



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

Latin America

Bolivia

COUNTRY:

Bolivia

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:	Organisation	Ministerio de Salud y Deportes
:	Name/Position	Dra. Nila Heredia Miranda / Ministra
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministerio de Salud y Deportes
:	Name/Position	Dr. Ronny Rossel N. / Coordinador Nacional Programa ITS/VIH/SIDA
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Prefectura del Departamento de La Paz
:	Name/Position	Dr. Vito Rivas / Responsable Departamental ITS/VIH/SIDA La Paz

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Prefectura del Departamento de Oruro
:	Name/Position	Dr. Armando Condo / Responsable Departamental ITS/VIH/SIDA Oruro
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Prefectura del Departamento de Potosi
:	Name/Position	Dr. Claudio Rengifo / Responsable Departamental ITS/VIH/SIDA Potosi
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Prefectura del Departamento de Cochabamba
:	Name/Position	Lic. Freddy Zambrana - Dr. Wilson Patiño / Responsable Departamental ITS/VIH/SIDA Cochabamba - Medico Programa Dptal.
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Prefectura del Departamento de Chuquisaca
:	Name/Position	Dr. Javier Tango / Responsable Departamental ITS/VIH/SIDA Chuquisaca
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Prefectura del Departamento de Santa Cruz
:	Name/Position	Dr. Gonzalo Borda / Responsable Departamental ITS/VIH/SIDA Santa Cruz
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Prefectura del Departamento de Beni
:	Name/Position	Dr. Edwards Campos / Responsable Departamental ITS/VIH/SIDA Beni
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Prefectura del Departamento de Pando
:	Name/Position	Dr. Boris Burgos / Responsable Departamental ITS/VIH/SIDA Pando
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V

:	Organisation	USAID
:	Name/Position	Dr. Stanley Blanco / Oficial de Salud
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	PNUD
:	Name/Position	Dr. Percy Calderon / Punto Focal VIH/SIDA
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	ONUSIDA - Pando
:	Name/Position	Dra. Luz Carina Chavez / Consultora
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Red VIHDA - Trinidad/Beni
:	Name/Position	Valentin Mendoza / Responsable Red VIHDA
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Organizacion Nacional de Emancipacion de la Mujer (ONAEM) - Sucre/Chuquisaca
:	Name/Position	Yuli Perez / Responsable Dptal.
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	ONAEM Nacional
:	Name/Position	Yessica Velasco / Responsable Nacional
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Sociedad Civil - Chuquisaca
:	Name/Position	Prof. Melbi Encinas
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Instituto de Desarrollo Humano - Cochabamba
:	Name/Position	Dr. Edgar Valdez / Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Colectivo Homosexual Divergencia - Sucre/Chuquisaca
:	Name/Position	Ronald Cespedes / Representante

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Comunidad Internacional de Mujeres que Viven con VIH/SIDA
:	Name/Position	Patricia Mendoza / Representante
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Red Boliviana de Personas que Viven con VIH/SIDA (REDBOL)
:	Name/Position	Julio Cesar Aguilera / Director Nacional
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Responsable Informatica/Estadistica
Position:	Full time/Part time	Full time
Position:	Since when?	2004
Position:		Tecnico Estadistico
Position:	Full time/Part time	Full time
Position:	Since when?	2007
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:

2008 - 2012

IF NO or N/A, briefly explain

El plan esta diseñado y en base al mismo se desarrollan acciones operativas, sin embargo, administrativamente se encuentra en proceso de aprobacion, a partir del funcionamiento del CONASIDA, posesionado en el mes de diciembre de 2007, el mismo esta siendo revisado y validado, esperandose formalmente entre en vigencia plena a partir del mes de febrero

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

7 años

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

IF NO earmarked budget, how is the money allocated?

* El cuestionario impreso utilizado para el efecto, no coincide con el cuestionario del CRIS.

