

**UNGASS MONITORING
REPORT
NATIONAL FOLLOW UP ON
THE DECLARATION OF COMMITMENT
ON HIV/AIDS**

SURINAME



2002



TABLE OF CONTENTS

- I. Status at a glance
- II. Overview of the HIV/AIDS epidemic
- III. National Response to the HIV/AIDS epidemic
 - 1. National Commitment and Action
 - 2. National Programs and behavior
- IV. Major challenges faced and actions needed to achieve the goals/targets
- V. Support required from country's development partners
- VI. Monitoring and evaluation environment

ANNEXES

- ANNEX 1: Consultation/preparation process for the national report on monitoring the Follow-up to the Declaration of Commitment on HIV/AIDS
- ANNEX 2: National Composite Policy Index Questionnaire
- ANNEX 3: Nine national return forms national program and behavior indicators
- ANNEX 4: Country M&E sheet

I. STATUS AT A GLANCE

NATIONAL COMMITMENT AND ACTION

1. National Composite Policy Index: Suriname has initiated the process towards preparation of an economic impact study, a National Strategic Plan on HIV/AIDS and a national sexual and reproductive health policy that includes STI/HIV/AIDS. HIV/AIDS has been included as a priority issue in the UNDAF, CCA and 2001-2006 Multi-Annual Development Plan.
2. Government funds spent on HIV/AIDS: Exact information not available. Calculation of the labor cost of personnel and supplies for the given period needs to be done. There was a five-year development plan (by Ministry of Planning) in which \$215,000.00 was listed for HIV/AIDS for the period 2001/'05 (Source: Situation and Response Analysis HIV/AIDS). These funds were allocated for the capacity strengthening of the NAP Suriname.

NATIONAL PROGRAMME AND BEHAVIOUR

Prevention

3. Information on percentages of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year is not available in the requested format. Between 1998 – 2002 a total of nine hundred and eighty two (982) teachers were trained in principles of life-skills-based education.
4. None of the large enterprises/companies have HIV/AIDS workplace policies and programmes. At present the Ministry of Labour endorses the ILO Code of Practice and official workplace policy is the focus of the next phase of implementation.
5. Information on HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT is not available at the time of reporting.

Care and Treatment

6. Information on patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counseled has not been collated or analyzed.
7. Information on people with advanced HIV infection receiving ARV combination therapy is not available. According to the statistics provided, sixteen persons currently receive treatment. This is a drop in numbers from last year due to lack of medicines.

Knowledge/Behavior

8. Information on respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention is not available. Plans are made to conduct these studies as part of school surveillance among students in this age group. According to MICS 2000 (Multiple Indicator Cluster Survey) 33% (thirty three) of females in this age group know 3 (three) ways to prevent HIV/AIDS transmission. In addition 31% (thirty one) correctly identified three (3) ways of HIV transmission.
9. Information on people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner is not available.
10. Information on injecting drug users who have adopted behaviors that reduce transmission of HIV is not applicable, since there is no distinguishable relation between intravenous drug use and HIV transmission in Suriname.

Impact Alleviation

11. Information on ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school is not available. MICS 2000 identified 0.2% orphans in Suriname and 3.5% children from whom one of the parents died. This is an extract based on the total number of children from the population.

IMPACT

12. The percentage of young people aged 15-24 years who are HIV infected is: 3.80%. These results are based on the number of people in this age group tested.
13. Information on infants born to HIV infected mothers who are infected is currently not available, since it has not been collated as yet.

II. Overview of the HIV/AIDS epidemic

It is difficult to arrive at a figure that reflects the level of infection of persons between the ages of 15-24 years, since that data collected was tallied in a different manner. The results that were given, however, are the reflection of prevalence based on the number of people registered for test within this age group. A deduction that can function as a base line indicator is the fact that in the year 2002, 1444 persons between 15-24 years were tested. From this number 55 were found positive, which provides a percentage ratio of 3.8% from the tested.

This evidence can be linked to total number of persons between 15-24 years per capita of one thousand. This value is thus calculated based on the mid year 2000 findings of MICS, which reflects on 82,580 persons nationally within this age group. This trend of analysis provides a merely speculative figure, which cannot be singled out as the ratio of prevalence.

Though this logic is not farfetched and used in many parts of the world in reporting, it requires some more input of demography, population density and sexual conduct as some of the elements that produce a more accurate picture of the geometric progression of HIV and a more decisive prevalence ratio.

III. National Response to the HIV/AIDS Epidemic

1. National Commitment and Action.

In June 2001, Suriname has signed the UNGASS Declaration of commitment and as such has given voice to its intention of making a special effort to battle HIV/AIDS. Even at CARICOM level this pledge has been revived, and of even greater importance is the fact that both the President and the first lady are taking active roles in the fight against HIV/AIDS.

Suriname does not have legislation, regulations and /or other measures to eliminate all forms of discriminations against people living with HIV/AIDS.

