

# **COUNTRY REPORT**

## **El Salvador**

*December 2005*

# TABLE OF CONTENTS

- I. Status at a glance
- II. Overview of the HIV/AIDS epidemic
- III. National response to the HIV/AIDS epidemic
- IV. Major challenges faced and actions needed to achieve the UNGASS goals/targets
- V. Support required from country's development partners
- VI. Monitoring and evaluation environment

## **I. STATUS AT A GLANCE**

### VIH - AIDS in El Salvador<sup>1</sup>

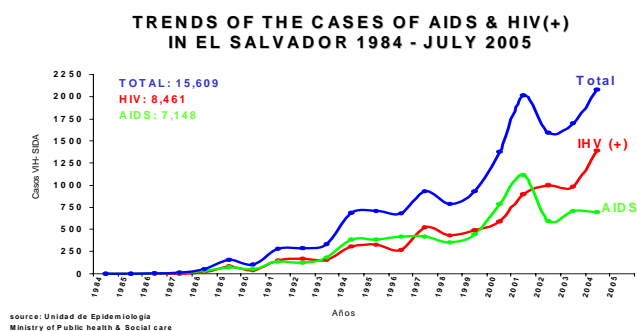
- The rate of HIV infection shows a net increase which might be due to an increase of the level of risks. An improvement of the system of Epidemiologic surveillance or a greater availability of free HIV tests at national level the National Program (PN) of STD HIV AIDS of the Ministry of Health Public Health & Social Care calculated a Prevalence of 0.3% at national level.
- The most frequent mechanism of transmission is of the sexual type with a predominance of sexual contact between self-named heterosexuals.
- The Epidemic is concentrated and of low prevalence according to the data of UNAIDS, with a predominance of high risk groups such as Men having Sex with Men (MSM) and Commercial Sex Workers (CSW)
- The trend of masculinity of the cause is decreasing. The feminisation of the epidemic is obvious.
- In 2004, the Man / Woman ratio has been: 1.5 Men for 1 Woman: In the period extending from January to July of 2005, the Man / Woman ratio has been: 1.3 Men for 1 Woman.
- The trend of Prevalence Rates of HIV–AIDS is upward, whatever the gender.
- The Prevalence Rates of HIV / AIDS, according to age groups, are high at the beginning of life and in groups that are economically active with a predominance of the masculine gender, as far as the level of risk is concerned.
- The provenance of the cases of HIV / AIDS is predominantly urban.
- Geographically, the Epidemic moves towards the center of the country.
- 6 Infected Persons per day in 2004.
- During the months of January to July 2005, it was assessed that 4.2 persons were infected per day.
- In 2004, mortality due to AIDS, represented the 7<sup>th</sup> cause of death in hospitals and the 1<sup>st</sup> cause of death in the 20 - 59 year age group.
- In 2004, the index of positive HIV in pregnant women has been 0.22%. ( 2 pregnant HIV positive Women per 1,000 )

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<sup>1</sup> Source “Epidemiologic SITUACION of the HIV / AIDS in the Salvador, years 1984-2005. Ministry of Public health and Social Care of El Salvador. National Programme for STD HIV AIDS .

## II. OVERVIEW OF THE HIV/AIDS EPIDEMIC <sup>2</sup>

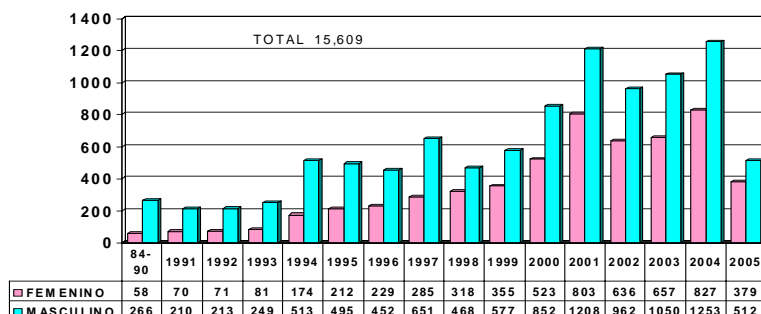
Between 1984 and July of 2005, El Salvador reported a total of 15,609 cases of HIV / AIDS with 8,461 corresponding to cases of HIV (+) and 7,148 cases of AIDS, which has shown a marked and sustained increase from 1991 onward which might also reflect the change of definition of the case according to the classification of OPS/CARACAS, and also, due to the efforts made by the Ministry of Health Public Health & Social Care to improve the registration of persons living with HIV and AIDS in El Salvador which has meant the notification of new infections.