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:	Yes
d. Orphans and other vulnerable children:	No
e. Workplace:	No
f. Schools:	No
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:

2002

1.5 What are the target populations in the country?

grupos vulnerables (TSC, HSH, GLBT) y poblacion general (mujeres embarazadas, niños y otros)

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 in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

La participacion plena de la sociedad civil, ha sido efectiva en diversas reuniones y talleres, que han determinado en un proceso la elaboracion consensuada del Plan Estrategico 2008 - 2012; la participacion en el diseño de acciones estrategicas de promocion y prevencion continuas, participacion activa en la incidencia politica para la aprobacion de la Ley del SIDA, participacion en la elaboracion en diseño de manuales normativos del Programa Nacional, participacion importante a través del MCP - Fondo Global, como integrantes del mismo para el diseño de propuesta y planes , y un componente importante de participacion como subreceptores del Fondo Global desarrollando acciones operativas, particularmente en el ambito de la capacitación a sectores publicos y entre pares

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

En la construccion del Plan Estrategico Nacional la participacion de los organismos bilaterales y multilaterales ha sido efectiva y en consenso, asumiendo que a partir de la aplicacion del plan el alineamiento a la estrategia sera efectivo, sin embargo, hasta el momento desarrollan acciones dispersas de las cuales el Estado no conoce sus resultados, a partir de esta realidad el Gobierno Nacional ha emitido un Decreto Supremo en el mes de noviembre 2007, cuyas directrices tienden a la regulacion obligatoria de los recursos financieros de apoyo, que debe ser inscritos mediante el Viceministerio de Inversion Publica, de esta manera se pretende una armonizacion de planes y programas adaptadas a las politicas instituidas por el Estado

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?

- b) Common Country Assessments/United Nations Development Assistance Framework:
- d) Sector Wide Approach:

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

HIV Prevention:	Development Plans	d)
Treatment for opportunistic infections:	Development Plans	d)
Antiretroviral therapy:	Development Plans	d)
AIDS impact alleviation:	Development Plans	d)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	d)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	Development Plans	d)
Reduction of stigma and discrimination:	Development Plans	d)

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

No

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:

La prueba del VIH es voluntaria por la Ley del SIDA. El equipo de los Centros de Vigilancia y Referencia para la atención del VIH en todos los departamentos del país asumen la responsabilidad de apoyo en el proceso de atención integral en unidades militares realizando el tamizaje y la consejería, para garantizar la voluntariedad de la prueba

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?

Yes

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

Estimates only

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?

TSC, HSH, mujeres embarazadas, los analisis se realizan por actividad laboral, por nivel de educación, por estado civil, por edad, por preferencia sexual

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

Yes

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

por Departamentos, ciudades principales y algunas ciudades intermedias.

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:	6
2005:	4

Comments on progress made in strategy planning efforts since 2005:

A partir de la aprobacion de la Ley de prevencion y proteccion del VIH/SIDA se establece una responsabilidad mas comprometida del Estado en la asignacion de recursos economicos, respeto a los derechos y deberes de las personas afectadas, igualdad de condiciones de atencion con calidad y calidez a poblaciones vulnerables, disminucion progresiva del estigma y discriminacion, sostenibilidad y sustentabilidad del Plan Nacional con disminucion paulatina de la cooperacion internacional, ademas se ha logrado garantizar la dotacion de insumos, medicamentos, reactivos a la poblacion afectada que demanda estos servicios

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

President/Head of government : No
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:

2007

2.2 IF YES, who is the Chair?

Name: Dr. Walter Selum Rivero
Title/Function: Ministro de Salud y Deportes

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?: No
have an action plan?: No
have a functional Secretariat? : No
meet at least quarterly?: No
review actions on policy decisions regularly?: No
actively promote policy decisions?: No
provide opportunity for civil society to influence decision-making?: No
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: 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?

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:

cada 3 meses

IF YES, What are the main achievements?

