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PNLS/IST (National Programme for the Fight against
AIDS and Sexually Transmitted Infections)

**NATIONAL MONITORING REPORT
ON THE DECLARATION OF
COMMITMENT ON HIV/AIDS
(UNGASS) FOR 2006**

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NATIONAL MONITORING REPORT ON THE DECLARATION OF COMMITMENT ON HIV/AIDS (UNGASS) FOR 2006

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At a time when the principal participants in the fight against HIV/AIDS have just adopted the first national monitoring report on the declaration of commitment on HIV/AIDS (UNGASS) for 2006, we are delighted with the high quality of all the actors' involvement. This year it has been possible to measure the significant efforts made by the Government in the fight against HIV/AIDS. These have been made possible by the political support given by the country's highest authorities, headed by the President, and the First Lady (President of OAFLA – Organisation of African First Ladies against HIV/AIDS), and the working methods that they allow the PNLS/IST to use.

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Yours most devotedly

Dr MALONGA-MOUELET Gabriel
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TABLE OF CONTENTS

	Page
ABSTRACT	i
INTRODUCTION	1
I. Brief description of the situation	2
1.1 General information	2
1.2 Socio-sanitary information	2
1.3 Socio-economic information	3
II. Overview of the HIV/AIDS epidemic	8
2.1 Epidemiological situation with regard to HIV/AIDS infection	8
2.2 Principal determiners of the epidemic on a national level	9
2.3 Socio-economic impacts of the epidemic	12
III. National response to the HIV/AIDS epidemic	13
3.1 Institutional framework	14
3.2. Functional and organisational frameworks	16
3.3. National programmes and behaviours	17
IV. Principal difficulties encountered and the measures needed to reach our aims	19
4.1. Principal obstacles in the fight against HIV/AIDS	19
4.2. Outline of the measures needed to improve the fight against HIV/AIDS	21
V. Support expected from development partners	22
VI. Monitoring and evaluation framework	23
6.1. Structure for the coordination of monitoring and evaluation	23
6.2. Everyday monitoring and evaluation activities	24
6.3. One-off monitoring and evaluation activities	24
ABBREVIATIONS AND ACRONYMS	26
BIBLIOGRAPHY	27

ABSTRACT

The state of the AIDS pandemic in Gabon is increasingly worrying, as the majority of indicators show that HIV seroprevalence is rising and that the number of people affected by AIDS is constantly increasing.

This fact is in contrast with the increasingly evident politico-administrative authorities' involvement, therefore indicating that political support has been given to combat AIDS. Similarly, in recent years we have witnessed increased mobilisation by financial backers to help Gabon combat this scourge.

However, when examining action taken in this fight for over two decades, it is clear that the last five years have been crucially important in creating new momentum in the way the country deals with AIDS. This feeling is reinforced by the facts recorded by each of the stakeholders in the fight. In fact, the State improved the institutional framework in 2000 by creating the consultative committee on AIDS and the interministerial commission on HIV/AIDS. Moreover, the supervision of planned activities, ensured by the adoption of a national multi-sector strategic plan for HIV/AIDS (2001-2005), reinforces the administration's will to increase its efficacy in this area. In terms of civil society, more than two thirds of the non-profit organisations working to combat AIDS have been in existence for five years at most. Development partners are increasingly present in this area, with the recent arrival of UNAIDS, the FAO, and Gabon's acceptance into Global Fund projects for malaria and HIV/AIDS.

This general interest in the fight against AIDS is worthy of being reinforced and expanded. In order to do this, it would be necessary to:

- redefine the strategy to be followed in the medium to long term for when the current national plan reaches its conclusion, by drawing up a new plan;
- strengthen monitoring and evaluation functions included in the measures combating HIV/AIDS;
- strengthen technical public services' and civil society's capacity to become involved;
- revise the legal and institutional framework in relation to the problems caused by HIV/AIDS.

INTRODUCTION

In June 2001, 189 countries adopted the declaration of commitment on HIV/AIDS at the 26th special session of the United Nations general assembly on HIV/AIDS (UNGASS). The declaration established a certain number of precise aims to be reached within certain timeframes. The aims of the declaration of commitment on HIV/AIDS are also part of millennium development goal no. 6 which aims to “combat HIV/AIDS, malaria and other diseases”.

In order to help countries monitor national and international actions themselves, the joint United Nations programme on HIV/AIDS (UNAIDS) and its partners have drawn up a list of basic indicators. Information obtained by means of these indicators will be disseminated through reports and publications, and then debated.

With this document, Gabon will make its first contribution to UNAIDS’s situation report on the global response to HIV/AIDS which is expected for 2006.

The methodology advised by UNAIDS for drawing up a national report has been scrupulously adhered to. The report reconciles the need for standardisation and the need to allow analysis and cross-country comparison to be facilitated.

This national report treats questions specifically related to HIV/AIDS on the basis of calculated indicators. It has enabled us successively to set out the state of the HIV/AIDS infection epidemic and the actions and results registered in terms of the national response to the illness. The assets and limitations of the measures for combating HIV/AIDS are presented objectively, just as what is expected from development partners is reiterated or expressed by various key plays in the fight against HIV/AIDS on a local level.

I. Brief description of the situation

1.1 General information

Gabon is a Central African country bordering Equatorial Guinea and Cameroon to the North, and the Republic of Congo to the East. It has an 800 km coastline providing access to the Atlantic Ocean to the West. It is situated on the equator which gives it a hot and humid climate, with precipitation nine months out of twelve. This combines to give it the dense forest that covers 85% of its territory. Gabon has an abundance of natural resources.

Gabon is made up of eight main ethnic¹ groups which are spread out across the country. In fact, there are more than forty different ethnic groups in Gabon. Officially, Gabon's population was approximately 1.5 million in 2005, corresponding to around 300,000 households. The population is relatively young as 40% of the population is under 15 years of age.

With a density of more than 5 inhabitants per km², Gabon's population is unequally spread out over the national territory. This situation is confirmed by the large increase in the urban population. In fact, the proportion of the Gabonese population living in towns or cities increased from 73% in 1993 to 80% in 2003.