The yearly average of new HIV (+) cases reported from 2000 onward is of 765 persons and of 779 persons for AIDS. It is worth commenting that the mentioned figures are those cases notified to the Ministry of Health Public Health & Social Care, and to the *Instituto Salvadoreño del Seguro Social*. However, according to the data of UNAIDS presented at the end of 2004, the estimated persons living with HIV / AIDS in El Salvador, would amount to around 30,000 cases.

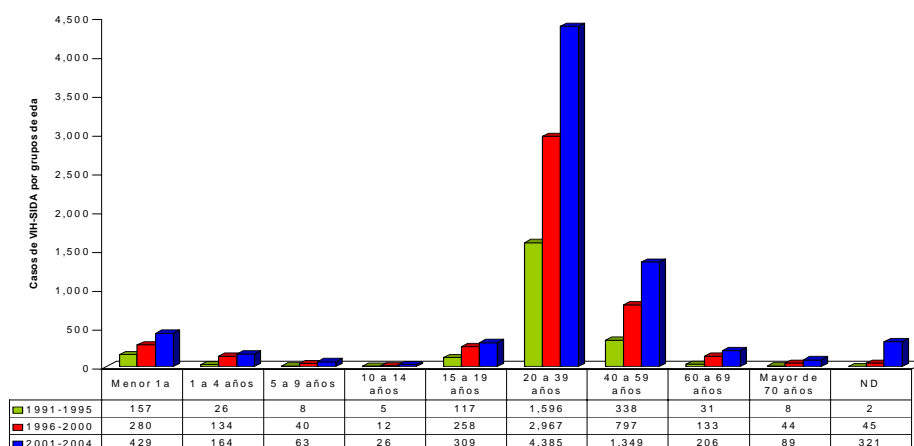
<sup>2</sup> Source “Epidemiologic SITUACION of the HIV / AIDS in the Salvador, years 1984-2005. Ministry of Public health and Social Care of El Salvador. National Programme for STD HIV AIDS .

**CASES OF OF HIV - AIDS  
1984 – JULY 2005, EL SALVADOR**



The Prevalence Rates of the HIV / AIDS present an upward trend no matter the gender though the Epidemic has maintained a constant predominance of the masculine gender throughout the years. There are 9,931 (64%) cases affecting the masculine gender and a total of 5,678 cases (equal to 36%) for the feminine. Up to July of the current year, 43% of the cases affected Women in child-bearing age (15 - 49 years). There is a trend equalizing the incidence of the cases between Men and Woman; in 2004 the ratio Man / Woman has been of: 1.5 Men for 1 Woman: In the period from January to July of 2005, the ratio Man / Woman has been of: 1.3 Men for 1 Woman.

**Casos de VIH/SIDA según grupo de edad, El Salvador,  
años 1991 - 2004**



Fuente: Programa Nacional de ITS/VIH/SIDA, MSPAS

Regarding the various age groups, the number of cases registered each five years shows an increase in all the groups. However, it is the population between 20-39 years where 62% of the cases are concentrated (8,948 cases).

Also important is the age group, 40-59 years, with 2,484 (17%) of the cases, followed by the adolescent population with 727 cases (5%).

#### CASES OF HIV / AIDS BY COUNTY

The cases of HIV - AIDS notified from 1984 to July 2005 totalled 15,609 for the County of San Salvador with 56 % (8,761) of the cases, being in this main metropolitan area with dense population. Then the County of Sonsonate with 7%, followed by the County of La Libertad with 6.2 % and Santa Ana with 6%. Morazán is the County of reporting the fewer cases with 0.3 %. 2.6 % (413) of reported cases did not specify the County of origin of the cases.