Dado que el CONASIDA tiene reciente creacion (diciembre 2007), la instancia de discusion sobre la tematica del VIH/SIDA se la realiza en el Mecanismo de Coordinacion de Pais del Fondo Global. El logro principal ha sido la elaboracion de una propuesta pais al Fondo Global

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

conflicto de intereses,
direccionabilidad a intereses institucionales y personales
diferencias entre grupos vulnerables
definir el mecanismo de relacionamiento entre el nuevo CONASIDA y el MCP, en el marco de las politicas instituidas por el Min. Salud se pretende que el CONASIDA respaldado por la Ley del VIH/SIDA se constituya en el eje articulador principal en las acciones de la tematica del VIH/SIDA

4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?

0%

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:	Yes
Drugs/supplies procurement and distribution :	Yes
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:

La primera autoridad en salud del país ha determinado como una prioridad en la problemática de la salud pública en Bolivia, el tema del VIH/SIDA desarrollando acciones comprometidas y de acompañamiento permanente a las acciones, además del aporte efectivo en relación a la negociación de la aprobación de la Ley del SIDA, la emisión de resoluciones ministeriales reconociendo los derechos de grupos de diferenciación sexual para la atención y prestación de servicios sin discriminación. Ha mantenido informado al gabinete ministerial y autoridades superiores de estado sobre los avances en respuesta a la epidemia del VIH/SIDA

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:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

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?

No

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?

No

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
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Stigma & discrimination reduction:	Prison inmates
Stigma & discrimination reduction:	Other sub-populations (*)
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:	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:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Clients of sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)

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

2007:	8
2005:	5

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

Se ha diseñado un Plan de Promocion, Prevncion y Comunicacion, que esta en vigencia bajo resolucion ministerial, este plan fue implementado entre 2006 y 2007 y su horizonte temporal va hasta el 2012 donde hay una amplia participacion de la sociedad civil y las organizaciones involucradas conla tematica

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	most districts* in need
Universal precautions in health care settings:	The activity is available in	most 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	most districts* in need
Harm reduction for injecting drug users:	The activity is available in	N/A
Risk reduction for men who have sex with men:	The activity is available in	most districts* in need
Risk reduction for sex workers:	The activity is available in	most districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	most 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	most districts* in need
Programmes for out-of-school young people:	The activity is available in	N/A
HIV prevention in the workplace:	The activity is available in	some 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:	6
2005:	4

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

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:	7
2005:	4

Comments on progress made since 2005:

Se ha garantizado la provision de tratamientos antirretrovirales, como asi tambien de insumos, reactivos y pruebas rapidas de diagnostico, manteniendo una estabilidad en relacion a la demanda de estos servicios en la gestion 2006 y 2007

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)?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007:	2
2005:	2

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?

No

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

In progress

3.1 IF YES, has funding been secured?

Yes

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

Yes

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

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

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

**

Number of permanent staff:

2

Number of temporary staff:

0

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?

Yes

IF YES, does this mechanism work? What are the major challenges?

Falta de actualización del sistema, retrasos en los envíos de la información

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

3

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

Yes, meets regularly

IF YES, Date last meeting:

25/01/08

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

En representadas en el CONASIDA (Consejo Nacional del SIDA) y sus funciones son:

- a) Formular políticas y programas de prevención, asistencia integral multidisciplinaria y rehabilitación como respuesta al VIH-SIDA.
- b) Sistematizar criterios y mecanismos efectivos de coordinación interinstitucional, gubernamental y no gubernamental e internacional.
- c) Fortalecer las actividades de las instituciones y organizaciones que trabajan en acciones de prevención, asistencia integral multidisciplinaria, rehabilitación, apoyo, vigilancia y respuesta al VIH-SIDA.
- d) Apoyar la difusión de los programas interinstitucionales de VIH-SIDA.
- e) Supervisar los contenidos de mensajes emitidos por los programas de difusión, que contengan información sobre VIH-SIDA.
- f) Promover servicios de asesoramiento e información, mediante líneas confidenciales a nivel nacional.
- g) Impulsar estrategias de defensa de los Derechos Humanos de las personas que viven con VIH-SIDA, asumiendo los compromisos y tratados internacionales que comprometen a Bolivia en esta temática.
- h) Supervisar la optimización de los recursos nacionales e internacionales relativos al VIH-SIDA en las líneas de acción estratégicas definidas por el Programa Nacional.
- i) Toda otra que se considere necesaria para el cumplimiento efectivo de la presente Ley.
- j) Convocar a Instituciones que no forman parte del Consejo Nacional a fin de coordinar con ellas diversas actividades.