A proposal for updated legislation is drafted and has been referred to the Parliament by the MOH. This general legislation includes measures to eliminate discrimination against people living with HIV/AIDS.

2. National Programs and Behavior.

National Programs at a glance

Prevention

Individual efforts are done by NAP and NGO'S, stressing the importance of healthy lifestyles, which include healthy practices of sexual intercourse. A collective strategy needs to be mapped out to support this effort. Hopes are that the upcoming National Strategic Plan on HIV/AIDS will set the pace for such programs and give an adequate means of reporting its progress.

Some specific activities from NGO's strongly emphasize prevention among high-risk groups. There are no prevention programmes that address HIV/AIDS in the workplace but there is a growing awareness in the private sector that such programs need to be put in place. In this regard several NGO's have orchestrated and implemented programs for companies and labor unions. In essence, for the period of 2001 and 2002 a total of six hundred and ten (610) members of personnel from these organizations were trained according to the principles set in the ILO (International Labour Organisation) Code of Practice. (Source: St. Maxi Linder)

Care and Treatment

No concrete figures available, other than the fact that in March 2003, sixteen persons were on ART. These drugs were provided by donors from The Netherlands, especially from people who have switched regimens or have died. Supplies are relatively constant, there is a decrease in use among those patients registered.

Suriname does not have a national policy and strategy to provide a supportive social environment for orphans or children infected and affected by HIV/AIDS in order to ensure enrollment in school, access to shelter, nutrition, health and social services.

Care and Support is provided mainly by NGO's, but awareness of the needs in this area is growing and some charitable organizations are now paying more attention to this issue.

National Behaviors at a Glance

No known specific surveys were done to serve as indicator. The Situation and Response Analysis on HIV/Aids shows ethnic relations between prevalence, gender and location of testing.

Impact Alleviation at a Glance

No information is available about orphaned children who are currently attending school. There is a lack of tools and resources for social and economic analysis. General economic problems make it difficult to undertake these analyses.

IV. Major Challenges Faced and Actions Needed to Achieve the Goals/Targets

There is a weakness in data gathering, management and interpretation and availability of skilled personnel.

Data Collection Plan (2005 reporting)	2003	2004	2005
Household Surveys	-	1	-
Health Facility Surveys	-	2	-
School-based Surveys	1	2	-
Workplace Surveys	1	2	-
Desk Review	2	3	2
Total of Activities	4	10	2

Explanatory note

The year 2003 can be seen as the experimental and preparation phase. In this period time will be spend developing and brainstorming on a system of reporting that is most appropriate to our present day society. Special attention will be given to the development of a network for data collection and the proper infrastructure of both equipment and personnel to contribute to the information gathering and dissemination process.

Once these standards have been achieved, the year 2004 gives full fledge status of gathering information. As any other mechanism, the machine of labour will have to be maintained by provision of incentives, rewards and remuneration and needs to be supervised. Monitoring is thus one of the key factors as the year proceeds and field study and training will be done in depth, as experience will have enriched us with the benefit of strategic vision and practical insides.

This is the reason why a household survey can be conducted in that year, as we will have had enough time to set out the perimeters of such a venture. In this period the emphasis is shifted to data compilation instead of planning to retrieve it as was done the year before. Hence the reason why there will be an increase of surveys done.

In the year 2005 the compiled data will be reviewed and where necessary reinforced by incidental orientation of practices suggested and policies implemented in the workplace, healthcare facilities and schools. Since this period starts from October 2004, the desk review will run concurrently to the incidental orientation. Because this is the shortest period of data processing, the incidental orientation will only be used as a tool of reinforcement rather than as a means of data gathering. The focus of this period is reporting and evaluation, hence the reason why there are two (2) scheduled desk reviews; one for every two months, after which the final report will be submitted to the regional office of UNAIDS at the end of January 2005.

V. Support Required From Development Partners

There will be need for support, both technical and financial, for data collection, collation, analysis and publication. In fact, one of the main reasons why data reporting is not as efficient as it should be, is simply because we are lacking the funds and staffing to put up and maintain adequate health information and surveillance systems. We are aware of the fact that the partial efforts at data collection as shown right now, do not measure up to the requirements set by the thirteen (13) indicators posted by the concept of reporting to UNAIDS.

The current socio-economic situation in the country contributed to a weak infrastructure, both on Government and NGO level. As a result there is need for regular upgrading of hardware and software, as well as technical assistance for training of staff, necessary to develop and maintain adequate health information and surveillance systems.

The process towards development of the National Strategic Plan on HIV/AIDS will more accurately identify specific needs on sectoral and agency level.

VI. Monitoring and Evaluation Environment

The extent to which this report was filled in, indicates the weakness of the existing practices of monitoring and evaluation with regards to this type of reporting. Of great importance is the fact that efforts have been made to have adequate monitoring and evaluation, but the integral approach, to which the UNGASS report can be credited, has not been achieved yet. Suriname is, however, confident that this system of monitoring and evaluation can be achieved with the assistance of UNAIDS.