Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

COUNTRY:

Algeria

Middle East and North Africa

Algeria

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Algeria

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:	Name/Position	Dr R. TOUAIBIA
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:	Organisation	MINISTERE DE L'EDUCATION NATIONALE
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:	Name/Position	Mme A. BOUMIA
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:	Name/Position	M. M. LARIBI
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:	Organisation	MINISTERE DE LA JUSTICE
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:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.V
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:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.V
:	Organisation	MINISTERE DE LA COMMUNICATION
:	Name/Position	Mme O. OULD SAID
:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.V
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:	Name/Position	M. A. ZEDDAM
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Association Solidarité AIDS
:	Name/Position	M. A. BOUFENISSA
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Association AnisS Annaba
:	Name/Position	Pr M. LAOUAR
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Association El Hayat
:	Name/Position	Mme Z. MERRAH
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV

:	Organisation	Association Etoile Culturelle d'Akbou
:	Name/Position	M. M. SALHI
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III
:	Organisation	Croissant Rouge Algérien
:	Name/Position	Dr M. BELHOUT
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III
:	Organisation	Association FOREM
:	Name/Position	M. A. MEKKI
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III
:	Organisation	Association Santé Sidi El Houari
:	Name/Position	Mme BEREKSI
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III
:	Organisation	FNUAP
:	Name/Position	Dr K. SAIT
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.III
:	Organisation	ONUSIDA
:	Name/Position	Dr S. LOUNAS
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.III / B.IV
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Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

1989 - 2007

1.1 How long has the country had a multisectoral strategy/action framework?

18 ans

1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	No
Transportation:	Strategy/Action framework	Yes
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	Yes
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	Yes
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes
Finance:	Strategy/Action framework	No
Human Resources:	Strategy/Action framework	No
Justice:	Strategy/Action framework	Yes
Justice:	Earmarked budget	Yes
Minerals and Energy:	Strategy/Action framework	Yes
Minerals and Energy:	Earmarked budget	Yes
Tourism:	Earmarked budget	No
Trade and Industry:	Strategy/Action framework	Yes
Trade and Industry:	Earmarked budget	Yes
Other*::	Strategy/Action framework	Yes
Other*::	Earmarked budget	Yes

IF NO earmarked budget, how is the money allocated?

Coopération bilatérale ou budget de fonctionnement.

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations[3]:	Yes
d. Orphans and other vulnerable children:	No
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2000

1.5 What are the target populations in the country?

Populations vulnérables, Usagers de drogues injectables, HSH, professionnels du sexe et clients, migrants.

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	Yes
c. Detailed budget of costs per programmatic area? :	Yes
d. Indications of funding sources?:	Yes
e. Monitoring and Evaluation framework? :	Yes

1.8 Has the country ensured “full involvement and participation” of civil society[4] in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

la société civile (dont l'association des personnes vivant avec le VIH) est membre du CLNS. Elle est impliquée et participe à :
- La prise de décisions dans le cadre de la planification stratégique,
- La mise en oeuvre des programmes et leur évaluation,
- la prise en charge des groupe vulnérables et des groupes les plus à risque (y compris les HSH).

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, some partners

IF SOME or NO, briefly explain

L'harmonisation est en cours pour l'ensemble des partenaires notamment:
- Le programme commun des nations unies sur VIH/sida (ONUSIDA et agences coparaines).
- Le GFATM Algérie

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

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

a) National Development Plans:

b) Common Country
Assessments/United Nations
Development Assistance Framework:

c) Poverty Reduction Strategy Papers:

d) Sector Wide Approach:

e) Other::

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a) / b) / c) / d) / e)
Treatment for opportunistic infections:	Development Plans	a) / b) / c) / d)
Antiretroviral therapy:	Development Plans	b) / d)
Care and support (including social security or other schemes):	Development Plans	a) / b) / c) / d) / e)
AIDS impact alleviation:	Development Plans	a) / b) / c) / d) / e)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	a) / b) / c) / d) / e)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	Development Plans	a) / b) / c) / d) / e)
Reduction of stigma and discrimination:	Development Plans	a) / b) / c) / d) / e)
Women's economic empowerment (e.g. access to credit, access to land, training):	Development Plans	a) / b) / c) / d) / e)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

N/A

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(*)If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**
Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

L'Algérie a ratifié tous les engagements internationaux en matière de dépistage du VIH. Cependant, pour les corps constitués, le dépistage est obligatoirement systématiquement proposé.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

No

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

No

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

(a) IF YES, is coverage monitored by sex (male, female)?

