



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

West and Central Africa

Burkina Faso

COUNTRY:

Burkina Faso

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:	Name/Position	Dr. André Joseph TIENDREBEOGO
:	<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	SP/CNLS-IST
:	Name/Position	Mme TRAORE
:	<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	SP/CNLS-IST
:	Name/Position	Dr. BENON
:	<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	SP/CNLS-IST
:	Name/Position	Mme GUYENGANI
:	<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	SP/CNLS-IST
:	Name/Position	M. GUIRE
:	<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	OMS
:	Name/Position	Représentant
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	REGIPIV
:	Name/Position	Sanou Patrice, chargé du droit et éthique
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	AES/Burkina
:	Name/Position	Mme KOUTOU
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Ministère Justice
:	Name/Position	Mr Ouedraogo Jean Jacques
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I
Position:		Fonction: Coordinatrice de l'UC-PSE
Position:	Full time/Part time	Full time
Position:	Since when?	2002
Position:		Fonction: 4 chargés de programmes sectoriels
Position:	Full time/Part time	Full time
Position:	Since when?	2002
Position:		Fonction: un chargé de programme
Position:	Full time/Part time	Full time
Position:	Since when?	2002
Position:		Fonction: un data manager
Position:	Full time/Part time	Full time
Position:	Since when?	2005

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:

2001-2005 et 2006-2010

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

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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	Yes
Transportation:	Strategy/Action framework	Yes
Transportation:	Earmarked budget	Yes
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	Yes
Finance:	Earmarked budget	Yes
Other*::	Strategy/Action framework	Yes
Other*::	Earmarked budget	Yes

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:	Yes
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:

2005

1.5 What are the target populations in the country?

les travailleurs(ses) du sexe et assimilés ;
les clients des travailleurs(ses) du sexe et leurs amis ;les routiers/camionneurs et leurs accompagnants ; les mineurs/orpailleurs et les populations environnantes ;le personnel de tenue ; les jeunes de 15-24 ans scolarisés ou non ; les filles du secteur informel urbain ; les détenus ; les veuves.

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:

Le processus d'élaboration du CSLS 2006-2010 qui s'est déroulé d'avril à Juin 2005 a été participatif avec l'implication de représentants de tous les secteurs d'intervention concernés (secteur public, secteur privé, société civile, PTF). Les différentes parties prenantes ont été organisées à travers la mise en place d'un groupe de travail composé de 5 comités techniques sectoriels et de 3 comités de rédaction dont les travaux ont été restitués et validés de façon périodique avant d'être validés le 30 Juin 2005 en session extraordinaire du CNLS- IST.

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, all partners

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) / e)
Antiretroviral therapy:	Development Plans	a) / b) / c) / d) / e)
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?

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

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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:

Le SP/CNLS-IST dispose d'un département technique en charge des ministères et du secteur privé à travers lequel les militaires et paramilitaires sont pris en compte dans les plans d'action de lutte contre le VIH/SIDA dans leurs ministères respectifs (Sécurité, Administration territoriale, Défense, Economie et Finance, justice, Environnement et cadre de vie, ...). Ces ministères travaillent en collaboration étroite avec le Ministère de l'action sociale et celui de la santé en matière de conseil et test VIH. Le test est volontaire pour la majorité des cas (personnels des ministères et membres de leurs familles). Le caractère obligatoire intervient seulement au moment des recrutements et pendant la phase de suivi des nouvelles recrues jusqu'à leur sortie.

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 and projected needs

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?

- a. Femmes et filles
- b. Jeunes femmes/jeunes hommes
- c. Sous-populations vulnérables
- d. Orphelins et autres enfants vulnérables
- e. PVVIH
- f. Professionnelles du sexe (PS)
- g. orpailleurs
- h. routiers

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

Yes

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

Régional, provincial, villageois, sites sentinelles,

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: 9

2005: 9

Comments on progress made in strategy planning efforts since 2005:

Le renforcement du département planification et suivi-évaluation du SP/CNLS-IST avec son érection en unité centrale de planification et de suivi évaluation (UC-PSE) a permis de maintenir les acquis avec l'appui/accompagnement des acteurs (structures d'exécution et structures de coordination des différents secteurs d'intervention) en planification et suivi-évaluation des interventions.

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:

2001

2.2 IF YES, who is the Chair?

Name: Son Excellence M. Blaise COMPAORE,

Title/Function: Président du Faso, Chef de l'Etat
Burkinabé

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?

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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 YES, What are the main achievements?