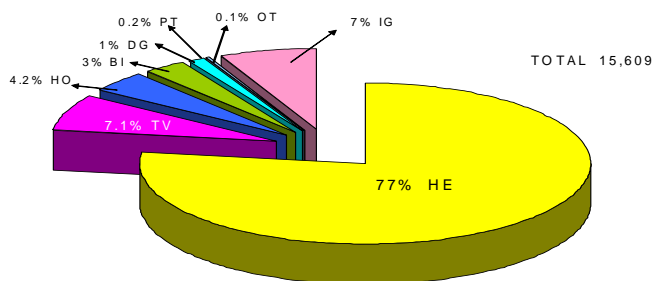
Cases AIDS and HIV (+), distributed by County and for a five year period,  
1991- 2004. El Salvador

	CASOS SIDA				SERO (+)			
	1991-1995	1996-2000	2001-2004	Total 1991- 2004	1991-1995	1996-2000	2001-2004	Total 1991- 2004
Ahuachapán	17	74	114	205	18	72	95	185
Santa Ana	50	164	210	424	53	119	277	449
Sonsonate	43	182	262	487	48	106	352	506
Chalatenango	15	25	27	67	12	31	39	82
La Libertad	48	194	181	423	44	163	252	459
San Salvador	811	1,391	1,574	3,776	724	1,369	2,260	4,353
Usulután	35	79	88	202	35	102	145	282
La Unión	23	17	26	66	20	32	75	127
Morazán	3	6	12	21	3	9	22	34
San Miguel	64	50	80	194	57	111	163	331
San Vicente	29	32	30	91	20	42	105	167
La Paz	19	81	164	264	17	58	211	286
Cabañas	7	39	47	93	8	32	63	103
Cuscatlán	23	45	43	111	21	33	85	139
Extranjero	4	22	28	54	9	9	25	43
Ignorado	1	15	224	240	7	6	62	75
<b>Total</b>	<b>1,192</b>	<b>2,416</b>	<b>3,110</b>	<b>6,718</b>	<b>1,096</b>	<b>2,294</b>	<b>4,231</b>	<b>7,621</b>

Fuente: Programa Nacional de ITS/VIH/SIDA, MSPAS

Compared with the cases reported during the period 91-95 with those registered during the period of 2000 – 2004, the increase is 3 times greater than the five year period 91-95. Depending on the region, this variation oscillates between 2.5 to 5.7 times. But this could be influenced by a more important access of the population to the HIV test, a better research of the cases, an improvement in the notification procedure, or the increase of the Epidemic in our country.

**CASES OF HIV- AIDS ACCORDING THE CATEGORY OF TRANSMISSION  
1984 - JULY 2005**

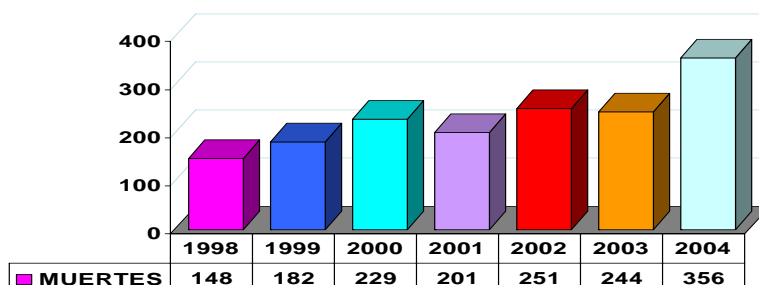


Fuente: Unidad de Epidemiología  
Ministerio de Salud Pública y Asistencia Social

HE: HETEROSEXUAL TV: VERTICAL TRANSMISSION  
HO: HOMOSEXUAL BI: BISEXUAL  
DG: DRUGS. T: TRANSFUSIONS.

In our country, sexual transmission is still the most frequent way of HIV infection totalling 84.2 % (this includes the heterosexual, homosexual and bisexual populations). The heterosexual population shows the greater number of cases, corresponding to 77% (equivalent to 11,351 cases of HIV / AIDS of the total), 4.2% corresponds to homosexuals and 3% to the bisexual population. Vertical transmission (mother – child) represents 7.1%, 1% is related to drug addicts, and the risk factor is unknown in 7% of the cases.

**MORTALIDAD POR SIDA EN HOSPITALES PÚBLICOS  
AÑOS 1998 – DICIEMBRE 2004, EL SALVADOR**



Fuente: Programa Nacional ITS/VIH/SIDA.  
Ministerio de Salud Pública y Asistencia Social

\*Datos de Monitoreo y Evaluación

From 1998 to December 2004, there were 1,611 deaths caused by HIV - SIDA.

The rate of mortality has increased, from 2 deaths per 100,000 habitants in 1998 to 5.2 per 100,000 habitants in 2004.

