



REPUBLIC OF THE GAMBIA

**FOLLOW-UP TO THE DECLARATION OF
COMMITMENT ON HIV/AIDS
(UNGASS)
THE GAMBIA COUNTRY REPORT
JANUARY 2003 – DECEMBER 2005**

FINAL DRAFT

**NATIONAL AIDS SECRETARIAT
DECEMBER 2005**

TABLE OF CONTENTS

ACRONYMS	2
I STATUS AT A GLANCE	3
II OVERVIEW OF THE HIV/AIDS EPIDEMIC.	5
III NATIONAL RESPONSE TO THE HIV/AIDS EPIDEMIC.....	6
1 National Commitment and Action	6
2 National Programmes and Behaviour.....	7
IV MAJOR CHALLENGES FACED AND ACTIONS NEEDED TO ACHIEVE THE GOALS/TARGETS	9
V SUPPORT REQUIRED FROM COUNTRY'S DEVELOPMENT PARTNERS.....	10
VI MONITORING AND EVALUATION ENVIRONMENT	11
BIBLIOGRAPHY	12
APPENDIX 1	14
APPENDIX 2.....	15
APPENDIX 3.....	16

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
ARV	Anti Retroviral drug
BSS	Behavioural Sentinel Surveillance
CCSI	Community and Civil Society Initiative
DoC	Declaration of Commitment
DoSH	Department of State for Health
GCCI	The Gambia Chamber of Commerce and Industry
GLF	Gambia Local Fund
HARRP	HIV/AIDS Rapid Respond Project
HIV	Human Immuno-deficiency Virus
HOC	Hands on Care
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MRC	Medical Research Council
NAC	National AIDS Council
NACP	National AIDS Control Programme
NCPI	National Composite Policy Index
NHLS	National Health Laboratory Services
NAS	National AIDS Secretariat
NGO	Non-Governmental Organization
OI	Opportunistic Infections
PTCT	Parent to Child Transmission
PLWHA	People Living with HIV/AIDS
TANGO	The Association of Non-Governmental Organizations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing

I STATUS AT A GLANCE

CONCENTRATED/LOW PREVALENCE EPIDEMICS

NATIONAL COMMITMENT AND ACTION

Expenditures:

1. Amount of national funds disbursed by The Gambia Government in 2004 on HIV/AIDS: **US\$5,543,227¹**
(Source: National AIDS Secretariat)

Policy Development and Implementation Status

2. National Composite Policy Index: **88 out of 100**
(Source: NCPI Questionnaire)

National Programmes: HIV testing and prevention programmes

3. Percentage of population who received HIV testing in the last 12 months and know the results:

Gender	15-24 yrs	25-49 yrs	Total
Males:	4.9%	8.6%	6.7%
Females:	4.4%	5.0%	4.8%
Both sexes:	4.7%	6.8%	5.8%

(Source: BSS 2005)

4. Percentage of population reached with HIV/AIDS prevention programmes:

4.1 Exposure to mass media

Gender	15-24 yrs	25-49 yrs	Total
Males:	89.1%	92.0%	90.6%
Females:	85.4%	88.3%	86.9%
Both sexes:	87.3%	90.1%	88.7%

(Source: BSS 2005)

4.2 STI (genital discharge and/or genital ulcer) treatment

Gender	15-24 yrs	25-49 yrs	Total
Males:	47.6%	34.6%	40.4%
Females:	27.3%	25.0%	26.3%
Both sexes:	37.2%	31.0%	34.1%

(Source: BSS 2005)

¹ Amount has been tabulated based on expenditures in 2004. Data on staff time (person hours) spent on HIV/AIDS by health and other social workers, materials, equipment and drugs used to treat HIV/AIDS related conditions was difficult to obtain or estimate.

KNOWLEDGE AND BEHAVIOUR

5. Percentage of population who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconception(s) about HIV transmission:
Males: 50.7%
Females: 48.8%
Both sexes: 49.7%
The above combines knowledge about all three ABC modes of prevention *and* knowing that a healthy looking person can have HIV.
(Source: BSS 2005)
6. Percentage of female and male sex workers reporting the use of a condom with their most recent client:
Using male and female respondents who have had sex with commercial partners as a proxy, 70.0% and 60.0%, respectively, reported using condoms
(Source: BSS 2005)
7. Percentage of men reporting use of a condom the last time they had anal sex with a male partner: **Data not available**
8. Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV, i.e., who avoid sharing equipment and use condoms, in the last 12 months: **Data not available**

IMPACT

9. Percentage of women 15-49 years attending antenatal clinic who are infected with HIV:
Antenatal clinic attendees: 2.1% for HIV1 and 0.8% for HIV2

(Source: 2004 National Sentinel Surveillance Report)

