

Peru Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 03/01/2014

To date: 03/25/2014

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: Carlos Benites Villafane

Postal address: Avenida Horacio Urteaga 900. Jesus Maria Lima 11

Telephone: 511 3156600 Anexo 3191

Fax:

E-mail: cbenites@minsa.gob.pe

Describe the process used for NCPI data gathering and validation: Se envío correos electronicos a las autoridades del estado y miembros de la sociedad civil, se hizo contacto telefonico, se concertó cita para las entrevistas quienes respondieron positivamente.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: No hubo desacuerdos

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
Ministerio de Salud	Jose Miguel Leon	A1,A2,A3,A4,A5,A6
Ministerio de Educacion	COnsuelo Carrasco y Gilbert Oyarce	A1,A2,A3,A6
Ministerio de la Mujer y Poblaciones Vulnerables	Jenny Yamamoto - Direccion Nacional del Niño y Adolescente	A1,A2,A3,A6
MINSA-PARSALUD	Ricardo Chuquimia - Coordinador de los proyectos del FM X Ronda	A1,A2,A3,A4,A5,A6
Direccion regional de Salud (DIRESA) - Callao	Jorge Alcantara - Coordinador Regional de la Estrategia Sanitaria de prevencion y control de ITS, VIH/SDIA	A1,A2,A3,A4,A5,A6
MINSA - ESNITSS	Angel Gonzales Vivanco - Equipo Tecnico	A1,A2,A3,A4,A5,A6
MINSA- Estrategia Sanitaria Nacional de Salud Sexual y Reproductiva	Lucy Del Carpio - Ex coordinadora nacional	A1,A2,A3,A4,A5,A6
Ministerio de Justicia - Instituto Nacional Penitenciario	Celia Floriano - Coordinadora nacional	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
OPS	Fernando Llanos - Coordinador VIH	B1,B2,B3,B4,B5
Asociacion Internacional para la Salud	Roberto Lopez - Director	B1,B2,B3,B4,B5
X Ronda FM - INPPARES	Jose Luis Castro - Asesor Comunitario	B1,B2,B3,B4,B5
PROMSEX	George Liendo - Director Financiero	B1,B2,B3,B4,B5
UNFPA	Walter Mendoza - Oficial de Población	B1,B2,B3,B4,B5
Universidad Peruana Cayetano Heredia	Alfonso Silva Santiesteban - Investigador	B1,B2,B3,B4,B5
REDTRASEX - Peru	Azucena Rodriguez del Corso - Presidenta	B1,B2,B3,B4,B5
Investigaciones Medicas en Salud (INMENZA)	Juan Vicente Guanira - Director	B1,B2,B3,B4,B5
universidad Nacional Mayor de San Marcos	Jorge Alarcon - Director del instituto de Medicina Tropical	B1,B2,B3,B4,B5
Red de persona viviendo con VIH, Peruanos Positivos	Sonia Parodi - Miembro	B1,B2,B3,B4,B5
CONAMUSA	Teresa Ayala - Vicepresidenta	B1,B2,B3,B4,B5
USAID	Armando Cotrina - VIH	B1,B2,B3,B4,B5
ONUSIDA	Regina Castillo - Representante	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 período es 2012 - 2017

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: - Mientras que lo más importante del primer plan fue la descentralización, que se trabajó bastante en el marco de los proyectos del Fondo Mundial, el siguiente plan ha tenido muchas observaciones en cuanto al contenido de documentos donde, tanto la población general, como las mujeres no han sido priorizadas, sobredimensionando a las poblaciones clave, especialmente HSH y trans; ya que las intervenciones en población general son incipientes, siendo necesario vencer las resistencias en el sector educación en lo que a Educación Sexual se refiere. Pero existe otra corriente de opinión en el Estado que afirma que las mejoras en el nuevo PEM 2012-2017, tienen que ver con el cambio de enfoque, ya que el anterior tenía un enfoque biomédico asistencial, mientras que ahora se han aumentado componentes de fortalecimiento comunitario y un cambio de visión hacia un enfoque de derechos humanos y de fortalecimiento comunitario. - Un segundo punto es el hecho de que el PEM 2012-2017 aún no haya sido aprobado, habiendo discurrido el año 2013 sin contar con un plan vigente. Se está trabajando el tema, entonces a través de CONAMUSA sin contar con un plan como paraguas y guía de la respuesta.