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

Yes

6.1 IF YES, what type is it?

De tipo Universal.

6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes

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?

CDVIR (Centro Departamental de Vigilancia y Referencia de ITS/VIH/SIDA)

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?

programacion logistica de medicamentos, insumos y reactivos
determinacion de estrategias de prevencion y promocion
determinacion del perfil epidemiologico
analiis y toma de decisiones

What are the main challenges to data use?

estudios comportamentales, sitios centinela, estudios de prevalencia

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

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 6

At sub-national level? : No

Including civil society? : No

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

2007: 4

2005: 2

Comments on progress made in M&E since 2005:

A partir de la elaboración de la Base de Datos de ITS/VIH/SIDA se ha podido sistematizar las fichas de notificación y tener información de manera más oportuna. Con el primer sistema automatizado se ha visto que se puede hacer un sistema basado en historias clínicas, esto con la perspectiva de contar con información médica, laboratorial y de consejería. Otro progreso es contar con un plan de actualización del sistema vigente que contemple la integración de indicadores nacionales, departamentales y de organismos de cooperación, informatizado y en línea.

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:

Ley N. 3729 para la prevencion del VIH-SIDA proteccion de los derechos humanos y asistencia integral multidisciplinaria para las personas que viven con el VIH/SIDA. Resolucion Munisterial 0711 del Ministerio de Salud y Deportes de bolivia. Resolucion Ministerila 0668 del Ministerio de Salud y Deportes de Bolivia.

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:	No
MSM:	Yes
Sex Workers :	Yes
Prison inmates :	Yes
Migrants/mobile populations :	Yes

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

La ley del SIDA y las Resoluciones Ministeriales son de reciente creacion, sin embargo el Programa Nacional ITS conjuntamente la sociedad civil y las organizaciones de cooperacion tienen la firme intencion de hacer cumplirlas, en el marco de regulacion de los estatutos y reglamentos del CONASIDA se buscaran los mecanismos y acciones mas pertinentes.

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

Asegurar la asignacion de recursos suficientes por parte del estado para el sostenimiento del plan estrategico multicectorial para el VIH/SIDA. Extencion de cobertura de servicios para lograr acceso de atencion universal pleno a la poblacion. Socializacion y publicacion de la ley en todos los estamentos de los sistemas publico, privados y otros.

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?

No

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

La Ley del SIDA es un logro de larga data, cuya gestion de elaboracion fue desarrollada con participacion activa de la sociedad civil. Las estrategias de promocion y prevencion en la tematica son construidas en consenso con la sociedad civil. Las organizaciones civiles y grupos afectados han logrado constituirse en ONG con personeria juridica, para acceder a financiamiento como subreceptores del Fondo Global y otros cooperantes. La participacion en el Mecanismo Coordinador del Pais MCP del Fondo Global tiene una supremacia de participacion desisoria.

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:

Las estrategias comunicacionales para prevencion requeridas por los grupos vulnerables, son replicadas por el Ministerio de Salud y Deportes mediante el Programa Nacional de ITS/VIH/SIDA, por la predisposicion voluntaria de las PVVS son actores protagonistas en los mensajes educativos emitidos por medios masivos de comunicacion. Todas las personas que demandan los servicios de atencion relativos al VIH/SIDA y que requieren tratamiento reciben atencion gratuita. Existe un apoyo Psico social, nutricional y de adherencia terapeutica para el mejoramiento de la calidad de vida de las PVVS.

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?

Yes

IF YES, briefly explain the differences:

La ley del SIDA recientemente reivindica todos estos derechos. La resolucion ministerial 0668 reivindica los derechos de los grupos llamados claves, GLBT. La resolucion Ministerial 0711 explicita derechos y deberes por grupos poblacionales vulnerables

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?