Global Commitment & Action

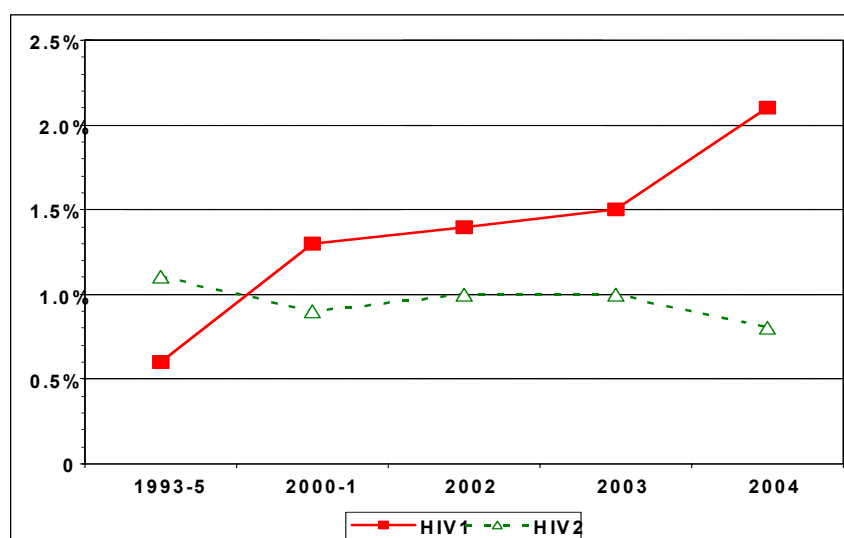
1. Amount of bilateral and multilateral financial flows (commitments and disbursements) for the benefit of low and middle income countries:
US\$971,044 for the period January-December 2004
(Source: Interviews with bilateral and multilateral partners)
2. Amount of public funds for Research and Development of preventive HIV vaccines and microbicides:
US\$0
As at now there are no public funds have been committed to the research and development of HIV vaccines and microbicides
(Source: NAS)
3. Percentage of trans-national companies which are present in developing countries and which have HIV/AIDS workplace policies and programmes:
15.4% (4 out of 26 companies²)
(Source: GCCI and interviews with companies)
4. Percentage of international organizations which have workplace policies and programmes:
75.0% (9 out of 12 international organizations)
(Source: TANGO, NAS, and interviews with organizations)

² Trans-national companies are defined as companies operating in more than one country, including The Gambia, and registered with the Gambia Chamber of Commerce and Industry

II OVERVIEW OF THE HIV/AIDS EPIDEMIC

Whilst the HIV/AIDS prevalence in The Gambia is categorised as low, at 2.1% for HIV1 and 0.8% for HIV2 among women 15-49 years old attending antenatal clinic, all signs are that the epidemic is on the increase, see Figure 1. Results from the sentinel studies have firmly established that HIV1 is now the main virus driving the epidemic in The Gambia; whilst HIV2 seems to be on the decline. Like in most of sub-Saharan Africa heterosexual intercourse is the main mode of HIV transmission.

Figure 1: Trend in HIV1 and HIV2 Prevalence in Pregnant Women (15-49 Years) attending Antenatal Clinic



Source: The Gambia 2004 MDG Report – Reaching Out to the People

Between 1993 and 1995 The Gambia Government and the British Medical Research Council (MRC) Laboratories, The Gambia, conducted a joint study on 29,670 antenatal women. Results from that study indicated that the prevalence of HIV1 ranged from 0.3% to 1.0%.

Table 1: HIV-1 Prevalence (%) among Pregnant Women by Sentinel Site

Year	Serre Kunda	Brikama	Sibanor	Farafenni	Kuntaur	Basse
1993-1995*	0.7	0.1	0.6	0.3	NA	1.0
2000-1 SSD**	1.0	NA	3.0	0.4	NA	1.4
2002 SSD**	0.2	2.4	3.4	0.0	0.6	0.3
2003 SSD**	2.4	0.8	2.8	0.7	1.2	0.8
2004 SSD**	2.2	2.0	2.8	1.8	1.0	2.8

* 1993-95 Gambia Government/MRC Antenatal Study.

**Sentinel surveillance data.

Source: The Gambia 2005 MDG Report – Reaching Out to the People

The first round of the National Sentinel Surveillance for HIV among antenatal women was conducted between May 2000 and August 2001 in four health facilities, namely Sere Kunda, Sibanor, Farafenni and Basse. The number of sentinel sites was later increased to six in 2002 (adding Brikama and Kuntaur) and eight in 2005 (adding Essau and Soma). The 2004 sentinel surveillance data indicated that HIV1 prevalence amongst 15 to 49 year old pregnant women has increased at most sites, as shown in Table 1 in page 5.

There is limited data on prevalence among high-risk groups, including sex workers who had a prevalence of 14% for HIV1 in 1993 and 28% in 1999³. Furthermore, lack of data on the prevalence of HIV in other key groups such as uniformed personnel, long distance truck drivers, fisher folks, etc. may mask the true extent of HIV infection rates in the country.

III NATIONAL RESPONSE TO THE HIV/AIDS EPIDEMIC

1 National Commitment and Action

The national response to the HIV/AIDS epidemic was swift though initially health focused. A National AIDS Control Programme (NACP) was established in 1986 and a National AIDS Committee formed in 1987, all under the aegis of the Ministry of Health. The NACP made efforts to address the HIV/AIDS issue from a multi-sectoral approach and had included religious and community leaders, and other government sectors and NGOs, as well as people living with HIV/AIDS. In March 1995 the HIV/AIDS Policies and Guidelines was developed. The focus of intervention has been on sensitizing and educating the population on the modes of transmission, emphasizing the sexual route and mode of prevention.

The first National HIV/AIDS Forum was convened on 1st November 2000. In his opening address HE The President Dr. Alhaji Yahya A.J.J. Jammeh called on all Gambians to join him in declaring war against HIV/AIDS, and to ensure that The Gambia becomes totally free from this number one enemy to development and improved living standards. The President also stated that no person will be dismissed from his/her employment because of his/her HIV status.

In 2001 The Gambia got funding from the World Bank for the implementation of an HIV/AIDS Rapid Response Project (HARRP). This US\$15 million project focussed on scaling up the national response to HIV/AIDS. Within the framework of this project a National AIDS Council (NAC) and National AIDS Secretariat (NAS) have been established under the Office of the President and chaired by HE The President Dr. Alhaji Yahya A.J.J. Jammeh.

In 2003 a National HIV/AIDS Strategic Plan covering the period 2003 to 2008 was developed. The overall objective of the strategic plan is to ensure a well

³ MRC Reports

coordinated and effective national response based on the cardinal principles of efficient management of available resources to fight the HIV/AIDS epidemic.

The strategic direction is to establish and enforce the **Three Ones**⁴ principle in The Gambia. A national monitoring and evaluation framework based on the strategic plan was developed in 2003 to provide an enabling environment for an effective and integrated monitoring of the national response.