On an administrative level, Gabon is subdivided into nine provinces, namely: Estuaire; Haut-Ogooué; Moyen-Ogooué; Ngounié; Nyanga; Ogooué-Ivindo; Ogooué-Lolo; Ogooué-Maritime; and Woleu-Ntem. On the administrative level immediately below this, the national territory is further divided into fifty departments.

On a legal level, Gabon has ratified nearly all the international texts relating to questions of human rights. Paradoxically, national legal and statutory measures take time to conduct specific examinations of questions relating to the human rights of people affected by HIV/AIDS.

1.2 Socio-sanitary information

In terms of health provision, Gabon is subdivided into ten (10) health regions. Each province corresponds to one health region, with only the province of Estuaire being divided into two regions:

- the health region of Libreville and Owendo;
- and the West health region which covers the remaining localities in the province of Estuaire.

Each health region is placed under the authority of a Regional Health Director.

The country's healthcare system is in the shape of a pyramid with three levels:

¹ Fang, Shira-Punu, Mbede-Teke, Nzabi-Duma, Myene, Okande-Tsogo, Kota-kele, Pygmies

- *the central level*, represented by the reference structure at national level, which is the Libreville Hospital Centre (CHL);
- *the regional level*, represented by five (5) Regional Hospital centres (CHR) in the five provincial capitals, which are: Franceville; Port-Gentil; Kouilamoutou; Mouila; and Oyem;
- *the peripheral level*, which is made up of regional hospitals in the provincial capitals that do not have Regional Hospital Centres (Makokou, Lambaréné, Tchibanga, and Libreville). This level also includes medical centres in departmental capitals and village dispensaries.

In terms of human resources, Gabon is equipped with the following:

- between 10 and 35 physicians for 100,000 inhabitants (respectively in the Centre and Libreville/Owendo regions);
- between 4 and 16 midwives for 10,000 women of childbearing age (respectively in the South and Libreville/Owendo regions).

These staff members are unequally spread over the national territory as the table below shows:

Table 1: number of healthcare staff per health region for 100,000 inhabitants

Health regions	Number of physicians	Number of paramedical staff
Libreville/Owendo	35	277
West	19	73
South-East	19	108
Centre	10	113
South-Centre	14	157
South	13	210
East	10	153
East-Centre	16	258
Maritime	14	54
North	10	233

Source: TBGS 2003

1.3 Socio-economic information

Due to its access to the Atlantic Ocean, the country boasts two ports (Libreville and Port-Gentil) which, along with the international airport at Libreville, give it useful facilities for trade with the outside world. On an internal level, the transgabonese railway more or less provides communication between several areas of development in the country. Roads are the most frequently used means of communication and at the moment the road network benefits from sufficient resources for its development. It is

therefore likely that the road connection between Libreville and Yaoundé will be completed within the coming months.

Oil, which for a long time was the only product identified with Gabon, has seen its production begin to decline, which has consequently led the authorities to promote economic diversification of the national economy. At present, several different sectors such as wood, services (tourism, telecommunications, banking and insurance) and mining have been identified as being potential development drivers outside of oil production. To this effect, several statutory and legal initiatives have been initiated in order to encourage foreign investment. They range from the creation of institutions aimed at facilitating procedures for business creation such as the APIP (Agency for the Promotion of Private Investment) to the adoption of texts guaranteeing investment security across the various sector codes.

However, in relation to the low population that characterises the country, the GDP/head every year comes close to 4,000 US dollars, making Gabon the last middle-income Francophone African country in the higher bracket. This status penalises the country as it renders it ineligible for several aid and debt relief initiatives advocated by multilateral and bilateral financial backers. Moreover, the 44 place gap between the country's ranking according to GDP/head and HDI (Human Development Indicators) highlights the problems of good governance, since with a high income, Gabon's social indicators have certain similarities with those of poor countries.

In 2005 Gabon was undergoing a structural adjustment programme with the International Monetary Fund. Aside from budgetary assistance, this cooperation encompasses support for improving the management of public finances with the hope of leading to substantial relief on debt servicing which places an enormous strain on the State's budget.

Within a framework of ensuring good public investment planning and in order to lead to a policy of more rational management of public money, various initiatives have been undertaken. In order, it should be noted that:

- a prospective study entitled "Gabon 2025" has been undertaken, consisting of an evaluation of the population's aspirations with regard to what future they desire for their country in 25 years time;
- a policy law for economic and social development strategy has been drawn up and adopted;
- a growth strategy and poverty reduction document (DSCR) has been finalised. This document is intended as a framework to organise development actions in order to satisfy the needs of the population.

The development criteria advocated by policies in recent years particularly stress problem resolution. These constitute problems that the population would like to see resolved swiftly and as a priority. In fact, people think that their state of poverty would really begin to be improved if they could find paid employment in order to meet

their basic needs. If the announced programmes are put in place, it is certain that there will be a huge amount of vacancies on the labour market; but it is tempting to ask whether the able-bodied workforce will be able to provide enough people to fill the job vacancies in the long term, with a view to achieving sustainable development, if this increasing trend maintains itself.

The preceding reflections demonstrate the close link that exists between the economic situation and the state of health of the general population. The information in the following table shows the scale of the efforts that are needed in terms of the fight against HIV/AIDS.

Table 2: Insight into UNGASS's basic indicators calculated in Gabon

Indicator	Value	Source	Observations
GE: indicator 3: % of schools with at least one teacher who has received training within the last 5 years and who has been trained in HIV/AIDS based on psychosocial skills.	Similar UNGASS indicators 46%	Ministry for National Education.	Programme underway with COLUSIMEN (committee for the fight against AIDS). This indicator is only calculated for secondary schools.
GE: indicator 4: % of employees who have anti-discrimination policies and workplace programmes in place.	13%	Survey of a sample of 30 employers in 2005 (5 public and 25 private).	73% of employers have an anti-discrimination policy.
GE: indicator 5: % of cases of STIs for which treatment has been completed.	NA		No appropriate survey undertaken to date.
GE: indicator 6: % of seropositive pregnant women receiving antiretroviral treatment to reduce the risk of mother-to-child transmission.	11%	2004 epidemiological report, administrative source.	Data collection confined to the public sector and the field limited to the province of the capital (i.e. Estuaire).
GE: indicator 7: % of people at an advanced stage of their HIV infection who are receiving antiretroviral therapy.	9%	2004 epidemiological report, hospital data.	7% for men and 10% for women.
GE: indicator 8: % of children affected by HIV/AIDS who receive support.	NA		No appropriate survey undertaken to date.
GE: indicator 9: % of blood units that have undergone HIV screening.	Similar UNGASS indicators	National Centre for Blood Transfusion.	Indicator calculated for the public sector. Geographically