Yes

(b) IF YES, is coverage monitored by population sub-groups?

Yes

IF YES, which population sub-groups?

- PS, HSH, UDI
- Population carcérale,
- Population mobile.

(c) IF YES, is coverage monitored by geographical area?

Yes

IF YES, at which levels (provincial, district, other)?

Régions sanitaires
Wilayas (départements)

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007:	7
2005:	5

Comments on progress made in strategy planning efforts since 2005:

- Elaboration du Plan National Stratégique (PNS) de lutte contre les IST/VIH/sida2007 - 2011
- Réorganisation du système de santé et meilleure répartition des ressources humaines et financières
- Mise en place des Centres de Dépistage Volontaire (CDV), au moins un par wilaya
- Harmonisation de la prise en charge thérapeutique et biologique des IST/VIH/sida
- Elaboration de protocoles consensuels relatifs aux schémas thérapeutiques, au dépistage et au diagnostic biologique
- Intensification de la formation continue en matière de conseil, dépistage et prise en charge thérapeutique des IST/VIH/sida
- Amélioration de la coordination entre les CDR, CDV et ONG
- Implcation active de la Société Civile
- Implication active du Secteur Privé dans le renforcement des activités génératrices de revenus au profit des PVIH

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government :	Yes
Other high officials :	Yes
Other officials in regions and/or districts :	Yes

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1989

2.2 IF YES, who is the Chair?

Name:	DIF Abdelwaheb
Title/Function:	Professeur, chef du service des maladies infectieuses (El Kettar), Président du CLNS

2.3 IF YES, does it:

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	Yes
have an action plan?:	Yes
have a functional Secretariat? :	Yes
meet at least quarterly?:	No
review actions on policy decisions regularly?:	Yes
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	Yes

(*) If it does include civil society representatives, what percentage?

25%

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*)If it does include regular meetings, what is the frequency of the meetings:

Annuelles et extra- ordinaires

IF YES, What are the main achievements?

- Renforcement de la mise en oeuvre et de l'évaluation du PNS 2002-2006
- Implication dans l'élaboration du PNS 2007-2011
- Renforcement de la multisectorialité
- Implication dans les prcessus consensuels de prise en charge.

IF YES, What are the main challenges for the work of this body?

- Limitation dans ses prérogatives du fait de son statut de comité sous l'égide du Ministère chargé de la santé.
- Absence de budget de fonctionnement propre
- Pas de ligne budgétaire pour la plus part des Ministères

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	No
Drugs/supplies procurement and distribution :	No
Coordination with other implementing partners :	Yes
Capacity-building :	Yes

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

No

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007:	7
2005:	4

Comments on progress made in political support since 2005:

- Poursuite de la mise en oeuvre du PNS
- Evaluation du PNS 2002-2006 grace à un expert national et un expert international
- Elaboration du PNS 2007-2011
- Signature de la convention par le système des Nations Unies
- Signature de la convention Algérie -GFATM pour la phase 2

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Abstain from injecting drugs:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

Other::

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes

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

Yes

2.1 Is HIV education part of the curriculum in

primary schools? :	No
secondary schools? :	Yes
teacher training? :	Yes

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

Yes

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes

3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?

Yes

3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	Prison inmates
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	Sex workers

(*)If Other sub-populations, indicate which sub-populations

Populations mobiles

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007:	8
2005:	7

Comments on progress made in policy efforts in support of HIV prevention since 2005:

- Plus grande implication de plusieurs Ministères et des ONGs (notamment les PVIH) et des groupes les plus à risque (PS,HSH...) grace aux ressources additionnelles du GFATM, ONUSIDA et agences coparaines (UNICEF, OMS, FNUAP, PNUD...)
- Renforcement des interventions de prévention:
  . IEC : plus grande implication des médias
  . Conseil et dépistage: mise en place progressive des CDV depuis 2006
  . Précautions universelles : mise en oeuvre de nouvelles procédures de gestion des déchets liés aux activités de soins
  . Meilleure disponibilité des préservatifs

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	some districts* in need
IEC on risk reduction:	The activity is available in	all districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	all districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Harm reduction for injecting drug users:	The activity is available in	some districts* in need
Risk reduction for men who have sex with men:	The activity is available in	some districts* in need
Risk reduction for sex workers:	The activity is available in	all districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	all districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	all districts* in need
School-based AIDS education for young people:	The activity is available in	all districts* in need
Programmes for out-of-school young people:	The activity is available in	all districts* in need
HIV prevention in the workplace:	The activity is available in	some districts* in need
Other::	The activity is available in	all districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	7
2005:	6
2007:	9
2005:	8

Comments on progress made in the implementation of HIV prevention programmes since 2005:

Amélioration de l'accès des groupes de populations vulnérables et des groupes les plus à risque à l'ensemble des activités de prévention.