In 2004 The Gambia accessed funding from the Global Fund for AIDS, Tuberculosis and Malaria to implement an HIV/AIDS treatment, care and support project for the period September 2004 to October 2008. The goal of this project is to provide the highest standard of available treatment, care and support to PLWHAs, which should be accessible, and affordable in order to live in dignity and maintain a positive and productive life free from discrimination and stigma. This project has expanded access to a range of HIV/AIDS services at community and health facility level. These services include access to Voluntary Counselling and Testing (VCT), prevention of Parent-To-Child Transmission (PTCT) of HIV/AIDS, prevention and treatment of Opportunistic Infections (OIs), Anti-retroviral Treatment (ART), and Community Home-Based care. In this project, NAS coordinates these interventions and collaborates with nine to implementing partners from the public, private and non-governmental organizations.

2 National Programmes and Behaviour

The overall goal of the HIV/AIDS Strategic Plan: 2003 – 2008 states thus:

To stabilise and reduce the prevalence of HIV/AIDS in The Gambia and provide treatment, care and support for people living with or affected by HIV/AIDS in a conducive environment that will mitigate the impact of the epidemic and ensure the achievement of the socio-economic development of The Gambia as captured in Vision 2020

The plan outlines the following seven programme areas, and lists goals, strategies and specific objectives for each of them.

- (i) Preventing, Reducing and Controlling the Incidence and Prevalence of HIV/AIDS**
- (ii) Voluntary Counselling and Testing**
- (iii) Treatment, Care and Support of People Living With HIV/AIDS**
- (iv) Mitigating the Socio-Economic Effects and Causes**
- (v) Cross-cutting Issues in HIV/AIDS**
- (vi) Co-ordination**
- (vii) Monitoring and Evaluation (M&E)**

⁴ **One** strategic framework, **one** coordinating body and **one** M&E framework

2.1 HIV testing and prevention programmes

Counselling and testing is an important component of HIV/AIDS prevention and an entry point for care and treatment for those already living with HIV. As stated in the HIV/AIDS Strategic Plan: 2003 – 2008, the goal of the VCT programme is to create access to an ethically sound VCT services that will enable all persons living in The Gambia to know their HIV status and in turn be able to better prevent HIV transmission including PTCT and also create access to treatment care and support.

More than 11,100 VCT has been conducted. Among antenatal women, more than 125 have been given a completed course of ARV prophylaxis to reduce the risk of HIV transmission from the mother to the child. Sixteen (16) PTCT and VCT programmes have been introduced in various health facilities across the country. These services are integrated into the Reproductive and Child Health (RCH) programme.

Indicators

The following are UNGASS indicators for countries with low epidemics:

2.1.1 % population who received HIV testing in the last 12 months and who know the results

There are no related specific data for most-at-risk populations in The Gambia. However results from the 2005 BSS Report indicate an overall 5.8% for the general population; 6.7% for males and 4.8% for females.

2.1.2 % population reached by prevention programmes

Two sub-indicators are available from the 2005 BSS Report. These are (a) exposure to targeted mass media and (b) STI screening and/or treatment. In the general population 88.7% reported having heard about HIV/AIDS from the radio and/or television, males being 90.6% and females 86.9%. Amongst those who have had either a genital discharge or genital ulcer, 34.1% sought treatment from either hospital/clinic or private pharmacy; with a gender breakdown of 40.4% for males and 26.3% for females

2.2 Knowledge and behaviour

Knowledge and awareness about HIV/AIDS is a pre-requisite to preventing and controlling the epidemic. Whilst knowledge and awareness do not necessarily always lead to positive behaviour change they are a first step towards that desired outcome.

Indicators:

2.2.1 % of population who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconception(s) about HIV transmission

This indicator was assessed based on a combination of the following four questions from the 2005 BSS study:

- i. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission?
- ii. Can using condoms reduce the risk of HIV transmission?
- iii. Can abstaining from sexual intercourse prevent HIV transmission?
- iv. Can a healthy-looking person have HIV?

The numerator was the number of respondents who gave the correct answers to *all* four questions whilst the denominator was the number of respondents who gave answers to all four questions, including “don’t know”. Those who gave the correct answers for *all* four questions were 49.7% for both sexes, 50.5% for males and 48.8% for females.

2.2.2 % of female and male sex workers reporting the use of a condom with their most recent client

No study has been conducted specifically for sex workers and other most-at-risk populations. Data on the above indicator is therefore not available. The 2005 BSS, however, included questions on condom use at last sexual intercourse with commercial partners. Using this as a proxy, 70.0% and 60.0% male and female respondents who have had sex with commercial partners, respectively, reported using condoms

2.2.3 % of men reporting the use of a condom the last time they had anal sex with a male partner

Data not available

No study has been conducted so far

2.2.4 % of injecting drug users who have adopted behaviours that reduce transmission of HIV, i.e., who both avoid sharing equipment and use condoms, in the last 12 months

Data not available

No study has been conducted so far

IV MAJOR CHALLENGES FACED AND ACTIONS NEEDED TO ACHIEVE THE GOALS/TARGETS

The most important challenges hampering the achievement of targets are:

- **Co-ordination:** Weak coordination between stakeholders, including donors.
- **Capacity:** According to a situation analysis report on human resources for health, there is inadequate human resource capacity due to the high attrition rate of mainly nurses and other professional health personnel.
- **Limited data on specific groups:** Unavailability of data on behavioural and biological characteristics of high-risk groups such as sex workers, uniformed personnel, long distance truck drivers and fisher folks.
- **Mainstreaming HIV/AIDS** into all poverty reduction and other national developmental programmes and strategies.
- **Sustainability:** Sustaining the flow of financial resources from the government and other partners towards the national response

- **Access to services:** Lack of access to HIV/AIDS programmes and services, e.g. VCT especially in rural areas can hinder the national scaling up efforts.
- **Behaviour change:** Closing the gap between knowledge and behaviour.
- **Stigma, discrimination and denial:** These continue to pose some challenges in spite of the relatively good knowledge on HIV/AIDS
- **Cross-border issues:** There should joint planning and collaboration with neighbouring countries.