Yes

IF YES, describe the effectiveness of this review committee

El comite de Bioetica regulado por instituciones representativas en edl pais como la Universidad, el colegio medico y representantes del estado, esta certificado por instituciones de prestigio como el CDC de Atlanta para su funcionamiento en el ambito de la investigacion.

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: Yes

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

IF YES, on any of the above questions, describe some examples:

El defensor del pueblo y la oficina de derechos humanos tiene centralizada sus acciones en la ciudad sede de gobierno y tambien en capitales de departamento, donde todas las personas afectadas tienen la posibilidad de asistir para efectuar su reclamo o denuncia. Las instancias juridicas establecidas en el pais como el tribunal constitucional y otras instancias, fallaron amparos constitucionales en favor de las PVVS que por motivos particulares reclamaron sus derechos.

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?

No

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

Legal aid systems for HIV and AIDS casework:	Yes
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:	Yes

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 :	No
Personalities regularly speaking out :	Yes
Other::	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:	6
2005:	3

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

La promulgacion de laLey del SIDA es la instancia de respaldo juridico mas fuerte en este momento. La promulgacion de la Resolucion Ministerial 0711 y la 0668, instrumentos que han sentado precedente sobre los derechos de las PVVS.

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:	6
2005:	3

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

Existe una predisposicion del estado por dar la prioridad y la atencion adecuada a la respuesta de la epidemia del VIH, se debe trabajar intensamente en los mecanismos de cumplimiento de aqui en adelante.

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?: 2

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:

Organizaciones mas representativas de la sociedad civil PVVS (REDBOL, REDVIHDA, MA VIDA, UNINBOL, VIVO EN POSITIVO) Organizaciones mas representativas de HSH, TCS, diferenciacion sexual GLBT (ADESPROC LIBERTAD, MESA DE TRABAJO, COLECTIVO DIVERSO)

6. To what extent is civil society able to access

- a. adequate financial support to implement its HIV activities?: 4
- b. adequate technical support to implement its HIV activities?: 4

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

- 2007: 8
- 2005: 7

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

Participacion activa en el mecanismo coordinador del pais MCP del Fondo Global. Participacion efectiva en la directiva del CONASIDA de reciente creacion. Participacion activa en el acceso al asesoramiento tecnico y financiero de las entidades de cooperacion internacional. Participacion activa en eventos de representacion internacional donde se convoca a sociedad civil y PVVS participacion activa en la comicion tecnica del Programa Nacional ITS/VIH/SIDA para desarrollar acciones conjuntas y consensuadas de promocion y prevencion.

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	most districts* in need
Universal precautions in health care settings:	The service is available in	most districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	some districts* in need
IEC on risk reduction:	The service is available in	most districts* in need
IEC on stigma and discrimination reduction:	The service is available in	most districts* in need
Condom promotion:	The service is available in	some 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	N/A
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	some districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	some 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	some districts* in need
Programmes for out-of-school young people:	The service is available in	N/A
HIV prevention in the workplace:	The service is available in	some districts* in need

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

La participacion de la sociedad civil en la aplicacion de programas de prevencion en el 2006 y 2006 se ha incrementado a traves de la emision de mensajes de prevencion y promocion, teniendo como actores protagonicos a las personas afectadas PVVS

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:	6
2005:	4

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

Se ha logrado garantizar el abastecimiento y la dotacin de tratamientos, insumos y reactivos en las dos gestiones con pequeños desfases

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

Prevention for youth :	<25%
Prevention for IDU :	<25%
Prevention for MSM :	25-50%
Prevention for sex workers :	51-75%
Counselling and Testing :	25-50%
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

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007:	3
2005:	3

Comments on progress made since 2005:

No existe una política definida para este grupo poblacional respecto al tratamiento del VIH/SIDA, sin embargo existen organizaciones no gubernamental y de la sociedad civil que trabajan con este grupo poblacional

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