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United Kingdom of Great Britain and Northern Ireland

COUNTRY:

United Kingdom of Great Britain and Northern Ireland

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

Yes

IF YES, period covered:

2001-2011

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

7

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	No
Labour:	Earmarked budget	No
Transportation:	Strategy/Action framework	No
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	No
Military/Police:	Earmarked budget	No
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	Yes
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

IF NO earmarked budget, how is the money allocated?

Through mainstream allocations for statutory services.

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:	Yes
g. Prisons:	No
h. HIV, AIDS and poverty:	No
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:

2001

1.5 What are the target populations in the country?

Men who have sex with men
African men and women
Injecting drug users
People living with HIV

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? :	No
d. Indications of funding sources?:	No
e. Monitoring and Evaluation framework? :	No

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:

Involved in development of Strategy, including people living with HIV. Also members of Independent Advisory Group on Sexual Health and HIV, and the Chief Medical Officers' Expert Advisory Group on AIDS.

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

No

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?

No

IF SOME or NO, briefly explain

UK's response does not receive input from multi-natioanl agencies. Question is not relevant to the UK's domestic response.

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?

No

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?

No

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?

MSM

Pregnant women

Injecting drug users

Black and ethnic minority groups

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

2007: 9

2005: 8

Comments on progress made in strategy planning efforts since 2005:

The Department of Health is funding the Independent Advisory Group on Sexual Health to undertake a review of the English Strategy. The review will report in May-June 2008. Civil society are involved in the review.

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

IF NO, briefly explain:

The Health Departments undertake this function. Action to address HIV is fully integrated into mainstream health provision delivered primarily through the National Health Service and others including local authorities and civil society organisations often under contract from statutory funders. The Expert Advisory Group on AIDS provided scientific advice to the Chief Medical Officers in England, Scotland, Wales and Northern Ireland. The Independent Advisory Group on Sexual Health and HIV advises and supports the Department of Health on implementation of the national Strategy in England.

2.1 IF YES, when was it created? Year:

2003

2.2 IF YES, who is the Chair?

Name: Baroness Joyce Gould
Title/Function: Chair

2.3 IF YES, does it:

have terms of reference? : Yes
have active Government leadership and participation? : Yes
include civil society representatives? (*): Yes
include people living with HIV?: Yes
include the private sector?: No
have an action plan?: Yes
have a functional Secretariat? : Yes
meet at least quarterly?: Yes
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?: No

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

54% including the Chair and two vice Chairs

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:

Quarterly

IF YES, What are the main achievements?

The Independent Advisory Group fulfils this role (along with the UK health departments). (see previous entries) as part of a broader sexual and reproductive health remit. Achievements of the IAG include expert seminars and reports, annual reports and meetings with health ministers and officials.

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

Although IAG members receive a fee from the DH, one of the challenges is the fact that most have busy full-time jobs which can reduce the amount of time they can devote to some tasks outside of the quarterly meetings.

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

100

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 :	No
Coordination with other implementing partners :	Yes
Capacity-building :	Yes

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

Yes

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

Yes

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

:	Policy/Law	Disability Discrimination Act
:	Year	2005

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:

Political support for HIV in the UK remains high. Evidence of this includes increased funding for national targeted HIV health promotion in England, publication by DH of an action plan to address stigma and the funding of three new projects, Ministerial attendance at national meetings on HIV health promotion, Ministerial attendance from two government departments at UNGASS 2006, and increased funding from 2008, for HIV social care.

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?

Delay sexual debut:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Use clean needles and syringes:

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?

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?

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:	IDU
Targeted information on risk reduction and HIV education:	MSM
Stigma & discrimination reduction:	MSM
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Needle & syringe exchange:	IDU

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

2007:	8
2005:	8

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

No

IF NO, how are HIV prevention programmes being scaled-up?:

HIV prevention programmes and the activities set out below are already available nationwide throughout the UK.