The following remedial actions are recommended to help achieve the goals and targets:

- Promulgation of legislation establishing the National AIDS Council and National AIDS Secretariat.
- Creation of a budget line for the NAC and NAS and other line departments by the government to ensure adequate funding to sustain the national response.
- Diversifying the sources of funding through resource mobilization by NAC.
- Pursue the implementation of the **Three Ones** principle, which advocates for compliance to **one** strategic framework, **one** coordinating body and **one** M&E framework.
- Increase in the outreach programs and number of sites for VCT/PTCT (including youth friendly sites).
- Establishment of additional treatment sites (including mobile treatment services) to increase access to ARVs.
- Building capacity of PLWHA support societies to build a national network.
- Increase IEC/BCC interventions on preventing stigma and discrimination and reduce the gap between knowledge and behaviour.
- Timely provision of essential resources and equipment for the implementation of HIV/AIDS activities.
- Capacity building of health workers and other players.
- Enhancing dialogue and joint planning between countries in the sub-region on cross-border HIV/AIDS programmes.

V SUPPORT REQUIRED FROM COUNTRY'S DEVELOPMENT PARTNERS

The Gambia receives support in the fight against HIV/AIDS from various partners. Other than the Gambia Local Fund (GLF) and the HIV/AIDS Rapid Response Project funded by the World Bank and Gambia Government, resources are coming mainly from the UN System, the Global Fund, and international and national NGOs. The presence of a host of players poses challenges. Among others, one of the key challenges is the implementation of the **Three Ones** principles. The main tenets of the principles are as follows:

- **One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners.

- **One** National AIDS Coordinating Authority, with a broad based multi-sector mandate.
- **One** agreed country level Monitoring and Evaluation System.

Resources required to scale up the national response will be utilized most efficiently if there is maximum coordination between all stakeholders. To leverage resources and have the maximum impact on the national response to AIDS, all partners should strive to target their programmes on the priority needs of the country seeking to avoid duplication of effort.

Other support required include:

- Technical assistance on research, monitoring and evaluation
- Acquiring data on behavioural and biological indicators among most-at-risk groups
- Assistance in the area of human resource development and development of a reward and compensation system for personnel involved in HIV/AIDS interventions.
- Assistance in the development of workplace HIV/AIDS policies and training of personnel to implement HIV/AIDS workplace programmes.

VI MONITORING AND EVALUATION ENVIRONMENT

The establishment of the National AIDS Secretariat has improved the monitoring and evaluation of the HIV/AIDS epidemic in The Gambia. A national sentinel surveillance system was set up in 2001 involving women attending antenatal clinic. This has proven to be an effective M&E tool for assessing the trend in the HIV/AIDS epidemic in the country. In view of the importance of M&E the HIV/AIDS sentinel surveillance sites have been increased from four (4) in 2000 to six (6) in 2002 and eight (8) in 2005. Priority demographic groups such as commercial sex workers, uniformed personnel, long distance truck drivers and fisher folks have not been covered in these biological surveys. In addition to the biological surveillance the country has conducted two BSS studies, one in 2002 and another in 2005. These studies form part of the national M&E strategy; as a tool designed to systematically monitor trends in HIV risk behaviours over time in key target groups.

Decentralized structures have been established. These include Divisional and Municipal AIDS Committees in all the seven (7) administrative divisions. HIV/AIDS focal persons have been identified in most government line departments of state to coordinate HIV/AIDS activities in their respective organizations. There is also a National Assembly Select Committee on HIV/AIDS

An M&E component of the national HIV/AIDS strategic framework for the period 2003 to 2008, developed through a participatory process, is currently being reviewed. This serves as an important instrument in monitoring and evaluating the national response and tracking indicators and targets. A National M&E Task Force is in existence.

BIBLIOGRAPHY

1. Policies and Guidelines on HIV/AIDS, National AIDS Control Programme, Ministry of Health, March 1995
2. HIV/AIDS Strategic Plan 2003-2008, National AIDS Secretariat, Office of The President, June 2003
3. Guidelines on Construction of Core Indicators 2006 Reporting, Monitoring the Declaration of Commitment on HIV/AIDS, UNGASS on HIV/AIDS, May 2005
4. HIV/AIDS Treatment, Care and Support Project 2004-2008, Monitoring Plan Framework and Indicators, Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, September 2005
5. The Gambia HIV/AIDS Behavioural Sentinel Surveillance 2005, National AIDS Secretariat, Office of The President, October 2005
6. Status report December 2005, National AIDS Secretariat, Office of The President, December 2005
7. 2004 Sentinel Surveillance Report, National AIDS Secretariat, Office of The President, December 2004
8. Three Ones key principles: *“Coordination of National Responses to HIV/AIDS” Guiding principles for national authorities and their partners, UNAIDS;* Conference Paper 1, Washington Consultation, 25.04.04
9. Annual Report 2004, CCSI Implementation, 1 January – December 2004, National AIDS Secretariat, Office of The President
10. HIV/AIDS Rapid Response Project (HARRP) Annual Report January to December 2004, National AIDS Secretariat, Office of The President
11. Reaching Out to the People, Review of Progress towards Achieving the Millennium Development Goals at the Local Level in The Gambia, Policy Analysis Unit of the Office of the President, Government of The Gambia, March 2005
12. Monitoring and Evaluation Plan for the National HIV/AIDS Strategic Framework 2003-2008, National AIDS Secretariat, Office of The President

APPENDICES

APPENDIX 1

CONSULTATION/PREPARATION PROCESS FOR THE NATIONAL REPORT ON MONITORING THE FOLLOW-UP TO THE DECLARATION OF COMMITMENT ON HIV/AIDS

1) Which institutions/entities were responsible for filling out the indicator forms?