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 Estrategia Nacional de Control de las ITS, el VIH y la Hepatitis B

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: Yes

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: No

Earmarked Budget: Yes

Young People:

Included in Strategy: No

Earmarked Budget: No

Other: Ministerio del Interior, Ministerio de Defensa, Ministerio de Justicia

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?: Cada sector maneja su presupuesto, no se cuenta con información al respecto

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: No

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

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: Yes

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?:

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]: Indígenas, Niños con VIH

: 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?: N/A

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.: - El papel de la Sociedad civil ha sido y sigue siendo muy importante en relación al seguimiento del PEM los planes y el cumplimiento de sus objetivos. La representación internacional bi-lateral y multilateral también han participado activamente.

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, some 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: No

National Development Plan: Yes

Poverty Reduction Strategy: No

National Social Protection Strategic Plan: No

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: No

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): No

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: - El MINSA tiene un plan para fortalecer los servicios de Salud, incluido VIH. - Los sistemas de salud se están fortaleciendo a través del SIS y la descentralización del tratamiento, pero los resultados tienen que ser más tangibles y se tiene que hablar del VIH como se habla de otras enfermedades. Aquí se percibe una falta de apoyo de las autoridades porque las prioridades son otras. Más bien la mejora de los sistemas de salud, especialmente en VIH, se auguran con la creación de la Red integrada de Servicios MAIC, que trabaja con determinantes sociales y que debe ser implementada en el programa de 10ma Ronda del Fondo Mundial.

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

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

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: None

g) ART and chronic Non-Communicable Diseases: None

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?: 6

Since 2011, what have been key achievements in this area: - En general los logros más importantes son que la epidemia se haya mantenido concentrada y que la mortalidad y la transmisión vertical se hayan reducido. - Lo más importante es que el PEM se apruebe, y que los sectores se involucren en la respuesta y en la toma de decisiones.

What challenges remain in this area: - En relación a CONAMUSA el logro que más se resalta es la representación de las personas afectadas y la sociedad civil lo cual ha permitido conocer los problemas en su real dimensión y articular esfuerzos de otros sectores para este fin. En este sentido CONAMUSA ha mejorado en los aspectos técnicos pero operativamente ha sufrido un retroceso. Siendo el modelo muy bueno, éste no ha capitalizado bien en los últimos años. Actualmente en la CONAMUSA existe un debilitamiento, una falta de representatividad y un desinterés de las comunidades para reactivarla. - En relación al MINEDU, este no tiene aún un espacio claro en la respuesta al VIH, ya que el tema de Educación Sexual Integral se ha relegado y se encuentra en compás de espera, ya que ésta va a pasar a formar parte del programa de Educación Básica

Regular. En este sentido se observa un retroceso en términos de país.

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: No

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:

El primero de diciembre altos funcionarios hablan sobre el tema en los medios de comunicación y participan de las actividades

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?: El Vice Ministro de Salud Dr. José del Carmen Sara

Have a defined membership?: Yes

IF YES, how many members?: Aproximadamente 25 miembros

Include civil society representatives?: Yes

IF YES, how many?: Aproximadamente 15

Include people living with HIV?: Yes

IF YES, how many?: 2

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: El apoyo político se ve principalmente el 1ro de diciembre: por ejemplo el año 2103 3 ministerios apoyaron la campaña: Salud, Justicia y Trabajo. Un logro sectorial del Ministerio de la Mujer y Poblaciones Vulnerables MIMP es el haber introducido el tema del VIH en plan nacional por la Infancia y la Adolescencia (PANIA)