Le Conseil National de Lutte contre le SIDA-IST (CNLS-IST) est composée des représentants des institutions, des départements ministériels, de la société civile, du secteur privé et des partenaires au développement bilatéraux et multilatéraux. Organe central de décision et d'orientation rattaché à la Présidence du Faso, le CNLS-IST veille à la mise en œuvre du Cadre stratégique de lutte contre le VIH/SIDA et les IST avec l'appui technique d'un Secrétariat permanent. A ce titre, il adopte le plan opérationnel (PNM annuels), le bilan de la mise en œuvre du PNM (sessions annuelles du CNLS-IST) ; il veille également à la mobilisation des ressources, au plaidoyer pour l'intégration d'un volet lutte contre le SIDA dans les différents programmes de développement, à la visibilité du Burkina sur la scène internationale.

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

1. problèmes de Coordination des interventions
2. problème de mobilisation effective des ressources pour couvrir les besoins de la mise en œuvre des PNM annuels

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

4.2

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?

Yes

6.2 IF YES, which policies and legislation were amended and when?

:	Policy/Law	Politique/Loi : Loi type 2005
:	Year	2005
:	Policy/Law	Politique/Loi :loi sur la contamination volontaire
:	Year	en cours

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

2007:	9
2005:	9

Comments on progress made in political support since 2005:

Le renforcement du département planification et suivi-évaluation du SP/CNLS-IST avec son érection en unité centrale de planification et de suivi évaluation (UC-PSE) a permis de maintenir les acquis avec l'appui/accompagnement des acteurs (structures d'exécution et structures de coordination des différents secteurs d'intervention) en planification et suivi-évaluation des interventions.

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:

Avoid commercial sex:

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? : Yes

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:	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:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Stigma & discrimination reduction:	Prison inmates
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
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
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 (*)
Vulnerability reduction (e.g. income generation):	Sex workers
Vulnerability reduction (e.g. income generation):	Other sub-populations (*)
Needle & syringe exchange:	Other sub-populations (*)

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

Migrants, orpailleurs

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

2007:	9
2005:	9

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	most 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	N/A
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	some districts* in need
Programmes for out-of-school young people:	The activity is available in	most districts* in need
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:	8
2005:	8

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

Consolidation des acquis dans le processus d'implication de la société civile.

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?

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?

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	all districts* in need
Home-based care:	The service is available in	most districts* in need
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	most 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	some districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	some 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	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need
Other services::	The service is available in	all districts* in need
Antiretroviral therapy:	The service is available in	some 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	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	most 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	most districts* in need

TB infection control in HIV treatment and care facilities:	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

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

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)?

Yes

5.1 IF YES, is there an operational definition for OVC in the country?

Yes

5.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

Yes

IF YES, what percentage of OVC is being reached?

8.9

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

2007: 7

2005: 7

Comments on progress made in efforts to meet the needs of OVC since 2005:

Avec la mise en œuvre du cadre stratégique national de prise en charge des OEV 2006-2015 élaboré et adopté en mai 2006 sous la présidence du ministère de l'action sociale, la mise en place d'un Fonds de Solidarité envers les Malades et Orphelins du SIDA depuis 1998 pour assurer un appui la prise en charge alimentaire, scolaire, médicale, économique et l'augmentation du nombre d'initiatives dans ce domaine on note une meilleure coordination et une meilleure visibilité des interventions au niveau national.

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

Yes

IF YES, Years covered:

2006-2010

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 :	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?

Yes

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)? :	Yes
in the Ministry of Health? :	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:

7

Number of temporary staff:

2

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?

Pas suffisamment.

Les difficultés sont :

1. faible capacité des acteurs chargés du suivi évaluation ;
2. l'opérationnalisation d'un système d'information et de communication ;
3. faible coordination des études et recherches à mener dans le domaine du VIH/SIDA ;
4. mobilité des acteurs clés chargés du suivi évaluation ;
5. le système très décentralisé nécessite un appui/accompagnement très important pour lequel des ressources humaines et financières ne sont réunies ;
6. Insuffisance de financement.

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:

Décembre 2007

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

Veille à ce que les préoccupations des PVVIH et de la société civile soient prises en compte dans la planification et la mise en œuvre des interventions.

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

Yes

6.1 IF YES, what type is it?

ACCESS

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?

Régional , Districts sanitaires

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?

Nombre de personnes sous ARV, nombre de preservatifs distribués, nombre de femmes enceintes séropositives bénéficiant d'ARV, la prévalence chez les jeunes, la prévalence de la population sexuellement active, le nombre d'OEV etc.

Outre le manuel de suivi évaluation qui sert de référence, le CSLS et le Plan National Multisectoriel élaboré chaque année, les informations recueillies à travers les fiches de rapport trimestrielle, les rapports des sites sentinelles, le bilan du PNM, les résultats des études et évaluations réalisées, les résultats des analyses de la situation et de la réponse dans les ministères et institutions et secteur privé/entreprises, servent d'orientation stratégique pour la planification des interventions et la mise en œuvre des actions.