- | | | |
|----------------------|------|----|
| a) NAC or equivalent | Yes✓ | No |
| b) NAP | Yes✓ | No |
| c) Others | Yes✓ | No |
- (please specify)

- The Gambia Family Planning Association (NGO)
- Hands on Care (NGO)
- The Gambia Red Cross Society (NGO)
- Action Aid the Gambia (NGO)
- African Commission on Human and Peoples' Rights

2) With inputs from

Ministries:

- | | | |
|-----------------|------|-----|
| Education | Yes✓ | No |
| Health | Yes✓ | No |
| Labour | Yes | No✓ |
| Foreign Affairs | Yes | No✓ |
| Others | Yes✓ | No |
- (please specify)
- Interior (Immigration, Police, Fire & Ambulance Service and Prisons Department)
 - Agriculture

- | | | |
|--|------|----|
| 3) Was the report discussed in a large forum? | Yes✓ | No |
| 4) Are the survey results stored centrally? | Yes✓ | No |
| 5) Are data available for public consultation? | Yes✓ | No |

Name / title: Mr. Saihou Ceesay, Director National AIDS Secretariat

Date: 31st December 2005

Signature: 

APPENDIX 2

NATIONAL COMPOSITE POLICY INDEX - 2006

Country: The Gambia

Name of the National AIDS Council officer in charge: Saihou M. Ceesay

Signed by: Saihou M. Ceesay, Director

Address: National AIDS Secretariat, Office of The President, 7 Clarkson Street, Banjul, The Gambia

TEL: +220 4223263

FAX: +220 4223246

E-MAIL: nas1@gamtel.gm; nas2@qanet.gm

DATE: 31st December 2005

Once the questionnaire is completed, please return it by e-mail, mail or fax to:

Evaluation Unit

UNAIDS Geneva

Tel:

Fax:

E-mail:

APPENDIX 3
NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE PART A

I. Strategic plan

1. **Has your country developed a national multi-sectoral strategy/action framework to combat HIV/AIDS?^{5*}**

(Multi-sectoral strategies should include, but not be limited to, those developed by Ministries such as the ones mentioned below)

Yes ✓ No Not Applicable (N/A) Period covered:

- 1.1 *IF YES*, which sectors are included?

Sectors included	Strategy/Action framework		Focal point/Responsible	
Health	Yes ✓	No	Yes ✓	No
Education	Yes ✓	No	Yes ✓	No
Labour	Yes	No ✓	Yes	No ✓
Transportation	Yes	No ✓	Yes	No ✓
Military	Yes ✓	No	Yes ✓	No
Women	Yes ✓	No	Yes ✓	No
Youth	Yes ✓	No	Yes ✓	No
Others to specify*	Yes ✓	No	Yes ✓	No

* Others include: Agriculture, Interior (Police, Immigration, Fire and Ambulance Service), Human Resources, Tourism, Public Works.

Comments:

- 1.2 *IF YES*, does the national strategy/action framework address the following me areas, target populations and cross-cutting issues? (Yes/ No)

<p>Programme</p> <p>a. Voluntary counselling and testing?</p> <p>b. Condom promotion and distribution?</p> <p>c. STI prevention and treatment?</p> <p>d. Blood safety?</p> <p>e. Prevention of mother-to-child transmission?</p> <p>f. Breastfeeding?</p> <p>g. Care and treatment?</p> <p>h. Migration?</p> <p>Target populations</p> <p>i. Women and girls?</p> <p>j. Youth?</p> <p>k. Most-at-risk populations⁶?</p>	<p>a Yes</p> <p>b Yes</p> <p>c Yes</p> <p>d Yes</p> <p>e Yes</p> <p>f Yes</p> <p>g Yes</p> <p>h Yes</p> <p>i Yes</p> <p>j Yes</p> <p>k Yes</p>
--	--

⁵ All questions bolded and with an asterisk are also relevant for the “Three Ones” monitoring at country level

⁶ Most-at-risk populations are groups that have been *locally* identified as being at higher risk of HIV transmission (injecting drug users, men having sex with men, commercial sex workers, moto-taxi drivers etc)

l. Orphans and other vulnerable children? Cross-cutting issues	l Yes
m. HIV/AIDS and poverty?	m Yes
n. Human rights?	n Yes
o. PLHA involvement?	o Yes

1.3 *IF YES*, does it include an operational plan? Yes No

1.4 *IF YES*, does the strategy/operational plan include:

- | | | |
|--------------------------------------|---|-----------------------------|
| a. formal programme goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. detailed budget of costs? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. indications of funding sources? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. a monitoring and evaluation plan? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

1.5 Has your country ensured “full involvement and participation” of civil society in the planning phase?

Yes No

1.6 Has the national strategy/action framework been endorsed by key stakeholders?

Yes No

Comments:

The national strategy/action framework was validated during a five-day national workshop, including key stakeholders.

2. Has your country integrated HIV/AIDS into its general development plans (such as: a) National Development Plans, b) United Nations Development Assistance Framework, c) Poverty Reduction Strategy Papers, and d) Common Country Assessments)?

Yes No N/A

2.1 *IF YES*, in which development plan? a) _____ b) *Yes* _____ c) Yes other

Covering which of the following aspects? (*Yes/ No*)

	a)	b)	c)
HIV Prevention		√	√
Care and support		√	√
HIV/AIDS Impact alleviation		√	√
Reduction of gender inequalities as relates to HIV/AIDS prevention/care		√	√
Reduction of income inequalities as relates to HIV prevention/care		√	√
Others:			

II. POLITICAL SUPPORT

Strong political support includes government and political leaders who speak out often about AIDS and regularly chair important meetings, allocation of national budgets to support the AIDS programmes and effective use of government and civil society organizations and processes to support effective AIDS programmes.