	137%		limited to Libreville.
GE: indicator 10: % of young people aged 15-24 who understand the methods of preventing sexual transmission of HIV and who reject the main false ideas regarding modes of transmission or prevention.	Similar UNGASS indicators (see observations)	KAP-2004 survey.	- % of young people aged 15-24 who know that fidelity allows you to avoid HIV = 32% - % of young people aged 15-24 who know that using condoms allows you to avoid HIV = 80% - % of young people aged 15-24 who know that sharing a meal with an infected person does not expose you to HIV infection = 99%
GE: indicator 11: % of young people aged 15-24 who first had sexual intercourse before the age of 15.	27%	KAP-2004 survey.	Field: urban areas using data collected in 5 cities.
GE: indicator 12: % of young people aged 15-24 who have had intercourse outside of marriage with a non-regular partner over the last 12 months.	NA		Concern not touched upon in previous surveys.
GE: indicator 13: % of people who used a condom with their last casual partner.	NA		Concern not touched upon in previous surveys.
GE: indicator 14: Ratio of orphans/non-orphans among 10-14 year olds attending school.	NA		
GE: indicator 15: % of young people aged 15-24 who are infected.	9%	PNLS/IST database.	This rate relates solely to urban areas. Rate = 6% for 15-19 year olds. Reference period: 2004.
GE: indicator 16: % of people surviving more than 12 months with antiretroviral treatment.	Similar UNGASS indicators. 59%		This rate relates to people aged 15 years and above. The indicator is calculated on the basis of one of the three reference treatment centres (CHL) in Libreville. Rate for men = 77%; rate for women = 48%.
GE: indicator 17:			

Reduction ratio for mother-to-child transmission.	- 34%	Epidemiological report 2004.	
C/LPE Indicator 3: % of members of the defence forces who have undergone HIV screening over the last 12 months and who know the result.	1%	KAP seroprevalence-2003 survey.	Geographical field: Libreville. Only soldiers in the defence forces were questioned.
C/LPE Indicator 4: % of members of the defence forces who have had access to HIV prevention programmes over the last 12 months.	NA		Concern not touched upon in previous surveys.
C/LPE Indicator 5: % of members of the defence forces who have access to HIV prevention programmes.	Similar UNGASS indicators.	KAP seroprevalence-2003 survey.	- % of soldiers who know that fidelity allows you to avoid HIV = 55% - % of soldiers who know that using condoms reduces HIV transmission = 98% - % of soldiers who know that sharing a meal with an infected person does not expose you to HIV infection = 95%
C/LPE Indicator 6: % of female sex workers who indicated that they had used a condom with their last client.	Similar UNGASS indicator.	Sentinel surveillance 2005.	% of prostitutes who indicated that they always used condoms with their clients = 72%
C/LPE Indicator 7: % of men having intercourse with other men who indicated that they had used a condom with their last client.	NA		Sentinel surveillance to be put in place as soon as possible.
C/LPE Indicator 8: % of people who have avoided sharing injecting equipment and who have avoided having unprotected sex over the last few months.	NA		Sentinel surveillance to be put in place as soon as possible.
C/LPE Indicator 9: % of infected people among the most vulnerable populations.	4% for soldiers. 40% for male sex workers.	KAP-seroprevalence survey: 2003 for soldiers. 2005 for female sex workers.	Survey in prisons underway.

Comment [RB1]: Translator: the masculine form of the word was used in the French text, but this could refer to women. It would seem logical.

NA: Not available

Sources: 2004 epidemiological report, CNTS, infectiology department (CHL), COLUSIMEN, consultant's opinion.

II. Overview of the HIV/AIDS epidemic

HIV/AIDS prevalence was estimated at under 5%, and Gabon was thus for a long time considered to be only slightly and then averagely affected by HIV/AIDS. It was really only at the beginning of 2000 that mobilisation around the problem was accelerated, certainly in terms of public awareness following sensibilization initiatives which were implemented slightly before this date. This state of affairs applies to all partners concerned, i.e.: the State; civil society; the private sector; and international partners. In fact, it can be noted that:

- on a public level, the multi-sector, strategic national plan that currently provides the main thrust for national policy on combating AIDS, was adopted in 2001/2002;
- development partners mobilised themselves to a greater extent during this period, with the presence of a UNAIDS country coordinator in 2004 and with the benefits brought to the country by support from an enlarged Thematic Group assembling agencies from the United Nations System, but also other partners working to combat HIV/AIDS. It should also be noted that since 2004 the country has been benefiting from the support of Global Funds;
- during this time civil society has greatly increased its activities. In fact, out of the 131 community based and non-governmental organisations (CBOs and NGOs) listed in 2005 as working to combat HIV/AIDS, approximately 70% were created in 2000 or later;
- from 2000 onwards, the private sector has initiated actions through the CPG (Confédération Patronale Gabonaise).

2.1 Epidemiological situation with regard to HIV/AIDS infection

According to the last PNLS/IST epidemiological report, Gabon declared 7,777 cases of AIDS to the WHO (World Health Organisation) between 1987 and 2004. During the course of last year (2004) 878 cases were reported.

According to estimates obtained from sentinel sites monitored by the PNLS/IST, it is possible that there were a total of 52,110 people living with HIV/AIDS in 2004 and that this could increase to 53,810 by the end of 2005. It is estimated that a total of 3,920 people died from AIDS in Gabon in 2004. These people could have left up to 12,290 AIDS orphans over the same time period.

According to PNLS/IST estimates, national HIV/AIDS prevalence was 8.1% in 2004.

In addition, the PNLS/IST also acts as a network of laboratories able to undertake certain approximate evaluations. The network is made up of around thirty laboratories covering all nine of the country's provinces. However, not all provinces are sufficiently involved. In fact, the 2004 epidemiological report indicates that three

provinces have a level of involvement that is under 2%. The PNLS/IST ensures that the information collected by the members of the network is centralised. It then processes the data statistically and analyses it.