What challenges remain in this area: Se explicó líneas arriba

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: No

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: No

Other [write in]: Seguimiento a los proyectos del Fondo Mundial

: Yes

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?: 5

Since 2011, what have been key achievements in this area: Ya se especificaron líneas arriba

What challenges remain in this area: Ya se especificaron líneas arriba

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: 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]: Indígenas, Poblaciones Privadas de Liberad

: 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:: CONSTITUCIÓN POLÍTICA DEL PERÚ artículo 2 inciso 2

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Los entrevistados manifiestan que los problemas están en la implementación de las leyes

Briefly comment on the degree to which they are currently implemented:: En un grado muy incipiente

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: 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: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: Artículo 4 de la Ley General de Salud

Briefly comment on how they pose barriers: Los jóvenes y adolescentes están impedidos de atenderse de manera autónoma en los servicios de salud,

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: No

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: No

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?: No

Teacher training?: No

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: No

b) gender-sensitive sexual and reproductive health elements?: No

2.3. Does the country have an HIV education strategy for out-of-school young people?: No

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:: A través de las estrategias de Promotores educadores de pares PEPs y la consejería en Atención Médica Periódica

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: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction

Prison inmates: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction

Other populations [write in]::

:

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?: 5

Since 2011, what have been key achievements in this area: - Algo bueno a resaltar es que en la programación de insumos de este año se van a adquirir condones y pruebas rápidas en cantidad suficiente para cubrir las necesidades. - Otro aspecto que algunos entrevistados han resaltado es la visibilización de las comunidades GBT, aunque han sufrido una pérdida del capital ganado con el Fondo Mundial. - Se afirma que existe un porcentaje de la población que no ha sido cubierto y ello podría cubrirse con intervenciones novedosas diferenciadas y nuevas herramientas de prevención que aún no se discuten oficialmente.

What challenges remain in this area: - Existe una falta de decisión política y una inestabilidad orgánica del Estado, por lo que por ejemplo, las políticas o estrategias para promover la información, educación y comunicación están muy débiles actualmente. - La visión es que en prevención todo está normado e implementado, y que no se ha incorporado ninguna innovación; más bien el problema es la demora en la compra de insumos como condones y pruebas rápidas. - En general la Educación sexual integral (ESI) tiene una política y unos lineamientos pero ha quedado en el terreno discursivo. Ha habido limitaciones en su implementación y no ha podido ser extendida a todo el país, ni tampoco cuenta con presupuesto para su implementación. - El más importante logro en prevención ha sido, de acuerdo a las entrevistas evitar la expansión de la transmisión vertical. Otros logros no se visualizan y más bien se percibe un estancamiento y un presupuesto reducido. - Ha habido pocas campañas, salvo para el 1ro. De diciembre y pocas normas tienen una real implementación. Por ejemplo, en el PPR del Callao, se han colocado spots publicitarios para prevención, pero esto no se ha cumplido porque a pesar de la programación presupuestaria, el dinero ha sido destinado a otros rubros. - Siendo la prevención prioritaria en la respuesta al VIH, ésta no se está atendiendo. Así, las estrategias de prevención siguen siendo la estrategia de Promotores Educadores de Pares (PEPs) y la Atención Médica Periódica (AMP) en CERITSS y UAMPs. Sin embargo se percibe un debilitamiento en estas intervenciones. -

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

IF YES, how were these specific needs determined?:

IF YES, what are these specific needs? :

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 disagree

Economic support e.g. cash transfers: Strongly disagree

Harm reduction for people who inject drugs: N/A

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

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: N/A

IEC on stigma and discrimination reduction: Agree

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

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: N/A

Risk reduction for men who have sex with men: Strongly agree

Risk reduction for sex workers: Strongly agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: N/A

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?: 6

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:: Los elementos que han sido priorizados en tratamiento han sido la consejería y la adherencia al tratamiento. Lo que se destaca en tratamiento es un enrolamiento cada vez mayor y la reducción de la mortalidad.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Descentralización del tratamiento a nivel nacional