1. Does the head of the government and/or other high officials speak publicly and favourably about AIDS efforts at least twice a year?

Head of government Yes No
 Other high officials Yes No

2. Does your country have a national multi-sectoral HIV/AIDS management/coordination body recognized in law? (National AIDS Council or Commission)*

Yes No N/A

2.1 IF YES, when was it created? Year: 2001

2.2 Does it include?

Terms of reference	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Defined membership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Including civil society	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PLHIV	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Private sector	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action plan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Functional Secretariat	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of last meeting of the Secretariat	Date: 20 th Dec. 2005

Comments:

The National AIDS Council (NAC) and National AIDS Secretariat (NAS) were created through a Cabinet Paper. The NAC is chaired by HE The President.

3. Does your country have a national HIV/AIDS body that promotes interaction between government, PLHIV, the private sector and civil society for implementing HIV/AIDS strategies/programmes?

Yes No N/A

3.1 *IF YES*, does it include?

Terms of reference	Yes✓	No
Defined membership	Yes✓	No
Action plan	Yes✓	No
Functional Secretariat	Yes✓	No
Date of last meeting	Date:	

Comments:

4. Does your country have a national HIV/AIDS body that is supporting coordination of HIV-related service delivery by civil society organizations?

Yes✓

No

N/A

4.1 *IF YES*, does it include?

Terms of reference	Yes✓	No
Defined membership	Yes✓	No
Action plan	Yes✓	No
Functional Secretariat	Yes✓	No
Date of last meeting	Date:	

Comments:

Overall, how would you rate the political support for the HIV/AIDS programme?											
2005	Poor										Good
		0	1	2	3	4	5	6	7	8	9✓ 10
2003	Poor										Good
		0	1	2	3	4	5	6	7	8	9✓ 10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

III. Prevention⁷

1. Does your country have a policy or strategy that promotes information, education and communication (IEC) on HIV/AIDS to the general population?

Yes✓ No N/A

- 1.1 In the last year, did you implement an active programme to promote accurate HIV/AIDS reporting by the media?

Yes No✓

Comments:

2. Does your country have a policy or strategy promoting HIV/AIDS related reproductive and sexual health education for young people?

Yes✓ No N/A

- 2.1 Is HIV education part of the curriculum in

primary schools Yes✓ No secondary schools Yes✓ No

- 2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes✓ No

Comments:

3. Does your country have a policy or strategy to promote IEC and other preventive health interventions for most-at-risk populations?

Yes✓ No N/A

- 3.1 Does your country have a policy or strategy for these most-at-risk populations?

Injecting drug users, including:	Yes	No✓	N/A
- Risk reduction information, education and counselling?	Yes	No✓	
- Needle and syringe programmes?	Yes	No✓	
- Treatment services?	Yes	No✓	
- If yes, drug substitution treatment?	Yes	No✓	
Men who have sex with men?	Yes	No	N/A
Sex workers?	Yes✓	No	N/A
Prison inmates?	Yes✓	No	N/A
Cross-border migrants, mobile populations	Yes✓	No	N/A
Refugees and/or displaced populations?	Yes✓	No	N/A
Other most-at-risk populations? <i>Please specify</i>	Yes✓	No	N/A

⁷ Strategies/policies discussed under *Prevention* may be included in the national strategy/action framework discussed in I.1 or separate

Comments:

4. Does your country have a policy or strategy to expand access, including among most-at-risk populations, to essential preventative commodities? (These commodities include, but are not limited to, access to VCT, condoms, sterile needles and STD drugs)

Yes ✓

No

N/A

Do you have programmes in support of the policy or strategy?

A social marketing programme for condoms?	Yes ✓	No
A blood safety programme?	Yes ✓	No
A programme to ensure safe injections in health care settings?	Yes ✓	No
A programme on ante-natal syphilis screening	Yes ✓	No
Other programmes? <i>Please specify</i>		

Comments:

Overall, how would you rate policy efforts in support of prevention?											
2005	Poor										Good
		0	1	2	3	4	5	6	7	8	9 ✓ 10
2003	Poor										Good
		0	1	2	3	4	5	6	7	8	9 ✓ 10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

5. Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV prevention policy/strategy?

(Check all programmes that are implemented beyond the pilot stage to a significant portion in both the urban and rural populations).

	2003	2005
a. A programme to promote accurate HIV/AIDS reporting by the media.	a. No	a. Yes
b. A social marketing programme for condoms	b. Yes	b. Yes
c. School-based AIDS education for youth	c. Yes	c. Yes
d. Behaviour change communications	d. Yes	d. Yes
e. Voluntary counselling and testing	e. Yes	e. Yes
f. Programmes for sex workers	f. Yes	f. Yes
g. Programmes for men who have sex with men	g. No	g. No
h. Programmes for injecting drug users, if applicable	h. No	h. No
i. Programmes for other most-at-risk populations	i. Yes	i. Yes
j. Blood safety	j. Yes	j. Yes
k. Programmes to prevent mother-to-child transmission of HIV	k. No	k. Yes
l. Programmes to ensure universal precautions in health care settings	l. Yes	l. Yes

Overall, how would you rate the efforts in the implementation of HIV prevention programmes?											
2005	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
2003	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

IV. Care and support⁸

1. Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with sufficient attention to barriers for women, children and most-at-risk populations? (Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)

Yes ✓

No

N/A

⁸ Strategies/policies discussed under *Care and Support* may be included in the national strategy/action framework discussed in I.1 or separate