According to the data collected by the network of laboratories between 1997 and 2004, and processed by the PNLS/IST, it seems that prevalence according to sex has evolved. In fact:

- between 1998 and 2001 more women were infected than men;
- between 2000 and 2001, the sex ratio was one infected man for every 2 infected women;
- since 2002, there have been as many infected men as women (ratio of 1:1).

Moreover, the data reveal that:

- no age group is spared from the ravages of HIV/AIDS;
- there are as many infected women as men in the age brackets “0-19” and “30 +”;
- there are twice as many women infected as men in the age bracket “20-29”. The sex ratio is 2:1 in favour of women in this age category;
- from 15 years onwards, the proportion of people infected with HIV increases with age, regardless of sex.

2.2 Principal determiners of the epidemic on a national level

According to the document produced by the PNLS/IST analysing the state of the epidemic and the response in 2001/2005, the determiners of the HIV epidemic in Gabon are present in all three modes of transmission: sexual, blood, and mother-to-child. These determiners of the spread of HIV in Gabon can be summarised as follows:

a. Sexual transmission

For better visibility, these determiners can be classified according to certain population groups.

i. General population:

- ignorance and incorrect ideas about HIV/AIDS and its effects;
- unprotected sex;
- high prevalence of sexually transmitted infections;
- population mobility: internal and international migration, refugees;
- economic insecurity and unemployment;
- ignorance of one’s own infection status;
- alcohol and drug addictions;
- criminal attitude of certain infected people who have unprotected sex with the intention of infecting their partner.
- polygamy;

- promiscuity and multiple sexual partners.

ii. Young people (10-24 years):

- adolescence (12-18) which is a vulnerable period in its own right;
- very strong sexual urges and a desire to “express their sexuality”;
- juvenile delinquency: prostitution, rape, drugs;
- early sexual intercourse;
- incorrect information about HIV/AIDS;
- alcohol and drug addictions;
- frequent induced abortions;
- poor use of condoms;
- insufficient information about reproductive health;
- absence of communication between parents and children on subjects relating to sexuality.

iii. Women in general, and women of childbearing age in particular:

- insecurity and economic dependency;
- need to assume responsibility for family duties for women who are head of the household;
- desire to have children (leads to unprotected sex);
- levirate and sororate (custom allowing a man to marry his brother’s widow or his dead wife’s sister);
- alcohol consumption which can lead to behaviour that has not been thought through;
- cultural practices (use of certain harmful products that make the genital organs vulnerable).

iv. Female prostitutes;

- high HIV prevalence (40%);
- absence of regular medical care/monitoring;
- high frequency of sexually transmitted infections;
- unprotected sex with multiple partners.

v. Defence force employees:

- frequent travel that sometimes entails long absences from home (absence and solitude);
- group rules that make sex into a sign of a “warrior”;
- false idea that they are protected from HIV/AIDS and STIs by the TAB vaccination;
- multiple partners in well established sexual networks.

vi. Refugees:

- destruction of family and social ties;
- promiscuity;
- prostitution;

- sexual abuse including rapes perpetrated by other refugees, members of the local population or soldiers;
- drug addiction.

vii. Prisoners:

- overcrowding and promiscuity in prisons;
- no access to condoms;
- constant sexual violence (rapes);
- drug injecting with shared syringes and unsterilised needles;
- high HIV prevalence among prisoners.

viii. Lorry drivers and migrants:

- alone and separated from the family;
- multiple partners in sexual networks along trunk roads;
- difficulty obtaining condoms;
- levirate and sororate (custom allowing a man to marry his brother's widow or his dead wife's sister);
- no access to services providing treatment for STIs;
- poor use of condoms;
- problems relating to condom storage.

b. HIV transmission through blood

i. Transmission by transfusion

This occurs due to transfusions using non-screened blood. This problem has not yet been documented in Gabon. However, despite the efforts made to equip the National Centre for Blood Transfusion (CNTS) with means allowing it to carry out all its tasks, frequent stock shortages that have occurred over the last few years and ignorance about how needs are met in rural areas, lead us to presume that transfusion using non-screened blood still takes place. The scale of the efforts made to equip all the provincial capitals with adequate structures still needs to be assessed.

ii. Accidental HIV transmission in healthcare

Several cases of accidental HIV transmission in hospitals have been reported in Gabon. This was especially true at the beginning of the epidemic. The exact state of play is still unknown.

iii. Blood transmission during traditional or professional practices

Traditional practices such as group circumcision and scarification are likely to encourage HIV transmission, as the people who carry out these kinds of practices do not take the necessary precautions to protect their clients from possible infection. Professional activities such as hair dressing, and giving pedicures and manicures can lead to HIV transmission.

c. Mother-to-child HIV transmission

According to UNAIDS, “in the absence of preventative measures, the risk of transmission varies from 25 to 35% in developing countries” (Prevention of mother-to-child HIV transmission - Strategic options - UNAIDS, 1999). Gabon is faced with this scenario.

Other obstacles to the fight against HIV/AIDS can be added to these multiple socio-economic and cultural determiners. In particular, these obstacles are:

- although institutional support is progressing, it remains insufficient (problems of access to the services needed to combat HIV/AIDS);
- socio-cultural difficulties marked especially by the perception of AIDS as being related to magic and the supernatural. This attitude does not encourage people to turn to healthcare structures for help.

2.3 Socio-economic impacts of the epidemic

Although to date no studies have been undertaken to evaluate in detail the socio-economic impact of HIV/AIDS in Gabon, knowledge of the area and certain empirical observations enable us to predict some of its general impacts. In fact, according to the PNLS/IST 2004 epidemiological report, it seems that the proportion of people infected with HIV will continue to increase between the ages of 15 and 55 years. This situation, which affects both sexes, is even more worrying as it particularly affects the sexually active and economically productive population. In terms of the number of deaths estimated to be due to HIV/AIDS, we have cause for concern. The number of deaths due to HIV/AIDS could double every six years, as could the number of AIDS orphans². With the loss of at least one parent, families run the risk of being weakened. These consequences will also adversely affect employers (in the Administration and companies) who will lose their employees, including senior executives.

If these alarming trends are not reversed in the short term, we fear that the harmful effects for the country’s economic and social development that are outlined below, will occur.

