

**FOLLOW-UP TO THE
DECLARATION OF COMMITMENT
ON HIV/AIDS (UNGASS)**

COUNTRY REPORT URUGUAY
Reporting period: January-December 2002

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I. STATUS AT A GLANCE

NATIONAL COMMITMENT & ACTION

1. National Composite Policy Index 0.6 [(0.57+ 0.66+ 0.5 + 0.66)/4]
2. Government funds spent on HIV/AIDS N/A

NATIONAL PROGRAMME & BEHAVIOUR

Prevention

3. % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year: estimated 20%
4. % large enterprises/companies that have HIV/AIDS workplace policies and programmes N/A
5. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT : 95% of pregnant women attending to antenatal care

Care/Treatment

6. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled: N/A
7. % of people with advanced HIV infection receiving ARV combination therapy 100%

Knowledge/Behaviour

8. % of 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: 90% **(Target: 90% by 2005; 95% by 2010)**
9. % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner 48%
10. % of injecting drug users who have adopted behaviours that reduce transmission of HIV (*where applicable*) N/A

Impact alleviation

11. Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school N/A

IMPACT

12. % young people aged 15-24 years of age who are HIV infected **(Target: 25% in most affected countries by 2005; 25% reduction globally by 2010) N/A**
13. % of infants born to HIV infected mothers who are infected **(Target: 20% reduction by 2005; 50% reduction by 2010) N/A**

II. Overview of the HIV/AIDS epidemic

This section should cover the status of the HIV prevalence in the country during the period January-December 2002 based on sentinel surveillance and specific studies (if any) for Indicator 1 (HIV prevalence among young people) and estimates for Indicator 2 (HIV prevalence among infants).

HIV prevalence at a glance
% young people 15-24 years of age who are HIV infected N/A
% of infants born to HIV infected mothers who are infected N/A
<i>Indicate Source</i>

Total de VIH notificados enero-diciembre 2002 474 casos de los cuales 113 (23.8%) corresponden a 15-24 años
Estudio centinela 2002 poblacion de 15 a 24 años 1% VIH+
Fuente: PNS

III. National response to the HIV/AIDS epidemic

1. National commitment and action

This sub-section should reflect the change in commitment made by national stakeholders in the fight against HIV/AIDS during the period January-December 2002. Commitment covers increased resources, expanded partnerships and multi-sectoral policy development.

National commitment at a glance
National Composite Policy Index: 0.6 [(0.57+ 0.66+ 0.5 + 0.66)/4]
Government funds spent on HIV/AIDS: N/A

2. National programmes and behaviour

This sub-section should cover progress made during the period January-December 2002 in specific HIV/AIDS programmes broken down by prevention and care/treatment.

National programmes at a glance

Prevention

% of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year **Estimacion 20%**

% large enterprises/companies that have HIV/AIDS workplace policies and programmes **s/d**

% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT **95% de las embarazadas captadas**

Care/Treatment

% of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled **S/D**

% of people with advanced HIV infection receiving ARV combination therapy

Cobertura 100% SEGÚN Normas En el 2002 recibían TARV 1200 enfermos de SIDA

Indicate Source

Fuente: PNS

This section should also reflect any changes in behaviour as a result of programmes' activities.

National behaviours at a glance

% of 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 **90%**

% of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner **48%**

% of injecting drug users who have adopted behaviours that reduce transmission of HIV (*where applicable*) **S/d**

Indicate Source

Fuente: PNS

Finally, this section should address national efforts in impact alleviation, with a focus on orphans.

Impact alleviation at a glance

Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school **S/D**

Indicate Source

Fuente PNS

Whenever relevant, indicator scores should be reported by area of residence (urban/rural), gender, and the following age groups: 15-19, 20-24, 25-49. Countries are encouraged to report on additional indicators that contribute to an expanded national response.

IV. Major challenges faced and actions needed to achieve the goals/targets

This section should focus on key challenges faced throughout the reporting period that hindered the national response and remedial actions envisaged to ensure achievements of agreed targets by 2005 and 2010 (see page 4).

This section should also provide information on the country's data collection plan for 2005 reporting (see Table below).

Data collection plan (2005 reporting)	2003	2004	2005
Household surveys			
Health facility surveys			
School-based surveys			
Workplace surveys			
Desk review			

V. Support required from country's development partners

This section should focus on key actions that need to be taken by development partners to assist countries in achieving their goals/targets.

VI. Monitoring and evaluation environment

The section should provide an overview of the current M&E system in the country based on a country sheet to be filled out and included as an annex (see Annex 4), and highlight – where appropriate – the needs for M&E technical assistance and capacity building to meet the 2005 requirements.