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: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Strongly disagree

Family based care and support: Disagree

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

HIV testing and counselling for people with TB: Agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: 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: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: 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?:

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?: han sido priorizados centros especializados para la madre y el niño, supervisados por la defensoría de la salud. Siendo los elementos esenciales para tratamiento los ARV, el soporte familiar, la evaluación periódica y el aseguramiento para disminuir costos. Se percibe que los servicios han sido mejorados porque ya no hay desabastecimiento y más bien se está trabajando en el aseguramiento (SIS) para que todas las personas que lo necesiten puedan incorporarse al TARGA. Además se está trabajando en la inclusión de medicamentos de 3ra línea y en

la descentralización del TARGA para evitar el colapso de los centro de atención principalmente en hospitales.

What challenges remain in this area: La impresión de algunos entrevistados es que los servicios pueden ser mejorados a través del Modelo de Atención Integral Comunitaria (MAIC) de la 10ma Ronda. Quedan como problemas a resolver la falta de recursos humanos, suficientes y mayor presupuesto para la compra de insumos, para campañas y para Consejeros Educadores de Pares (CEPs).

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

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?: 1

Since 2011, what have been key achievements in this area: No se identifican logros

What challenges remain in this area: Se identifica que todo está por hacerse

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:

1.1. IF YES, years covered:

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: No

Briefly describe what the issues are:

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: No

A data analysis strategy: Yes

A data dissemination and use strategy: No

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

Guidelines on tools for data collection: No

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?:

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: No solamente es una Unidad funcional sino son tres: Dirección General de Epidemiología
Oficina general de estadísticas del MINSA Estrategia Sanitaria Nacional de ITS/VIH

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::

What are the major challenges in this area:: Los datos no son confiables

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?: No

IF YES, briefly describe the national database and who manages it.:

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?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: Regional

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?: No

(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?: HSH, Trans, Trabajadoras y trabajadores sexuales, Gestantes, Niños expuestos.

Briefly explain how this information is used::

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

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

Briefly explain how this information is used::

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::

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?: No se reportan logros

What challenges remain in this area?: Los funcionarios estatales entrevistados afirman que no existen sistemas de reporte integrado, ni información confiable. El monitoreo y la evaluación está a cargo de la DGE. La DGE se ocupa de la vigilancia y la Estrategia del programa. La Oficina de Estadística e Informática centraliza el envío de datos y existe un sistema de notificación y vigilancia. Sin embargo existe información paralela lo cual recarga el trabajo de los prestadores de servicios, lo que hace necesario unificar este sistema de información. Si bien la información sirve para priorizar intervenciones y para conocer la magnitud de la epidemia, afirman que este sistema de información no es bueno, ni está actualizado y no se tiene un control de calidad. La información no está estandarizada, no existe un sistema de información unificado, existen vacíos y huecos en la información y los ensayos del SMEI no han funcionado.

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?: 4

Comments and examples:: La Sociedad Civil ha tenido un rol en el desabastecimiento de ARV durante el 2012 a través de GIVAR; así mismo las organizaciones LGBT han cumplido un papel importante en el logro de algunas políticas, aunque no se ha llegado a un movimiento tan firme que pueda plantear exigencias al Estado. Aún, por ejemplo tiene que monitorearse la gestión pública en el sistema de suministro de tratamiento a VIH; ya que no se tiene información de las personas que reciben Atasanavir en el seguro social. A pesar que los fondos han disminuido existe una buena representación de sociedad civil, aunque ésta no ha sido incorporada a la estrategia Nacional. La Sociedad Civil tiene y ha tenido un rol decisivo en la vigilancia y en temas de derechos humanos donde siguen muy involucrados. Es necesario que los servicios que brinda Sociedad Civil sean incluidos en el Estado para que sean sostenibles. El tema es que la respuesta es aún muy medicalizada con un protagonismo fuerte del MINSA

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)?: 3

Comments and examples:: Han participado en la Planificación del PEM, mas no en presupuesto