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

No

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	N/A
Paediatric AIDS treatment:	The service is available in	all districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	all districts* in need
Home-based care:	The service is available in	N/A
Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need
HIV testing and counselling for TB patients:	The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	N/A
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	N/A
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	N/A
Other services::	The service is available in	all districts* in need
Antiretroviral therapy:	The service is available in	most districts* in need
Nutritional care:	The service is available in	N/A
Paediatric AIDS treatment:	The service is available in	most districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	most districts* in need
Home-based care:	The service is available in	N/A
Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need

HIV testing and counselling for TB patients:	The service is available in	all districts* in need
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TB preventive therapy for HIV-infected people:	The service is available in	N/A
TB infection control in HIV treatment and care facilities:	The service is available in	N/A
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	N/A
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	N/A

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?

No

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	9
2005:	8

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

N/A

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

In Progress

1.1. IF YES, was the M&E plan endorsed by key partners in M&E?

Yes

1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes

1.3. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, most partners

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy :	Yes
behavioural surveillance :	Yes
HIV surveillance :	Yes
a well-defined standardized set of indicators :	No
guidelines on tools for data collection :	Yes
a strategy for assessing quality and accuracy of data :	No
a data dissemination and use strategy :	No

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

In progress

3.1 IF YES, has funding been secured?

No

4. Is there a functional M&E Unit or Department?

In Progress

IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?

Actuellement, les activités de Suivi - Evaluation sont assurées par:
- l'unité de Suivi - Evaluation du Programme Algérie - GFATM
- Le Programme National de lutte contre les IST/VIH/sida (Direction de la Prévention du MSPRH)

La mise en place de l'unité nationale de Suivi - Evaluation est en cours.
To be established in Ministry of Health

4.1 IF YES, is the M&E Unit/Department based

in the NAC (or equivalent)? :	No
in the Ministry of Health? :	Yes

4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

No

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly

IF YES, Date last meeting:

28 Janvier 2008 (dans le cadre de l'élaboration du rapport UNGASS 2008)

5.1 Does it include representation from civil society, including people living with HIV?

Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group

Renseignement des indicateurs relatifs aux activités assurées par les ONG (IEC, distribution des préservatifs).

6. Does the M&E Unit/Department manage a central national database?

No

6.3 Is there a functional Health Information System (HIS)?

National level :	Yes
Sub-national level (*):	Yes

(*)If there is a functional sub-national HIS, at what level(s) does it function?

Régional: Régions sanitaires au nombre de cinq, Local: Wilayas (départements) au nombre de 48.

6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes

7. To what extent are M&E data used in planning and implementation?

3

What are examples of data use?

Données relatives aux activités de:
- la surveillance épidémiologique,
- la prévention,
- la prise en charge thérapeutique,
- le suivi biologique.

What are the main challenges to data use?

- Absence d'une unité nationale de suivi-évaluation fonctionnelle,
- Insuffisance qualitative et quantitative des données,
- Manque de formation en suivi-évaluation.

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

At national level? :		No
At sub-national level? :		Yes
At sub-national level? :	IF YES, Number of individuals trained:	30
Including civil society? :		Yes
Including civil society? :	IF YES, Number of individuals trained:	20

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007:	6
2005:	4

Comments on progress made in M&E since 2005:

- Evaluation des activités de la société civile,
- Enquête de sérosurveillance sentinelle de l'infection à VIH et de la Syphilis pour la mesure des indicateurs d'impact,
- Organisation de séminaires ateliers de concensus par le MSPRH,
- Réalisation de formations continues.

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

Yes

1.1 IF YES, specify:

- Des Lois générales (Loi 85-05, Droits de l'Homme ...) existent et sont en cours de renforcement. Ces Lois sont applicables à toutes les populations.
- Il n'y a pas de Lois spécifiques.