In 2004, mortality due to AIDS represented the 7<sup>th</sup> cause of death in hospitals and the 1<sup>st</sup> cause of death in the 20-59 year age group.

New and accumulated cases of AIDS  
Per population groups in 2004 in  
El Salvador

Population group	Cases reported in 2004		Accumulated cases (1984 – 2004)	
	Number	%	Number	%
Under 15	9	1.3	411	5.9
Adult Men	469	68	4325	62.6
Adult Women	206	29.7	1702	24.6
Unknown gender **	0	0	148	2
Unknown age**	8	(1)	316	(5)
TOTAL	692	100	6,902	100

Data in December 2004

Source: National Program of STD /HIV/AIDS, Ministry of Health Public Health & Social Care and Social Workers.

### III. National response to the HIV/AIDS epidemic<sup>3</sup>

Strategic Actions implemented at the national level, with all the organisations and institutions involved in the fight against HIV / AIDS are summarised as follows:

- **Promotion of legal support regarding the HIV - SIDA**

This area of intervention has benefited from a great support these past years with an extensive participation of governmental and non-governmental organisations, of the civil society and of PLWHA, which together with the National Program, have promoted supporting procedures to the legislation of the HIV.

For the elaboration, study and approval of the current legal framework , many institutions and actors were mobilised to constitute an “Alliance for the Legislation” in order to promote and propose a law which has been finally approved and published in the Official Bulletin, dated 23<sup>rd</sup> November, 2001

<sup>3</sup> Source “Strategic national Plan for the Prevention, the Care and the Control of the HIV / AIDS & STD . Document drafted with the contribution of 73 organisations and institutions at national level.

(Decree N° 588 of the Legislative Assembly, as the “Law of Prevention and Control of the Infection caused by the Virus of Human Immunodeficiency”.

On 4th May, 2004, to further the mobilisation of the Alliance and to support the enforcement of the Law, the President of the Republic approved the Executive Decree N° 40 published in the Official Bulletin N° 81, Volume N° 363, regulating the said Law.

Recently, thanks to the mobilisation of the Alliance to support the Law, modifications to the same were introduced and on 10th October, 2002, the legislative Assembly **repealed** Article 16 paragraph “d”, which gave the possibility to the employer to ask for an HIV test for his or her worker. This paragraph was a violation of the employment rights of the persons and also eased up the non acceptance of PLWHA or their dismissal.

- **Reduction of the vulnerability of specific population groups**

New areas have been open to design strategies aiming at reducing the vulnerability of specific population groups such as:

The Civil National Policy (PNC) which in 2002 started the Project of Prevention of HIV / AIDS in the PNC<sup>4</sup> the purpose of which was to develop institutional skills to influence a behavioural change in order to reduce and prevent the transmission of HIV in the PNC, their family members and in key sectors within the communities they served. Actions were oriented towards high risk behaviours through the implementation of the strategy called “Leaders’ Network”, to reduce the probabilities of transmission of infections by sexual transmission among members of the Civil National Policy (PNC).

- **Prevention of STD and HIV / AIDS in mobile population**

The Ministry of Health Public Health & Social Care (MSPAS) is developing the component of Prevention of STD /HIV-AIDS in mobile populations, including the borders of El Amatillo, San Cristóbal, Anguiatú, La Hachadura, Las Chinamas and El Poy, the harbours of Acajutla, La Libertad, and La Unión, the international airport of Comalapa and the station of Paso de Lourdes in Colón. This programme foresees a direct benefit to 60,000 persons and an indirect benefit to 200,000 persons. IEC workshops were carried out for health workers, truck and train drivers, commercial Sex Workers (CSW) , HSH, money changers, owners of commercial premises, owners of hotels, motels, accommodation facilities, motels, brothels, bars, restaurants, young students and youngsters.

- **Promotion of safer sexual behaviour**

In El Salvador, the promotion of a safer sexual behaviour forms part of the national reaction to HIV / AIDS. The National Programme in conjunction with the institutions participating in the fight against the HIV / AIDS are developing preventive information, education and communication aimed at the population in general.

Specific actions are also developed for CSW, MSM, adolescents and young students and youngsters. In the network of health establishments of the MSPAS, strategic actions are undertaken for these populations giving them access to integrated care such as medical and dentist consultations, blood

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<sup>4</sup> Proyecto CHANGE. Academy for the development of Education (AED). “[Reduction of the Transmission of the HIV - SIDA](#)

[In vulnerable populations of El Salvador. Final report I”](#) Grupo Manoff, Inc., under the auspices of USAID/El Salvador. December 2004.

tests, distribution of condoms, as well as educational actions including exams, conversation lectures and caretaking.