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?: 3

b. The national HIV budget?: 3

c. The national HIV reports?: 3

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?: 2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2

c. Participate in using data for decision-making?: 2

Comments and examples:: La participación es muy reducida

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:: Participan todas las poblaciones especialmente LGBT, trabajadoras sexuales y PVVS

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?: 2

Comments and examples:: Hasta el momento la Sociedad Civil no accede a recursos del Estado y la cooperación Internacional está reduciéndose

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: 25-50%

Men who have sex with men: 51-75%

People who inject drugs:

Sex workers: 25-50%

Transgender people: 25-50%

Palliative care : 25-50%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: >75%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): 25-50%

Home-based care: <25%

Programmes for OVC: 51-75%

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?: 5

Since 2011, what have been key achievements in this area: A pesar de todo CONAMUSA sigue estando activa y con involucramiento de la sociedad civil pero sin llegar a las bases. Algo para resaltar a destacar es el proyecto de la Cooperación Británica con el MINJUS que se está proponiendo desde CONAMUSA. , A través de la Sociedad Civil la CONAMUSA ha reaccionado por ejemplo con la evaluación de la transmisión vertical y también con la evaluación de la 1ra. fase de 10ma Ronda; aunque aún queda mucho por hacer

What challenges remain in this area: La Sociedad Civil no tiene carácter de grupo de interés político, más bien su rol ha sido otro y es importante que se empodere para poder replantear ese rol. Por otra parte algunos entrevistados cuestionan sus mecanismos de representación y resaltan la falta de mecanismos de rendición de cuentas. Otra crítica hacia la Sociedad Civil es que ha estado sesgada por el Fondo Global y muy sintonizada con estos recursos y su implementación es lo que ha generado más movilización. Existe la percepción que la Sociedad Civil está venida a menos en CONAMUSA; aunque siguen teniendo representación. No obstante el proceso de participación de la Sociedad Civil es activo en CONAMUSA; suele vérselo como más reactivo ante escenarios de vulnerabilidad de sus derechos

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: Yes

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

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 contents of these laws:: La primera constatación es que en el Perú no existen leyes específicas contra la discriminación, las normas incluyen a todas las poblaciones, tal como la Constitución Política del Estado en su artículo 2do, la Ley de discriminación 323 del código penal, que por cierto no incluye orientación sexual, ni identidad de género. Salvo la ley CONTRASIDA que podría ser una de las leyes específicas para PVVS. Aunque existen mecanismos para que la ley contra la discriminación se cumpla, el problema es que fallan los mecanismos de implementación.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: El tema justamente son la falta de mecanismos para garantizar la ejecución de dichas leyes

Briefly comment on the degree to which they are currently implemented:: En un grado inicial

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?: Yes

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: 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:: Existen obstáculos para que las personas accedan a Prevención, Tratamiento, y apoyo en VIH, especialmente las regulaciones que impiden a los jóvenes atenderse autónomamente en los servicios de salud (inciso 4 de la ley general de salud) y también la ordenanza 1718 de la Municipalidad de Lima contra el trabajo sexual. Otro obstáculo podría ser la Reforma de Salud, de la cual no se conoce mucho; ya que en el Perú la salud no es un derecho sino un servicio, no está universalizado como derecho. Existen opiniones que con la Reforma de Salud se tiene ya la base legal para poder privatizarla; además de un sistema unificado por tipos de seguros

cubiertos por usuarios o por el Estado que elimina la gratuidad del servicio de salud para todos los ciudadanos. Finalmente la población trans femenina no tiene derecho a ser tratada con su nombre social en el Documento de Identidad lo que obstaculiza su acceso a los servicios.