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	all 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	most districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Harm reduction for injecting drug users:	The activity is available in	all districts* in need
Risk reduction for men who have sex with men:	The activity is available in	all 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	all 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	N/A

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

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

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

UK health departments have strengthened national HIV health promotion for gay men and African communities and in England the DH has increased investment by £2m over 2006-2008. In November 2006 the Department of Health launched the Condom Essential Wear (CEW) media campaign aimed at young adults (18-24 years which highlights the importance of condom use to prevent sexually transmitted infections (including HIV). CEW complements existing campaigns for under 18s and targeted HIV interventions. In England, the National Health Service is scheduled to meet the national target of access to a sexual health clinic within 48 hours by 31 March 2008. This is important for HIV prevention since most HIV testing is offered in sexual health clinics.

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?

As previous, services are already available nationwide throughout the UK.

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

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

No

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

4.1 IF YES, for which commodities?:

On 3) there is no national policy since it is up to NHS treatment centres to decide. Some HIV treatment centres may choose to prescribe generic drugs where side effects and efficacy are similar to non-generic drugs.

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

2007:	9
2005:	9

Comments on progress made since 2005:

Good progress continues with increasing number of people seen for HIV care in the UK. Increases reflect the rise in new diagnoses and the decline in HIV-related deaths since the introduction of effective ARVs in the 1990s.

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

IF YES, Years covered:

Annual

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?

No

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

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

No

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

Yes, meets regularly

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

No

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

Yes

6.1 IF YES, what type is it?

Anonymised reports of new diagnoses from labs and clinicians plus annual survey of people receiving care (anonymised) and unlinked anonymous surveys.

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

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?

4

What are examples of data use?

Identification of population groups most at risk of HIV requiring targeted interventions, M& E has informed planning and delivery of HIV prevention, treatment and social care services both nationally and locally, plus uptake of HIV testing services in sexual health clinics.

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

At national level? : Yes

At sub-national level? : Yes

Including civil society? : No

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

2007: 9

2005: 9

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:

Disability Discrimination Act 2005 - provides protection for people living with HIV in employment, the provision of goods and services. education and housing provision. The Human Rights Act will become law in 2008. The government has also committed itself to enacting a Single Equality Act which will bring clarity and consistency to discrimination law and address the fact of "multiple discrimination" experienced by many people living with HIV. However unlike some other countries, the UK does not protect people from discrimination through association with, or assumption of, HIV.

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

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

The Equalities and Human Rights Commission oversees implementation of all equalities-related and human rights legislation.

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

The European Convention for Human Rights is now embedded in UK law through the Human Rights Act - this statute also theoretically provides protection for those living with HIV who are from marginalised groups. However the interpretation of human rights is not uniform amongst law makers.

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

Yes

3.1 IF YES, for which sub-populations?

Women :	No
Young people :	Yes
IDU:	No
MSM:	No
Sex Workers:	Yes
Prison inmates :	Yes
Migrants/mobile populations :	Yes

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

Disorderly Houses Act 1751 - prevents sex workers from sharing property and therefore further marginalises and already vulnerable group, making them reluctant to access services.

Sexual Offences Act 2003 - sex work is illegal, see above. Are also current plans to criminalise payment for sex, which will have a further negative impact on efforts to improve the health of sex workers.

Offences Against the Person Act 1861 - allows for criminal prosecution of sexual HIV transmission under GBH category. PWHIV may be reluctant to be tested, seek help/advice on maintaining safer sex, undermines health promotion messages.

Nationality, Immigration and Asylum Act 2002 and Asylum and Immigration (treatment of claimants etc) Act 2004 - allows for detention, dispersal, withdrawal of support from failed asylum seekers. Also people are being deported to countries where treatment access is not yet rolled out and thus to their deaths, causing them to "go underground" within the UK.

NHS (Charges to Overseas Visitors) Regulations 1989 - those ineligible for free NHS hospital care must pay for HIV treatment. Affects all categories of undocumented migrants most of whom may have no recourse to funds and are therefore effectively denied access to HIV treatment.