² According to the 2004 epidemiological report, the number of deaths cause by AIDS and the number of AIDS orphans respectively, could increase from 2,260 and 6,760 in 1999 to 4,300 and 13,500 in 2005.

a. People living with HIV

- deterioration of physical, mental and social well-being due to so-called opportunistic infections which represent the real danger of HIV; rejection; discrimination and other injustices; an absence of any hope of recovery from HIV/AIDS; and stigmatisation;
- violation of the peoples' rights: non-respect for confidentiality, arbitrary dismissal from work... etc.

b. Family and community

- the family is impoverished, as it is overwhelmed by the time and financial cost of medical and social care;
- risk of family breakdown;
- abandonment of AIDS orphans, leading to delinquency, rape, prostitution, failure at school... etc.

c. Companies

- loss of members of the workforce (usually qualified members) in both the public and private sector;
- drop in productivity;
- drop in savings and investments;
- increase in company production costs;
- production decline;
- an increase in the number of people in a situation of dependency.

d. Central government

- increase in health spending;
- drop in GDP;
- drop in tax revenues at a time where there will be upward pressure on social expenditure;
- risk of the State sinking further into debt.

III. National response to the HIV/AIDS epidemic

The first case of AIDS was discovered in Gabon in 1986. The fight against the AIDS pandemic started to organise itself with the creation of a national committee to fight AIDS and sexually transmitted infections (CNLS/MST) set up by a cabinet decision taken during its session of 11 April 1987.

3.1 Institutional framework

It was with the announcement of the first cases of AIDS in Gabon in the second half of the 1980s that concrete measures were taken at State level to indicate that the concerns raised by the HIV/AIDS pandemic had been taken seriously. The problem of the AIDS pandemic is managed within the normal framework of the central administration, in the ministry for public health and population.

The first strong signal sent by the State to mark its commitment, was decree no. 1002/PR/MSPP of 22 June 1993 which created and established a national committee for the fight against acquired immunodeficiency syndrome (AIDS) and sexually transmitted infections (STIs), in order to outline the main thrust of the national programme for the fight against AIDS and STIs. The committee is chaired by the minister responsible for public health and population. Within the national committee for the fight against AIDS and STIs, the following organs were created:

- an ethics committee;
- a mixed monitoring committee;
- a national programme for the fight against AIDS and STIs;
- a coordination office;
- nine provincial committees;
- departmental committees.

These organs have specific missions which can be summarised as follows:

- The **ethics committee** (consultative organ): is responsible for drafting statutory texts relating to the protection of infected people and those looking after them. In addition, it gives opinions on ethical problems related to AIDS and STIs, and monitors the application of statutory texts linked to HIV infection on a national level.
- The **mixed monitoring committee**: is also a consultative organ and is responsible for encouraging resource mobilisation on a national and international level, and for facilitating contact between those responsible for the programme on a national level and the various technical and financial partners. It also contributes to resource coordination and to evaluating programme activities.
- The **PNLS/IST**: has been placed under the authority of the minister responsible for public health and population. It is the executive organ of the national committee for the fight against AIDS and STIs. It is responsible for:
 - improving knowledge of the illness and strengthening monitoring of the epidemic;
 - preventing HIV transmission via sex and blood;

- improving hospitals and treatment for HIV positive patients and AIDS sufferers;
- establishing a management team.

- The **coordination office**: is the management organ of the PNL/IST. Its director is responsible for:

- managing, coordinating and monitoring the activities of all the working organs placed under his control;
- ensuring that the programme receives administrative and financial management;
- ensuring that the national committee for the fight against AIDS and STIs has a secretariat.

- The **provincial committees** for the fight against AIDS and STIs are responsible for:

- monitoring the epidemic on a provincial level;
- managing the resources made available to them;
- drawing up action plans;
- motivating and strengthening the provincial committees;
- drawing up activity reports;
- ensuring that professional and medical ethics are respected.

- the **departmental committees** for the fight against AIDS and STIs are responsible for:

- monitoring the epidemic on a departmental level;
- drawing up an education and sensibilization programme;
- drawing up activity reports.

From 2000 onwards, the institutional measures for combating HIV/AIDS will be strengthened with the creation of two new decision-making bodies. They are the consultative committee on AIDS (CCSIDA) and the interministerial commission for the fight against AIDS.

The CCSIDA was created by decree no.1026/PR/MSP of 31 October 2000. Its role is to make proposals to the public authorities on scientific standards applicable in terms of diagnostic and curative protocols, and methods for taking care of people living with HIV. As progress is made with research, it is also responsible for making recommendations on the most appropriate methods for taking care of people living with HIV.

Similarly, the government also created the interministerial commission for the fight against AIDS by means of decree no. 1027/PR/MSPP of 31 October 2000. It has been placed under the authority of the head of government, and is responsible for:

- proposing a multi-sector policy to combat AIDS;
- coordinating the inter-sector fight against AIDS;
- encouraging the drafting and implementation of strategic national plans to be adopted in each ministerial department;
- analysing the reports from the technical bodies responsible for monitoring the pandemic;
- setting out modes of action adapted to the various contexts and limitations, and particularly adapted so that they keep pace with scientific advances and technological evolution.

The interministerial commission for the fight against AIDS is made up of a chairman, a vice chairman (the minister for social affairs) and ten members³. Its secretariat is run by the minister for public health. In terms of how it functions, the interministerial commission for the fight against AIDS is assisted by the PNLS/IST, a technical commission for the fight against AIDS, the consultative committee for the fight against AIDS, and any other organisation active in the fight against AIDS.

3.2. Functional and organisational frameworks

From a functional point of view, the PNLS/IST is responsible for leading the coordination of activities combating AIDS on a national level. At present, the frame of reference for this work remains the national multi-sector plan for the fight against HIV/AIDS and STIs, which is intended to cover the period from 2001 until 2005. Given that it started late, it is expected that the national strategic plan will extend until 2006. The plan sets out 9 goals which are divided into 48 specific focus areas. It aims to provide concrete responses to the nine goals set out below:

- Goal 1: monitor the HIV/AIDS epidemic effectively by means of a better understanding of the epidemiological situation and the evolving infection trends for HIV and other STIs.
- Goal 2: avoid new HIV infections occurring in the general population by reducing factors that encourage HIV transmission through sex.
- Goal 3: develop social expertise in the face of HIV/AIDS with a view to forming a "social vaccine" within the general population by implementing the "social response" approach.
- Goal 4: develop social expertise in the face of HIV/AIDS in the workplace in general, and in public and private companies in particular, with a view to forming a "social vaccine" by implementing the "local response" approach.