Briefly comment on how they pose barriers:: Ver comentario anterior

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.: En relación a la violencia hacia las mujeres existe el plan Nacional contra la violencia hacia las mujeres, los centros de emergencia mujer para todas las mujeres

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:: Apparently the National Human Rights Plan that is being approved has included some strategy or policy referring to VIH; however this has not yet been approved. In this sense the vigilance of Human Rights is more in charge of the Civil Society, than of the State; except in what refers to the role that plays the Defensoría del Pueblo. Except this organism that counts with the respect of the citizenry, in general the system is designed more to discourage the denunciation

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:: Observatorios de la Sociedad Civil e Informes de la Defensoría del Pueblo

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: No

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

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: Yes

If applicable, which populations have been identified as priority, and for which services?: HSH, Trans, Trabajadoras Sexuales y Gestantes para Prevención y Tratamiento del VIH

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:: Si bien se supone que las políticas de acceso son iguales para hombres y mujeres, sin discriminar raza, religión, proveniencia o cla, algunos entrevistados resaltan que en este caso los hombres son los que menos tienen posibilidades de acceder a estos servicios, ni los servicios acercarse a ellos. Así mismo las opiniones están divididas entre la existencia o no de una política que asegure el acceso a mujeres fuera del contexto del embarazo, ya que las gestantes siempre han sido la prioridad.

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:: Las opiniones están divididas sobre la existencia de una política que fomente el acceso igual para las poblaciones vulnerables y clave; ya que algunas poblaciones como las trans femeninas tienen restringido su acceso.

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

IF YES, briefly describe the content of the policy or law:: Si bien existe una ley que prohíbe el tamizaje de VIH en el trabajo, los entrevistados afirman que muchas veces esa ley no se cumple y las empresas someten a exámenes de sangre a sus empleados.

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: Yes

IF YES on any of the above questions, describe some examples:: Defensoría del Pueblo e iniciativas de la Sociedad Civil Observatorios y Consultorios legales

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 enforcement⁴⁶ 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: No

Programmes in the work place: Yes

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?: 5

Since 2011, what have been key achievements in this area:: Los logros son que existen evidencias de la vulneración de derechos de las poblaciones clave como el informe de la Red Peruana TLGB y otros informes regionales además de acciones de incidencia pública y política internacionales.

What challenges remain in this area:: La percepción general es que aún hay mucho por hacer en este campo y existen muchos vacíos en las leyes, normas y políticas que están vigentes. Algunos entrevistados manifiestan que es necesario readecuar las leyes, por ejemplo el hecho que se brinde TARGA solamente en hospitales discrimina a las personas que viven en zonas alejadas. Por ello es necesaria la descentralización del TARGA. Se habla de la necesidad de ambientes propiciadores, pero todos esos esfuerzos se han bloqueado y en el Plan de DDHH no ha incluido a las poblaciones clave. No existe voluntad política para centrarse en la población afectada y TLGB. El Estado es muy conservador y los políticos actúan de acuerdo al poder. Negocian con las iglesias. Las normas aparentemente no generan barreras son las interpretaciones de las normas. Muchas veces se da una negación de tratamiento por una interpretación errada de la norma.

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?: 4

Since 2011, what have been key achievements in this area:: No se mencionan logros en la puesta en práctica de leyes, políticas y normas

What challenges remain in this area:: Los problemas por resolver son el estigma y la discriminación y el descuido en la prevención. El problema es la implementación de muchas de las leyes y normas. Las normas y leyes son muy buenas, pero la implementación no tanto. Hay normas, leyes, regulaciones pero ¿Cuánto se cumplen?

B.IV Prevention

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

IF YES, how were these specific needs determined?: Los estudios de universidades, las intervenciones y las experiencias, a partir de información epidemiológica, evaluaciones de la cooperación internacional se han determinado como necesidades a priorizar

IF YES, what are these specific needs? : - Servicios para mujeres gestantes (ha ayudado mucho la disminución de la transmisión vertical) - Población trans (prevención de la transmisión y de la coinfección con otras enfermedades) - HSH uso

responsable del condón - El seguimiento para los recién nacidos de madres infectadas, - Garantizar/Impulsar estrategias novedosas en consejería e impulsar mecanismos para facilitar el tratamiento para poblaciones dispersas.