HIV testing kits and services regulations 1992 - prevents buying and selling of regulated home testing kits, despite regulated kits being available on the internet.

More generally:

Prison policy documents which refuse a harm reduction approach to intravenous drug use and sexual relations in prisons. Pilot needle exchange scheme planned for Scotland but delayed due to local opposition. Policy changed in Scotland recently to allow condom vending machines in prisons but no plans to introduce in rest of UK.

General context of immigration regulation which denies asylum seekers the right to work and provides income support at a rate lower than that for UK citizens and denies both the right to work and welfare benefits to those without residency status, provides a difficult and adverse environment in which to engage in effective HIV prevention and care with some African communities.

The Government has refused to make comprehensive Sex and Relationships Education a statutory part of the national curriculum for schools. As a result many young people do not receive the information and support they require to reduce sexual risk taking.

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

IF YES, briefly describe this mechanism

Not formally done by government, it is however, informally done by civil society bodies.

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

People with HIV and others representing affected communities have been included in working parties and consultations, eg on the National Strategy, the Expert Advisory Group on AIDS and the Sexual Health Independent Advisory Group. However it is uncommon for people with HIV to be included in wider health planning issues where they may have useful insights, and it is even more unusual for HIV-vulnerable populations to be consulted about any policies outside the Department of Health's purview. Exceptions to this are the recent consultation on dispersal and asylum seekers' health, the current consultation on prosecution policies for sexually transmitted conditions. It is the view of all respondents to this question that more could be done across Government.

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:

Health departments' funding, scrutiny and guidance; civil society scrutiny and guidance.

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?

No

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

Yes

IF YES, briefly explain the differences:

Re 9 above, there is some guidance on provision of services for the most affected communities.

There are differences in how prevention, treatment and care is provided based on prevalence, epidemiology, differing cultural norms and sexual and social behaviours, which are appropriate.

Equal access to treatment is undermined by charging for HIV treatment to those without legal residency who are nevertheless settled in the UK.

The Government has a national policy commitment to targeted prevention work amongst the two most at-risk groups, MSM and African men and women. But there are no incentives, monitoring or sanctions in place to ensure any reality to this ambition at a local level.

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

No

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

Involvement is variable. There is no requirement for individual ethics committees to include particular communities or indeed civil society representation. Major HIV-related research review committees (eg Medical Research Council) all do have at least civil society representation and usually people with HIV. However, this may not be the case in local committees.

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

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

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

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

As before the Equalities and Human Rights Commission consider disability, which includes HIV. However there is very limited access to EHRC as it can only take on strategic cases. Additionally, public authorities have not been uniform in conducting equality impact assessments before developing and implementing public and HIV-related policy.

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: Yes

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 :	No
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:	7
2005:	6

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

There is some improvement in protection of people with disabilities including HIV.

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:	6

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

3

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)

3

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?

4

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

A wide variety of HIV, sexual health, faith, women's, youth, migrant and Black and Minority Ethnic organisations are involved in HIV efforts, with a good geographic range. However, there is less representation for IDUs and no national organisation representative of all people with HIV (although a national organisation for women and families, does exist), though many people with HIV work within the above range of organisations.

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?: | 4 |

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

- | | |
|-------|---|
| 2007: | 6 |
| 2005: | 5 |

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

Government equalities duties require involvement of civil society in some areas.

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

Yes

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

Blood safety:	The service is available in	all districts* in need
Universal precautions in health care settings:	The service is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	all districts* in need
IEC on risk reduction:	The service is available in	all districts* in need
IEC on stigma and discrimination reduction:	The service is available in	some districts* in need
Condom promotion:	The service is available in	all districts* in need
HIV testing & counselling:	The service is available in	all districts* in need
Harm reduction for injecting drug users:	The service is available in	all districts* in need
Risk reduction for men who have sex with men:	The service is available in	all districts* in need
Risk reduction for sex workers:	The service is available in	most districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	most 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	N/A

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:	9
2005:	9

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

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

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)?

N/A

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