³ The ten members are made up of ministers responsible for: public health; planning; finance; national affairs; national defence; higher education; human rights; "culture, youth and sports"; national education; and communication.

- Goal 5: reduce the vulnerability of groups who are particularly exposed to HIV infection by implementing sectional action plans to combat HIV/AIDS.
- Goal 6: improve the well-being of people living with AIDS through medical and psychosocial care.
- Goal 7: reduce HIV transmission by modes other than sexual transmission, by ensuring blood safety in health care establishments and in the laboratory, and by systematically preventing mother-to-child transmission.
- Goal 8: reduce the vulnerability of groups who are particularly exposed to HIV infection by implementing sectional action plans to combat HIV/AIDS.
- Goal 9: increase the management capacity and performance of the PNLS.

Comment [RB2]: Translator: in the French text this is the same as goal 5.

Action within the remit of the national and multi-sector strategic plan is already well under way, and tangible results can be seen on the ground. One of its assets is that there is a detailed budget for each of the 48 listed focus areas.

The national multi-sector plan unites all efforts in the sense that the State, civil society and development partners all contributed to its creation by means of a participatory process.

From an implementation point of view, all national stakeholders in the fight against HIV/AIDS are implicated at different levels. Civil society participates in action on the ground with OAFLA and ministerial committees, whilst financial backers provide technical and financial support for the plan's implementation. In order to guarantee rational and effective management of the means available, partners coordinate their actions within a body that belongs to them: the HIV/AIDS working group.

Civil society organises itself by forming networks. REGOSIDA developed out of the desire of associations working to combat HIV/AIDS to improve their actions and better make their case. Development partners and the government are working alongside this process which aims to strengthen the self-efficacy of associations working to combat AIDS.

3.3. National programmes and behaviours

The first short term plan (STP) that covered the period from 1987-1988 was set up at the behest of the "Global Programme on AIDS" of the World Health Organisation (GPA /WHO). It was followed by the first medium term plan (MTP1) for 1989-1993 and the second medium term plan (MTP2) for 1997-1999, but for various reasons MTP2 was never implemented.

In 1996 the "Global Programme on AIDS" (GPA/WHO) was replaced on a global level by the joint United Nations programme on HIV/AIDS (UNAIDS). Gabon is interested in the more strategic approach to planning action against AIDS for a multi-sector response, as advocated by UNAIDS. Gabon will therefore launch its strategic planning process in April 2004 based on the "guide to a strategic planning

process for a national response to HIV/AIDS". This process will be completed several months later with the drafting of the national multi-sector strategic plan that is currently in force.

However, when looking at the chronology of events connected to the fight against AIDS in Gabon, it is quite clear that the year 2000 really marked the beginning of the mobilisation against this scourge. In fact, since 2000:

- two major bodies for combating AIDS have come into being, i.e. the consultative committee on AIDS and the interministerial commission for the fight against AIDS;
- the national multi-sector plan to combat HIV/AIDS and STIs which is a substitute for a real strategic programme and covers the period from 2001-2005 has been launched. It is around this plan that the main points of the strategy, that were formerly focused on IEC strategies and primary prevention using condoms, have been developed. This development has been manifested by the addition of sections for taking care of patients and reducing mother-to-child transmission, and has benefited from support from UNAIDS and from the 'Coopération française';
- the multi-sector programme based on the national plan is gradually improving its activities in terms of its field of action. In fact, each year it joins together with the multi-sector working group from the new ministerial departments, thus increasing the proportion of the active population who receive the various training and information messages on HIV/AIDS. In addition, the private sector is also being mobilised through works councils for the fight against AIDS, and several employees have become educators within these councils. As such, UNGASS indicator no. 4 regarding combating AIDS in the workplace is being tackled, with 70% of employers having an anti-discrimination policy and 83% stating that they give out advice and encourage voluntary tests. Moreover, 47% of companies questioned confirmed that they distribute condoms in the workplace. Most of this progress has occurred within the framework of the implementation of the multi-sector national plan;
- the non-profit making sector has provided an increasing response to the problem of AIDS. In fact, the study undertaken in 2005 for the RIVPOPP project (project to reduce the impact of HIV on poor and vulnerable sections of the population) mapping CBOs and NGOs working to combat AIDS, shows that 70% of associations in action today have been created since 2000. Furthermore, so that they are better able to defend their positions and to gain strength from each other, they grouped together in 2004 within REGOSIDA (the Gabonese network of organisations for the fight against AIDS). The involvement of first ladies in the fight against HIV/AIDS via OAFLA, which was created in 2002, has breathed new life into the movement;
- order no.00051/MSP/CAB of 2001 which defined prices for antiretroviral triple therapy, voluntary screening tests and follow-up examinations has made treatment much more accessible. This decision, along with the

programme providing outpatient treatment centres in various localities in the country, contributes to making treatment more accessible.

- the establishment in 2000 by the President, of therapeutic funds to combat AIDS, represents an extremely important event in this mobilisation. The ACCESS project that stemmed from it, with the help of the 3 x 5 initiative, effectively increased access to treatment for people living with HIV in Gabon;
- the Global Fund to Fight AIDS, Tuberculosis and Malaria was set up and the Global UNICEF campaign (children and AIDS) was launched.

In 2005 the State gave a package deal worth 2.25 billion FCFA to the fight against AIDS, which represents 6% of the working budget of the ministry for public health. Given the scale of the needs, a substantial effort is required in the fight.

IV. Principal difficulties encountered and the measures needed to reach our aims

4.1. Principal obstacles in the fight against HIV/AIDS

Several factors hinder the fight against HIV/AIDS in Gabon. Among the most significant obstacles, we can note: inefficient functioning of several institutional organs; insufficient measures to monitor the phenomenon and its evolution on a national level; economic difficulties faced by certain sectors of the population; weak legal institutions; and actors' suboptimal operational capacities.