1.1 To what extent has HIV prevention been implemented?

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

Blood safety: Agree

Condom promotion: Disagree

Harm reduction for people who inject drugs:

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

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

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

Prevention for people living with HIV: Disagree

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

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Disagree

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:: Los principales logros están en tratamiento y no en prevención

What challenges remain in this area:: - La desarticulación de la estrategia de PEPS y consejeros de pares, - El desabastecimiento de insumos y pruebas rápidas - Los horarios de los servicios no se adecúan a los de la comunidad. - Un vacío grande continúa siendo el tema de Educación Sexual. - Es necesario así mismo focalizar a la población más afectada la cual no tiene acceso al sistema de salud, en especial las trans femeninas. - Por otra parte el tema de estigma y la

discriminación no ha mirado a la población más afectada. Hay una decisión política del MINSA de no tocar el tema de orientación sexual e identidad de género por postura actual del gobierno. - No se está cumpliendo la atención integral de PVVS. - Aún se produce estigma y discriminación en los servicios - No hay seguimiento a gestantes por la falta de CEPs - Se necesita contar con personal para tratar con adolescentes y personal sensibilizado para GTB. - No se han propuesto mejores estrategias de prevención, hay menos PEPs que antes, muchos desempeñan roles administrativos y no hacen su labor. - Los servicios de prevención son actualmente limitados.

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:: Las prioridades en tratamiento mencionadas son las siguientes: - Tratamiento de ARV - Manejo de la co-infección - Terapias profilácticas - Exámenes auxiliares - Seguimiento de laboratorio oportuno periódico

Briefly identify how HIV treatment, care and support services are being scaled-up?: Los entrevistados manifiestan que ha habido logros específicos en este período y que hay que trabajar mucho y fortalecer las iniciativas de la sociedad civil. Sin embargo identifican algunos logros como el detenimiento de la mortalidad, la inclusión de la cobertura para todas las infecciones y la mejora en la actualización de la norma TARGA, la descentralización del TARGA, la descentralización de laboratorios, y la mejora del abastecimiento, aunque en ESSALUD aún persisten los problemas.

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: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

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

HIV testing and counselling for people with TB: Agree

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

Nutritional care: Disagree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Agree

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

Sexually transmitted infection management: Agree

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

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: 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?: 6

Since 2011, what have been key achievements in this area:: Continuar con el Tratamiento Gratuito y Universal Frenar el desabastecimiento Detener la mortalidad Descentralización del TARGA 350 CD4 para iniciar tratamiento (cambio de la norma)

What challenges remain in this area:: Aunque se reconoce que el programa se encuentra debilitado, también se reconoce que existe una guía de trabajo, cuya aplicación es heterogénea. Un problema detectado es que no existe una política de trato al paciente con VIH. Aún hay maltrato a las personas que se acercan a los CERITTS y no se provee atención integral. A pesar de que el acceso a tratamiento es universal y gratuito, se considera necesario descentralizarlo por el crecimiento de la población. Adecuación a nuevos esquemas, retiro de medicamentos prohibidos en otros países. Disminución de la dosis a una diaria, además de complemento nutricional y soporte y controles médicos adyacentes. Por lo cual se infiere que existe un énfasis en el tratamiento, más no en los servicios. Para ello hace falta recurso humano entrenado a nivel nacional. En tratamiento también se afirma que el programa de tratamiento toca básicamente el tema de antiretrovirales y que ha llegado a un equilibrio, por eso todo permanece igual. Sin embargo mencionan algunos problemas: - Mejor seguimiento a pacientes, - no hay un sistema de registro de pacientes, - los pacientes tienen atenciones paralelas eso oculta las deficiencias del sistema. - Se necesita una identificación y tipificación de la población. - Los niños no son suficientemente protegidos de los riesgos y su atención - Dificultades en el monitoreo del tratamiento

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?: 1

Since 2011, what have been key achievements in this area:: No se reportan logros

What challenges remain in this area:: Problemas de desconocimiento y priorización tema