2. Which of the following activities have been implemented under the care and treatment of HIV/AIDS programmes?

	2003	2005*
HIV screening of blood transfusion	Yes	Yes
Universal precautions	Yes	Yes
Treatment of opportunistic infections (OI)	Yes	Yes
Antiretroviral therapy (ART)	No	Yes
Nutritional care	No	Yes
STI care	No	Yes
Family planning services	Yes	Yes
Psychosocial support for PLHIV and their families	Yes	Yes
Home-based care	Yes	Yes
Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	Yes	Yes
Cotrimoxazole prophylaxis among HIV-infected people	Yes	Yes
Post exposure prophylaxis (e.g. occupational exposures to HIV, rape)	No**	Yes
Other: (please specify)		

Comments:

*The above activities are being scaled-up

**The Medical Research Council has been offering post exposure prophylaxis.

Overall, how would you rate the efforts in care and treatment of the HIV/AIDS programme?												
2005	Poor										Good	
		0	1	2	3	4	5√	6	7	8	9	10
2003	Poor											Good
		0	1	2	3√	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>												

3. Does your country have a policy or strategy to address the additional HIV/AIDS related needs of orphans and other vulnerable children (OVC)?

Yes√

No

N/A

3.1 *IF YES*, Is there an operational definition for OVC in the country? Yes✓, No

IF YES, please provide definition: The working definition for OVC is as follows:

An OVC is a child below the age of 18:

- i) who has lost one or both parents, or*
- ii) is severely disabled, or*
- iii) lives in a household where at least 1 adult died in the last 12 months, or*
- iv) lives in a household where at least 1 adult was seriously ill for at least 3 months in the last 12 months, or*
- v) lives in a child-headed household (where the head of household is < 18 years old), or*
- vi) lives in a household with only elderly adults (i.e. the household contains only children <18 years old and adults >59), or*
- vii) lives outside family care (i.e. lives in an institution or on the street)*

3.2 Which of the following activities have been implemented under OVC programmes?

	2003	2005
School fees for OVC	Yes	Yes
Community programmes	No	Yes
Other: <i>(please specify)</i>		

Comments:

Overall, how would you rate the efforts to meet the needs of OVC?											
2005	Poor										Good
		0	1	2	3	4	5	6	7✓	8	9 10
2003	Poor										Good
		0	1	2	3✓	4	5	6	7	8	9 10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

V. Monitoring and Evaluation^{9*}

1. Does your country have one national Monitoring and Evaluation (M&E) plan?

Yes✓ No In progress Years covered:

1.1. IF YES, was it endorsed by key partners in evaluation?

Yes✓ No

Comments:

1.2. Was the M&E plan developed in consultation with civil society, PLHIV?

Yes✓ No

2. Does the M&E plan include?

- data collection, analysis, reporting and information feed back

Yes✓ No

- well defined standardized set of indicators

Yes✓ No

- guidelines on tools for data collection

Yes✓ No

- a data management plan

Yes✓ No

3. Is there a budget for the M&E plan?

Yes✓ No In progress Years covered:

3.1 If yes, has funding been secured?

Yes✓ No

4. Is there a Monitoring and Evaluation functional Unit or Department?

Yes✓ No In progress

⁹ The whole M&E section is relevant for the “Third One”

IF YES,

Based in NAC or equivalent? Yes✓ No

Based in Ministry of Health? Yes✓ No

Elsewhere? Yes✓ No

4.1 If yes, are there mechanisms in place to ensure that all major implementing partners submit their reports to this Unit or Department?

Yes✓

No

Comments:

4.2 Is there a full time officer responsible for monitoring and evaluation activities of the national programme?

Yes full time✓

Yes part-time No M&E officer

4.3 IF YES, since when? : Year: 2002

5. Is there a committee or working group that meets regularly coordinating M&E activities, including surveillance?

Yes regular✓

Yes irregular

No

Date last meeting:

5.1 Does it include representation from civil society, PLHIV?

Yes✓

No

6. To what degree (*Low to High*) are UN, bi-laterals, other institutions sharing M&E results?

Low High
0 1 2 3 4 5 6 7 8 9✓ 10

Comments:

7. Have individual agency programmes been reviewed to harmonize M&E indicators with those of your country?

Yes✓

No

N/A

8. Does the M&E Unit manage a central national database?

Yes

No✓

8.1 IF YES, what type is it? _____

9. Is there a functional* Health Information System?

National level	Yes <input checked="" type="checkbox"/>	No
Sub-national*	Yes <input checked="" type="checkbox"/>	No

(*reporting regularly data from health facilities aggregated at district level and sent to national level, analyzed, and used at different levels)

10. Is there a functional Education Information System?

National level	Yes <input checked="" type="checkbox"/>	No
Sub-national*	Yes <input checked="" type="checkbox"/>	No

*If yes, please specify the level, i.e., district

11. Does your country publish at least once a year an evaluation report on HIV/AIDS, including HIV surveillance reports?

Yes

No

12. To what extent strategic information is used in planning and implementation?

Low High
 0 1 2 3 4 5 6 7 8 9 10

Comments:

13. In the last year, was training in M&E conducted

- At national level?

Yes

No

- At sub-national level?

Yes

No

- Including civil society?

Yes

No

Overall, how would you rate the monitoring and evaluation efforts of the HIV/AIDS programme?												
2005	Poor									Good		
		0	1	2	3	4	5	6 <input checked="" type="checkbox"/>	7	8	9	10
2003	Poor											Good
		0	1	2	3	4	5 <input checked="" type="checkbox"/>	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:												

I. Human rights

1. Does your country have laws and regulations that protect people living with HIV/AIDS against discrimination (such as general non-discrimination provisions or those that specifically mention HIV, that focus on schooling, housing, employment, etc.)?

Yes

No✓

N/A

Comments:

2. Does your country have non-discrimination laws or regulations which specify protections for certain **groups** of people identified as being especially vulnerable to HIV/AIDS discrimination (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?

Yes

No✓

N/A

IF YES, please list groups:

3. Does your country have laws and regulations that present obstacles to effective HIV prevention and care for most-at-risk populations?

