiarias de distintos sectores de gobierno. Poblaciones clave y grupos vulnerables.

Briefly explain how this information is used:: Para definir prioridades programáticas y financieras.

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

IF YES, at which geographical levels (provincial, district, other)?: Comunal, regional y nacional.

Briefly explain how this information is used:: Definición de prioridades programáticas y financieras.

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

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:: El seguimiento de personas en tratamiento (Estudio de Cohorte) entregó información para la actualización de los protocolos terapéuticos.

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?: 5

Since 2011, what have been key achievements in this area?: Lograr integración de diferentes fuentes de información para el S y E de la estrategia de eliminación de la transmisión vertical del VIH y la sífilis. Contar con un informe periódico de la situación epidemiológica que permite caracterizar el VIH/SIDA en el país. Contar con estudios en poblaciones específicas. Consecución de recursos financieros para el desarrollo de vigilancia de tercera generación a través del estudio de la resistencia a los ARV.

What challenges remain in this area?: Mejorar y activar la coordinación de todos los actores que deben participar del seguimiento y evaluación del plan, con el fin construir un plan específico de evaluación, asignando funciones, responsabilidades y financiamiento por cada actor, logrando la integración de la información relacionada al VIH. Mejorar la difusión de los resultados de las evaluaciones entre los actores claves, y con ello, mejorar los procesos involucrados. Conseguir el involucramiento del sector privado en el desarrollo del seguimiento y evaluación.

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?:

Comments and examples::

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)?:

Comments and examples::

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?:

b. The national HIV budget?:

c. The national HIV reports?:

Comments and examples::

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?:

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

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

Comments and examples::

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)?:

Comments and examples::

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?:

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

Comments and examples::

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:

Men who have sex with men:

People who inject drugs:

Sex workers:

Transgender people:

Palliative care :

Testing and Counselling:

Know your Rights/ Legal services:

Reduction of Stigma and Discrimination:

Clinical services (ART/OI):

Home-based care:

Programmes for OVC:

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?:

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

What challenges remain in this area::

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?: No

IF YES, describe some examples of when and how this has happened::

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: 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?:
No

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws::

Briefly explain what mechanisms are in place to ensure that these laws are implemented::

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 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::

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?: No

Briefly describe the content of the policy, law or regulation and the populations included.:

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: No

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

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism::

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: No

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: No

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: No

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?:

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: No

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?: No

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?: No

IF YES, Briefly describe the content of this policy/strategy and the populations included::

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?: No

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

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: No

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::

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)?: No

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

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

a. Legal aid systems for HIV casework: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: No

IF YES, what types of programmes?:

Programmes for health care workers: No

Programmes for the media: No

Programmes in the work place: No

Other [write in]::

: No

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?:

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

What challenges remain in this area::

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?:

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

What challenges remain in this area::

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: No

IF YES, how were these specific needs determined?:

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

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

Blood safety:

Condom promotion:

Harm reduction for people who inject drugs:

HIV prevention for out-of-school young people:

HIV prevention in the workplace:

HIV testing and counseling:

IEC on risk reduction:

IEC on stigma and discrimination reduction:

Prevention of mother-to-child transmission of HIV:

Prevention for people living with HIV:

Reproductive health services including sexually transmitted infections prevention and treatment:

Risk reduction for intimate partners of key populations:

Risk reduction for men who have sex with men:

Risk reduction for sex workers:

School-based HIV education for young people:

Universal precautions in health care settings:

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?:

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

What challenges remain in this area::

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?: No

IF YES, Briefly identify the elements and what has been prioritized::

Briefly identify how HIV treatment, care and support services are being scaled-up?:

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:

ART for TB patients:

Cotrimoxazole prophylaxis in people living with HIV:

Early infant diagnosis:

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

HIV testing and counselling for people with TB:

HIV treatment services in the workplace or treatment referral systems through the workplace:

Nutritional care:

Paediatric AIDS treatment:

Post-delivery ART provision to women:

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

Post-exposure prophylaxis for occupational exposures to HIV:

Psychosocial support for people living with HIV and their families:

Sexually transmitted infection management:

TB infection control in HIV treatment and care facilities:

TB preventive therapy for people living with HIV:

TB screening for people living with HIV:

Treatment of common HIV-related infections:

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?:

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

What challenges remain in this area::

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

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

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

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?:

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

What challenges remain in this area::