The fact that some of the institutional organs set up to combat AIDS do not function, and the fact that certain others have adopted a particular way of functioning, hinders the smooth working of activities in the system. For example, the mixed monitoring committee and the interministerial commission have never met together. With regard to the interministerial commission, it seems that this situation is voluntary, as an appropriate way of working could have been adopted. However, the way it is organised does not encourage satisfactory involvement of all ministerial departments. This situation naturally gives too much work to the ministry responsible for public health, and more specifically to the PNLIS/IST. The PNLIS/IST, which is an organ intended to execute the directives of the interministerial commission for the fight against AIDS, thus finds itself coordinating the system instead of restricting itself to its original missions as set out in decree no. 1022/PR/MSPP of 22 June 1993.

The inadequacy of monitoring and evaluation measures seems to be one of the most significant difficulties. In fact, most of the information available on AIDS is either incomplete or based on estimates. Depending on the issue, surveys can be confined to certain zones, but it has become imperative that HIV/AIDS seroprevalence be measured on a national level. This is not only so that we can have a better understanding of the actual pandemic situation, but also so that we can improve action planning and take measures that are strictly in direct relation to the severity of the

situation observed. It is important to have relevant information in order to provide a response that is adapted to the needs expressed, regardless of the location.

Statistical surveys focusing on particular issues will be completed at regular intervals in certain localities in order to measure policy impacts and thus to measure their efficacy. These intervals will be as short as the budget allows. At the same time, in order better to support international comparison and improve actions targeting high-risk and vulnerable populations, sentinel groups will need to be expanded.

The precarious situations in which certain sections of the population (notably women) live, leads them to adopt high-risk behaviour, which in turn exposes them to infection. It is essential to have a better appreciation of the main factors explaining the development of the economic difficulties experienced by women, in order to target their root causes.

The lack of precise statistics on orphans and children vulnerable to AIDS (OCVA), and problems in identifying this section of the population, is currently hindering the normal execution of a Global Fund project aimed at taking care of these OCVA's. The first phase of this project aims to take care of the school and nutrition needs of 2,000 orphans and children who are vulnerable to HIV/AIDS. Unfortunately, it has only been possible to identify 300 to 400 OCVA's to benefit from this support.

The Gabonese legal framework has not been revised to take the rights and obligations of people living with HIV/AIDS into account. This situation, on which laws and regulations are either silent or lacking in detail in their approach to peoples' rights in connection with AIDS, helps to encourage impunity, as issues of stigmatisation or voluntary contamination are not considered in detail.

Given the political mobilisation that we have witnessed in terms of combating AIDS, it seems that the technical response does not yet meet expectations. In fact, we can see that in terms of the actors who are involved on the ground (i.e. the State and NGOs/CBOs for the fight against AIDS), the response to the needs of populations who require specialised services is not optimal. In most cases, the most frequently observed activities are sensibilization and prevention campaigns, without doubt because they are the easiest to implement. A lack of human resources, materials and sometimes financial provision seems to be the cause of this situation.

The particularly noticeable influence of certain private media and the internet can also be seen as hindering the fight against AIDS. In effect, images broadcast by certain television channels or access to local video libraries can, in the long run, transmit a kind of incitement to engage in free sexual activity, particularly among young people.

4.2. Outline of the measures needed to improve the fight against HIV/AIDS

In order to achieve more satisfactory results in the fight against HIV/AIDS infection and its impact on human development, far-reaching action must be undertaken to help high-risk groups⁴ in order to bring about behavioural change. The studies that have been undertaken to date among certain high-risk sections of the population reveal worrying seroprevalence and behavioural change statistics, despite a high level of understanding about HIV/AIDS among the general population⁵.

Significant efforts have been noted over the past five years, but an enormous amount of work remains to be done in terms of both prevention and treatment of HIV/AIDS. This is why it would be worth:

- making the main guiding and coordinating organs for national policy on the fight against AIDS functional as soon as possible, in order to ensure that all actors are effectively involved. This would allow the PNLS/IST to devote itself to its intended activities;
- training and providing continuing professional development for health care staff in terms of combating STIs, as monitoring and follow-up are not currently sufficient. Working methods that encourage greater efficacy must follow;
- strengthening blood safety (which is already quite good) by avoiding material, reactant and blood product shortages that expose populations to the risk of blood transmission;
- improving epidemiological monitoring through training, expanding private sector involvement, providing material and motivating agents;
- strengthening the PNLS/IST, the provincial committees and the departmental committees by giving them the opportunity to recruit and provide the best possible working conditions for their staff. Moreover, it would be worth significantly increasing the budget for this coordination organ, given the challenges to be faced;
- creating a specific department for monitoring and evaluation, and equipping it with qualified staff and the necessary working methods. In addition, it would be desirable to strengthen technical capabilities in order to familiarise the members of this body with United Nations CRIS (Country Response Information System);
- providing greater support for the treatment of people living with HIV with a view radically to reducing waiting times for medical and psychosocial treatment;
- setting up a monitoring and control network for families with infected children;

⁴ High-risk groups in Gabon are made up of female sex workers (prostitutes), lorry drivers, employees of the defence forces, prisoners, etc.

⁵ According to the results of the 2000 DHS, more than 98% of men and women living in Gabon had heard about AIDS. However, it should still be noted that 21% of women and 13% of men either did not know about the disease or did not know of any way of avoiding it.

- strengthening the mother-to-child transmission programme (PTME) so that it covers the whole country;
- developing nutritional support to make up for a lack of breast milk for children born to infected mothers and to enable better therapeutic monitoring of extremely poor populations;
- developing measures for the prevention and treatment of opportunistic infections at all levels of the health care pyramid;
- extending prevalence studies to all risk groups who have not yet been assessed. Sentinel surveillance that has already been undertaken on other occasions can also be included;
- considering the opportunity of including a section on AIDS in the next Demographic and Health Survey in Gabon (DHS) that will probably go ahead in 2006. This could help us to have a better understanding of the HIV/AIDS situation simultaneously across the whole country and for all areas (urban and rural);
- promoting the spread of voluntary and anonymous testing facilities throughout the country;
- promoting and encouraging CBOs and NGOs working at promoting activities that generate income for economically vulnerable people (including those infected with or affected by HIV/AIDS) by providing technical guidance and granting small-scale credits;
- formally integrating the activities of CBOs and NGOs into the future multi-sector programme;
- revising the current national plan in order to suggest another one for the next five years. This plan will necessarily have to take account of the lessons learned from the evaluation which will be undertaken of the multi-sector national plan (2001-2005) which is coming up to its completion date;
- integrating the concept of gender into the programmes.