In 2002-2003, the Project Action AIDS in Central America (PASCA) through the *Consultoría Interdisciplinaria in Desarrollo* (CID GALLUP) <sup>5</sup> carried out an opinion enquiry to measure the perception of AIDS among the adult population of the Central American region. This enquiry highlighted that in El Salvador, there were elements of stigmatisation and discrimination towards the PLWHA; and that 81% of the population said that the owner of an enterprise should have the right to ask for an HIV test as a prerequisite of employment. But it is also important to note that among those questioned about the availability of condoms for the persons wishing to use them, 93% agreed. This information will be used for the design and the implementation of awareness campaigns of the population of El Salvador.

#### ▪ **Prevention of HIV and STD among adolescents and youngsters**

Increased pregnancies and HIV infections among adolescents and youngsters put this group at greater risk, data published by the MSPAS revealed that between 1984 and December 2004, the 20-14 age group presented an accumulated total of HIV / AIDS cases amounting to 50, with 62% of them belong to the feminine sex; the 15-19 year group presented an accumulated total of HIV / AIDS cases amounting to 684, with 54% of them belonging to the feminine sex. This situation motivated the additional design and implementation of interventions aimed at the adolescent population, through programs directed by the MSPAS.

On the other hand, the National program STD /VIH-SIDA in 2003 launched a campaign called “Make the decision to wait” aimed at helping adolescents and youngsters to think about the practice of safe sex. 25,000 adolescents between 13 and 15 years directly benefited from it and indirectly, 140,000 adolescents received the message of this campaign through mass media (press, radio, TV) and promotional material and information and education materials.

#### ▪ **Promotion and distribution of condoms**

Presently, both masculine and feminine condoms are the only known barrier to reduce the risk of transmission of HIV during sexual intercourse with penetration with an infected person.

The 2002-03 enquiry of family health (FESAL) revealed that the use of condom by women is at 87.5% to avoid pregnancy, at 64.7% to avoid HIV / AIDS infection; 63.7% to avoid STD and 56.4% as a double protection. 42% of the Women between 15-49 years, who were sexually active and did not use a condom during their last intercourse, said they would use it if their sex partner proposed it.

The use of the condom by Men is at 86.2% to avoid HIV / AIDS infection, 84.7% to avoid other STD, at 57.6% to avoid a pregnancy, and 56.4% as a double protection. 68.2% of Men between 15-49 years, who were sexually active and did not use a condom during their last intercourse, said they would use it if their sex partner proposed it.

The multipurpose study of prevalence of HIV/STD and behaviours of Sexual Commercial Workers (TCS) made in El Salvador in 2003, shows that the TCS said they used a condom during their last sexual intercourse: 88% with new clients, 86.6% the last regular client and 6.9% with his usual

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<sup>5</sup> with the support of the Health and Education Office of the USAID

partner. This reflects the poor perception of the behaviour at risk imposed on them and on their partners.

Furthermore, the study revealed that 90.5% of the TCS think that they risk a HIV infection because: the condoms break (69.1%), they had lots of sexual partners (36.1%), and they do not use condoms constantly (30.2%). This confirms their limited knowledge of the risk.<sup>6</sup>

At national level in 2004, around 7,500,000 condoms have been distributed to the population through activities directed by the National Programme for STD and HIV / AIDS women's Management, PASMO and ADS.<sup>7</sup>

#### ▪ **Detection, attention and follow up of STD**

The situation of other Sexually Transmissible Diseases (STD) in 2004<sup>8</sup>, the object of a mandatory watch and notification presented fluctuations with an upward trend. Among the five first most frequent Sexually Transmissible Diseases are, Candidiasis of pudendum and vagina with (62.8%), followed by Trichomoniasis with (23.7%), Gonorrhea with (4.1%), Condyloma Acuminatum with (4.0%) and herpes genitalis with (2.8%).

Less frequent Sexually Transmissible Diseases are Acquired Syphilis (1.7%), followed by the Soft Chancre, Linfogranulomatosis Venérea, and Congenital Syphilis the percentage of the three latter being under 1%.

