



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

## Belgium

### **COUNTRY:**

Belgium

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

No

### **IF NO, how were target populations identified?**

Grâce à l'enquête de santé par interview.

### **1.5 What are the target populations in the country?**

On peut citer les migrants de l'Afrique sub-saharienne, les prostituées, les jeunes, les homosexuels masculins, ...

### **1.8 Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy/action framework?**

Active involvement

### **IF active involvement, briefly explain how this was done:**

Les Communautés nationales financent directement certaines organisations de terrain.

**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?

N/A

**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

**(\*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken? <br>**

**Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:**

En Belgique, les tests sont volontaires et anonymes, quel que soit le cadre. Les traitements sont accessibles à tous. Il n'existe pas de programme spécifique important pour le personnel en uniforme.

**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?**

Yes

**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

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

Yes

**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)?**

No

**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?**

No

**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:

Use condoms consistently:

Engage in safe(r) sex:

Use clean needles and syringes:

Greater acceptance and involvement of people living with HIV:

**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? : No

**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:	Clients of 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:	Other sub-populations (*)
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:	MSM
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Drug substitution therapy:	IDU
Needle & syringe exchange:	IDU

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

Migrants, Sub saharian african migrants & people living with hiv/aids

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

L'importance de rencontrer le problème de santé posé par les MST a été reconnu bien que sa prévention ne soit pas une priorité du gouvernement flamand.

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

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

Des groupe cible spécifique ont été déterminé. Un programme de prévention adéquat leur a été fourni. Exemple, le groupe des hommes ayant des relations sexuelles avec d'autres hommes bénéficie maintenant d'un large cadre d'initiatives de prévention. Il reste cependant de la place pour des améliorations.

En ce qui concerne les migrants subsaharien, une augmentation d'échelle est nécessaire.

**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?**

Yes

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

No

**IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?**

L'ensemble du territoire est couvert.

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

**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

**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?**

Yes

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

Yes

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

Yes, all 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 :	Yes
guidelines on tools for data collection :	Yes
a strategy for assessing quality and accuracy of data :	Yes
a data dissemination and use strategy :	Yes

**3.1 IF YES, has funding been secured?**

Yes

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

Yes

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

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

Yes

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

Sub-national level (*):	Yes
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