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	Yes
IDU:	Yes
MSM:	Yes
Sex Workers :	Yes
Prison inmates :	Yes
Migrants/mobile populations :	Yes
Other::	Yes

IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

En l'absence de Loi spécifique, les mécanismes en place sont ceux des Lois générales.
Il y a des Lois relatives aux droits des malades applicables à toutes les populations.

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

Les droits du malade étant protégés par la Loi sanitaire complétée par des instructions ministérielles, les malades peuvent recourir aux instances judiciaires soit directement soit par l'intermédiaire des médiateurs des ONG.

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

No

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

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes

IF YES, briefly describe this mechanism

Les institutions veillent au respect des Lois garantissant les droits des personnes, comme en témoigne l'Instruction N° 02 de Février 2006 du MSPRH relative à la prise en charge des malades.
L'instance judiciaire reste un recours pour les PVIH et/ou les populations vulnérables.

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

- Particpation des ONG et des personnes les plus à risque à l'élaboration du Plan National Stratégique de lutte contre les IST/VIH/sida.
- Participation des personnes les plus à risque à la mise en oeuvre de cette politique à travers les actions entreprises par les ONG.

7. Does the country have a policy of free services for the following:

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

- Mise en place de Centres de Dépistage Volontaire (Tests, conseils et distribution de préservatifs, ...),
- Existence de Centres de Référence de prise en charge biologique, thérapeutique et psychologique gratuites de l'infection à VIH/sida.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

No

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

Yes

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

Yes

11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?

No

12. Does the country have the following human rights monitoring and enforcement mechanisms?

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:	Yes
- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment:	No
- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:	No
- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination:	No

13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework:	No
Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:	No
Programmes to educate, raise awareness among people living with HIV concerning their rights:	No

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007:	10
2005:	10

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

- Prise de conscience à un haut niveau politique
- Information et sensibilisation des élus locaux et parlementaires,
- Réforme de la Loi pénitentiaire,
- Formation des Imams (Hommes de culte musulmans).

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007:	10
2005:	10

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

Information et sensibilisation des parlementaires.

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

4

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

4

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?:	4
b. in the national budget?:	0

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2007

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

4

List the types of organizations representing civil society in HIV and AIDS efforts:

- ONG thématiques et non thématiques
- Association des personnes vivant avec le VIH,
- Croissant Rouge Algérien,
- Scouts Musulmans Algériens,
- Forum des chefs d'entreprises,
- Organisations estudiantines,
- Organisations professionnelles,
- Leaders religieux et "Zaouia".

6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?:	3
b. adequate technical support to implement its HIV activities?:	3

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007:	9
2005:	8

Comments on progress made in increasing civil society participation since 2005:

- formations dans les domaines du counseling, de la médiation, de la prise en charge psychosociale,
- gestion programmatique et financière des ONG,
- Participation des PVIH et des personnes vulnérables dans la lutte contre les IST/VIH/sida.
- Leadership de l'Algérie dans la région MENA.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	all districts* in need
Universal precautions in health care settings:	The service is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	N/A
IEC on risk reduction:	The service is available in	all districts* in need
IEC on stigma and discrimination reduction:	The service is available in	all districts* in need
Condom promotion:	The service is available in	all districts* in need
HIV testing & counselling:	The service is available in	all districts* in need
Harm reduction for injecting drug users:	The service is available in	some districts* in need
Risk reduction for men who have sex with men:	The service is available in	some districts* in need
Risk reduction for sex workers:	The service is available in	all districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	all districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	all districts* in need
School-based AIDS education for young people:	The service is available in	all districts* in need
Programmes for out-of-school young people:	The service is available in	all districts* in need
HIV prevention in the workplace:	The service is available in	some districts* in need

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	7
2005:	6

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

- Meilleure disponibilité des médicaments et réactifs,
- Meilleure prise en charge thérapeutique et psychosociale de l'infection à VIH,
- Création de nouveaux CDR,
- Elaboration de Consensus biologique et thérapeutique par le MSPRH.

2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

Prevention for youth :	25-50%
Prevention for IDU :	51-75%
Prevention for MSM :	51-75%
Prevention for sex workers :	51-75%
Counselling and Testing :	<25%
Clinical services (OI/ART)* :	<25%
Home-based care :	<25%
Programmes for OVC** :	<25%

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

No