V. Support expected from development partners

The sheer scale of the global HIV/AIDS epidemic has necessitated concerted efforts to curb the scourge. Along with the rest of the international community, Gabon is taking part in these efforts. The multifaceted support of development partners in helping the country effectively establish its national programme to combat AIDS is greatly appreciated and is worth strengthening.

On a multilateral level, the actions run by agencies of the United Nations system have been considerably expanded. The recent arrival of a UNAIDS country coordinator in Libreville, as well as the acceptance of Gabon's file into the Global Funds projects, represents a firm gesture of goodwill and the intention to support and help Gabon. The actions of both multilateral partners (UNICEF, WHO, UNDP - United Nations Development Programme...etc.) and bilateral partners (France...) have been becoming much more noticeable and well-targeted, and they are worth encouraging.

Overall, partners are supporting our country in most of the areas related to the fight against AIDS, but looking to the future, the following issues would seem to be the most important:

- renewing projects whose effects are judged to be beneficial after they have been assessed;
- expanding actions designed to strengthen self-efficacy at two levels, which consist of:
 - at government level: contributing to technical support to adapt the legal framework, to establish a real unit for monitoring and evaluation, and to train medical staff in problem areas (blood safety, testing, medical and psychosocial treatment... etc). Financial and technical support is also desirable, notably to review the strategic national plan with a view to drafting the next one. The State will also need to pay more attention to the provincial committees for the fight against AIDS than it has done in the past, in order to provide an effective response to the service needs expressed by rural areas;
 - at CBO/NGO level: organising high-tech training sessions targeting the fight against HIV/AIDS. Consideration should be given to organising training courses where executives from these associations spend time with associations in other more experienced countries. Material and financial capacity needs to go hand in hand with these efforts that are needed in order to improve human resources.

All of this support will need to come from within a concerted framework of development partners in order to achieve greater synergy of action.

VI. Monitoring and evaluation framework

The national multi-sector plan for the fight against AIDS that is still in force, gives monitoring and evaluation an important place, but it does not clearly highlight the following concerns: the structure for the coordination of monitoring and evaluation; and everyday and one-off monitoring and evaluation activities.

6.1. Structure for the coordination of monitoring and evaluation

On reading the 2004 epidemiological report, it is clear that it is the PNL/IST that is providing this function. However, the scale of the activities to be undertaken in this area is worthy of a specific team dedicated to the task. This team should be supported by a network of researchers to be recruited as needed from associations fighting against HIV/AIDS. This team must have a monitoring and evaluation plan with key indicators to be produced within a timeframe to be agreed upon. All those

involved in combating AIDS must first back this plan as well as the results that will be expected from it.

6.2. Everyday monitoring and evaluation activities

These are already undertaken in order to calculate certain indicators that are used in the latest epidemiological reports. These indicators are calculated using administrative information provided by the network of pharmacies and outpatient treatment centres etc. Aside from the problem of collecting the statistics, which is inherent to all collection activities, it is important to:

- increase the scope of the collection in order to make the data more representative;
- formulate questionnaires better in order to improve the possibility of calculating international indicators;
- organise the basic information collection circuit in the best possible way;
- consider the possibility of establishing and managing an integrated database of information related to HIV/AIDS.

6.3. One-off monitoring and evaluation activities

These aim to correct the everyday information obtained from administrative sources, within a specific timeframe. The timeframe decided upon depends on what quality of data is desired and on the expected costs. In practice, it can extend to 5 years for so-called extensive surveys, such as the Demographic and Health Survey (DHS).

For Gabon, we propose the following data collection plan in order to improve understanding of the evolution of the HIV/AIDS pandemic and its socio-economic impacts, and by the same token to fill in the UNGASS indicators better when they are next due.

Table 3: five year survey programme to be promoted

Collection operations	2006	2007	2008	2009	2010
Section on AIDS in the 2006 DHS	X				
Survey of services offered by health care units and CBOs/NGOs	X			X	
Survey of schools		X		X	
Survey of workplaces	X		X		X
Survey of KAP (knowledge, aptitude and practice) (cities, towns and rural areas)	X		X		X

Besides these purely statistical concerns, the department responsible for monitoring and evaluation will also need to take charge of:

- evaluating the application of policies and programmes both on a physical and financial level by means of precise indicators;
- measuring the impact of projects on their targeted populations.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
APIP	Agency for the Promotion of Private Investment
CBO	Community Based Organisation
CCSIDA	Consultative Committee on AIDS
CHL	Libreville Hospital Centre
CHR	Regional Hospital Centre
COLUSIMEN	Committee for the fight against AIDS of the Ministry for National Education
COSP	Public Health Monitoring Unit
CPG	Confédération Patronale Gabonaise
CRIS	Country Response Information System
DGSEE	Directorate General for Statistics and Economic Studies
DHS	Demographic and Health Survey in Gabon
DSCRDP	Growth Strategy and Poverty Reduction Document
GDP	Gross Domestic Product
GPA	Global Programme on AIDS
GTT	Thematic Working Group
HDI	Human Development Indicator
HIV	Human Immunodeficiency Virus
KAP	Knowledge, Aptitude and Practice
MCT	Mother-to-Child Transmission
MSP	Ministry for Public Health
MSPP	Ministry for Public Health and Population
MTP1	First Medium Term Plan
MTP2	Second Medium Term Plan
NGO	Non-Governmental Organisation
OAFLA	Organisation of African First Ladies against HIV/AIDS
OCVA	Orphans and Children Vulnerable to AIDS
OTC	Outpatient Treatment Centre
PNLS	National Programme for the fight against AIDS
PR	Presidency of the Republic
PTME	Prevention of Mother-to-Child Transmission
PVVIH	People living with AIDS
REGOSIDA	Gabonese network of organisations for the fight against AIDS
RIVPOPP	Support for reducing the impact of HIV on poor and/or vulnerable populations
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STP	Short Term Plan
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly meeting in Special Session
UNICEF	The United Nations Children's Fund
WHO	World Health Organisation

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