What are the main challenges to data use?

La non complétude des données et le non respect des échéances de collecte et de transmission des données

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

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 2

At sub-national level? : Yes

At sub-national level? : IF YES, Number of individuals trained: 269

Including civil society? : Yes

Including civil society? : IF YES, Number of individuals trained: 70

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

2007: 7

2005: 6

Comments on progress made in M&E since 2005:

La mise en place de mécanismes et d'outils harmonisés pour tous les niveaux , la mise en œuvre du processus de renforcement des capacités des acteurs clés par la formation et un meilleur dispositif d'appui/ accompagnement des acteurs a permis de conserver les acquis et une meilleure coordination.

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:

il existe des dispositions générales dans le code de la santé, code de la famille, la loi sur la santé de la reproduction, la loi sur les maladies stigmatisantes, la loi hospitalière, la loi sur la protection des enfants, l'accès à l'éducation, sur le lieu de travail.

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

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

Les populations vulnérables sont considérées comme groupe prioritaire dans le plan stratégique national et des actions sont entreprises sur le plan national.

Relecture du code de travail avec des dispositions concernant les populations vulnérables

Pour les Femmes : vulgarisation du code des personnes et de la famille, loi sur la santé de la reproduction (SR), plan d'actions du ministère de la Promotion de la femme

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

l'inspection du travail, le tribunal du travail, les plaintes au parquet, l'association des femmes juristes. Dans les mairies, il existe une structure d'actions sociales et des juges repère pour enfants. Le mouvement Burkinabé des Droits de l'Homme a également des actions spécifiques notamment pour les personnes incarcérées. Il faut citer également l'Association des veuves, l'Association des PVVIH (REGIPIV)

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

Existence de permanences de conseils juridiques au niveau du ministère de l'action sociale,

Existence d'un programme spécifique au niveau du PAMAC (Programme d'appui au monde communautaire) qui assure un mécanisme de veille juridique/ conseil aux PVVIH.

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

L'élaboration du cadre stratégique national a été l'objet d'un débat important avec une participation multisectorielle spécifiquement celle de la société civile et des PVVIH, association des camionneurs routiers

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

HIV prevention services :	Yes
Anti-retroviral treatment :	No
HIV-related care and support interventions :	No

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

Table ronde des bailleurs de fonds et autre mécanisme de mobilisation des ressources pour le financement du CSLS, Distribution des préservatifs, campagnes de dépistage volontaire

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:

1. l'existence d'un fonds de soutien pour les femmes,
2. la PCIME
3. la PTME,
4. la pair éducation pour les jeunes, les TS,
5. campagnes de proximité

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

Il veille au respect de l'éthique dans les protocoles de recherche sur le VIH/SIDA impliquant des sujets humains.

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:

1. Le nombre de PVVIH, personnes affectées et groupes spécifiques victimes de stigmatisation et de discrimination ayant reçu une assistance juridique
2. nombre de campagnes de sensibilisations réalisées en faveur de la promotion et de la protection juridique des PVVIH, personnes affectées et groupes spécifiques.

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:	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 :	Yes
Personalities regularly speaking out :	Yes
Other::	Yes

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

Effort de réalisation d'études sur la stigmatisation, discrimination,

1. Loi type sur le VIH/SIDA en cours d'examen par le gouvernement
2. Mobilisation des associations contre la stigmatisation et la discrimination
3. Adoption d'une déclaration nationale tripartite dans le monde du travail

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

1. Installation de 4 tribunaux pilotes et la participation des comités ministériels de lutte contre le sida dans les cours d'appel,
2. les barreaux font des séances de consultation gratuite au cours des journées portes ouvertes 1 fois l'an et il existe des juges pour indigents,
3. Mise en place au sein du ministère de la promotion des droits humains d'un programme de lutte contre la stigmatisation et la discrimination

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?: | 3 |

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?

3

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

Réseau des PVVIH, réseau des associations de jeunes, organisations religieuses, coutumières ,union des routiers et camionneurs, secteur informel, ONG , Association de femmes, etc.

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 |

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

une plus grande représentation de la société civile dans les instances nationales (CNLS, CCM, CTPS) de décisions, d'orientations de coordinations et d'exécution.

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	some districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	most districts* in need
IEC on risk reduction:	The service is available in	some 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	most 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	N/A
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	some 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:	4

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

L'arrivée du fonds mondial et du TAP (programme de traitement accéléré de la banque mondiale) et du PALS/BAD entre autres, a largement contribué à accroître l'accès au traitement, soins et soutien par les ARV.

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

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

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)?

Yes

3.1 IF YES, is there an operational definition for OVC in the country?

Yes

3.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

Yes

IF YES, what percentage of OVC is being reached?

25

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