Yes

No✓

N/A

IF YES, please list:

4. Is the promotion and protection of human rights explicitly mentioned in any HIV/AIDS policy/strategy?

Yes✓

No

N/A

Comments:

5. Has the Government, through political and financial support, involved vulnerable populations in governmental HIV policy design and programme implementation?

Yes✓

No

N/A

IF YES, give examples:

6. Does your country have a policy to ensure equal access, between men and women, to prevention and care?

Yes✓

No

N/A

Comments:

7. Does your country have a policy to ensure equal access to prevention and care for most-at-risk populations?

Yes✓

No

N/A

Comments:

8. Does your country have a policy prohibiting HIV screening for general employment purposes (appointment, promotion, training, benefits)?

Yes✓

No

N/A

9. Does your country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes✓

No

N/A

9.1 IF YES, does the ethical review committee include civil society and PLHIV?

Yes✓

No

N/A

Comments:

10. Does your country have the following monitoring and enforcement mechanisms?

- Collection of information on human rights and HIV/AIDS issues and use of this information in policy and programme development reform

Yes ✓ No

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions and ombudspersons which consider HIV/AIDS related issues within their work

Yes ✓ No

- Establishment of focal points within governmental health and other departments to monitor HIV-related human rights abuses

Yes ✓ No

- Development of performance indicators or benchmarks for compliance with human rights standards in the context of HIV/AIDS efforts

Yes ✓ No

11. Have members of the judiciary been trained/sensitized to HIV/AIDS and human rights issues that may come up in the context of their work?

Yes ✓ No

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

- Legal aid systems for HIV/AIDS casework

Yes ✓ No

- State support to private sector laws firms or university based centers to provide free pro bono legal services to people living with HIV/AIDS in areas such as discrimination

Yes ✓ No

- Programmes to educate, raise awareness among people living with HIV/AIDS concerning their rights

Yes ✓ No

13. Are there programmes designed to change **societal attitudes** of discrimination and stigmatization associated with HIV/AIDS to understanding and acceptance?

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV/AIDS?											
2005	Poor										Good
	0	1	2	3	4	5	6√	7	8	9	10
2003	Poor										Good
	0	1	2	3	4√	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											
Overall, how would you rate the effort to enforce the existing policies, laws and regulations?											
2005	Poor										Good
	0	1	2	3	4	5	6√	7	8	9	10
2003	Poor										Good
	0	1	2	3√	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

II. Civil society participation

1. To what extent civil society has made a significant contribution to strengthening the political commitment of top leaders and national policy formulation?

Low *High*
 0 1 2 3 4 5 6 7 8√ 9 10

2. To what extent civil society representatives have been involved in the planning and budgeting process for the National Strategic Plan on HIV/AIDS or for the current activity plan (attending planning meetings and reviewing drafts)?

Low *High*
 0 1 2 3 4 5 6 7 8√ 9 10

3. To what extent the complimentary services provided by civil society to areas of prevention and care are included in both the National Strategic plans and reports?

Low *High*
 0 1 2 3 4 5√ 6 7 8 9 10

III. Prevention

1. Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV prevention policy/strategy?

(Check all programmes that are implemented beyond the pilot stage to a significant portion of both the urban and rural populations).

	2003	2005
A programme to promote accurate HIV/AIDS reporting by the media.	a. Yes	a. Yes
A social marketing programme for condoms	b. Yes	b. Yes
School-based AIDS education for youth	c. Yes	c. Yes
Behaviour change communications	d. Yes	d. Yes
Voluntary counselling and testing	e. Yes	e. Yes
Programmes for sex workers	f. Yes	f. Yes
Programmes for men who have sex with men	g. No	g. No
Programmes for injecting drug users, if applicable	h. No	h. No
Programmes for other most-at-risk populations*	i. Yes	i. Yes
Blood safety	j. Yes	j. Yes
Programmes to prevent mother-to-child transmission of HIV	k. No	k. Yes
Programmes to ensure safe injections in health care settings	l. Yes	l. Yes

* Please define

Overall, how would you rate the efforts in the implementation of HIV prevention programmes?											
2005	Poor										Good
	0	1	2	3	4	5	6	7	8	9√	10
2003	Poor										Good
	0	1	2	3	4	5	6√	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

IV. Care and support

1. Which of the following activities have been implemented under the care and treatment of HIV/AIDS programmes?

	2003	2005
HIV screening of blood transfusion	Yes	Yes
Universal precautions	Yes	Yes
Treatment of opportunistic infections (OI)	Yes	Yes
Antiretroviral therapy (ART)	No	Yes
Nutritional care	Yes	Yes
STI care	Yes	Yes
Family planning services	Yes	Yes
Psychosocial support for PLHA and their families	Yes	Yes
Home-based care	Yes	Yes
Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	Yes	Yes
Cotrimoxazole prophylaxis among HIV-infected people	Yes	Yes
Post exposure prophylaxis (e.g. occupational exposures to HIV, rape)	No*	Yes
Other: (please specify)		

**The Medical Research Council has been offering post exposure prophylaxis.*

Overall, how would you rate the care and treatment efforts of the HIV/AIDS programme?										
2005	Poor									Good
	0	1	2	3	4	5	6	7	8	9 10
2003	Poor									Good
	0	1	2	3	4	5	6	7	8	9 10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>										

2. Does your country have a policy or strategy to address the additional HIV/AIDS related needs of orphans and other vulnerable children (OVC)?

Yes ✓

No

N/A

- 2.1 Which of the following activities have been implemented under the OVC programmes?

	2003	2005
School fees for OVC	Yes	Yes
Community programmes	Yes	Yes
Other: (please specify)		

Comments:

Overall, how would you rate the efforts to meet the needs of OVC?												
2005	Poor										Good	
		0	1	2	3	4	5√	6	7	8	9	10
2003	Poor											Good
		0	1	2	3√	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>												