A greater effort to strengthen the epidemiologic watch of Sexually Transmissible Diseases is necessary to contribute to decrease the risk of HIV infection. During the last five years, a total of 266,549 cases of other Sexually Transmissible Diseases have been reported with a yearly average of 53,300 cases of data reflecting a direct relation with an increase of HIV infections.

#### ▪ **Safe blood banks**

Strategic actions at the level of the Central Laboratory of the MSPAS are to guarantee the control of the blood given, the quality of the process and the appropriate use of blood. Since 1999, it forms part of a regional network taking part in the international control of quality of the CDC of Atlanta and the Blood Center of Sao Paulo, Brazil. Since then, it has been strengthened with experienced personnel as well as with appropriate equipment and reagents.

These actions are regulated in the documents called "Manual of control of quality in HIV Laboratories" and "Taking, handling and forwarding of HIV and Lymphocytes CD4 tests". According to the data obtained at the Central laboratory between January and December 2004, a total of 198,183 HIV antibody tests have been carried out (pregnant women, blood donors and prenatal exposition), of which 0.81% (1,606 tests) have been HIV (+).

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<sup>6</sup> Ministerio de Salud Pública and Asistencia Social. "Estudio Multicéntrico de Prevalencia de VIH/ITS and Comportamientos in TCS. El Salvador". 2003.

<sup>7</sup> MSPAS, PASMO, ADS.

<sup>8</sup> Ministerio de Salud Pública and Asistencia Social. "Situation Epidemiológica of the HIV / AIDS in the Salvador. Años 1984-2004". the Salvador, 2005.

In El Salvador, thanks to the actions taken by the national STD /HIV-AIDS, in coordination with the Central Laboratory, the Red Cross in El Salvador and the blood banks of the hospitals belonging to the national network, HIV transmission through blood transfusions have been eliminated since 1984.

- **HIV-AIDS in the employment sector**

Prevention work for HIV / AIDS in the employment sector has commenced following a sub regional agreement of authorised representatives Central American countries (from Mexico to Panama). This plan proposed the creation of Committees for a regional initiative of HIV prevention as well as Committees for a national initiative in each country. It targeted the mobile population and interventions within the employment sector.

In 2003 and 2004 , the National Program, in coordination with the Ministry of Work, the *Instituto Salvadoreño del Seguro Social* (ISSS) and the ANEP with the support of the regional initiative IMPSIDA, and that of the international cooperation agencies, launched the initiatives of prevention of HIV / AIDS in the employment sector, basically in the bonded areas of the central region in Maquilas, mainly in the textile and construction sectors among others. These initiatives have been introduced in the bonded areas of El Pedregal, San Bartolo and in a few other enterprises, focusing on the prevention, non discrimination, non stigmatisation and on a few basic aspects of the legislation and regulation regarding HIV as well as a list of recommendations the ILO and the *Mundo Laboral*.

These initiatives benefited an average of 21,000 workers, 67 health workers and 50 Human resource managers of the involved companies.

It is also necessary to mention the approval of the amendment to the Employment Code forbidding to managers to request an HIV/AIDS test to potential workers or in the course of their employment contract. These amendments have been proposed by the *Alianza Estratégica de la Legislación para el VIH/SIDA*.

- **Inter institutional active involvement**

Since the first cases have been notified, a growing process of involvement and participation among institutions and agencies to place and strengthen the national action against HIV / AIDS. Several alliances were born out of this participation. The different alliances (*Alianza de la Legislación*, *Alianza para la TAR*) and networks (PREVENSIDA); the integration of actors to the National program; the incorporation of PLWHA; the strengthening of organisations representing vulnerable groups; the participation of different actors in the formulation of the regulation process of the programme; as well as access to financing operations by International Agencies.

Therefore, the contribution of the external cooperation increased these past two years (2003-2005) with Project of Global fund which will further its execution until 2007, the actions of which need a plan of absorption from the Government to be maintained after their achievement for its future sustainability.

The basic strategic action for implementation of a national reaction the integration of CONASIDA has been achieved, the supreme national authority. Finally, the President of El Salvador has manifested his political support to the national action against HIV / AIDS through public statements.

#### **IV. Major challenges faced and actions needed to achieve the goals/targets**

The most relevant results within the assessment process jointly carried out with all the organisations involved at the national level are summarised as follows:

- There is a maximum political support and commitment at highest level of the Government. This situation will be strengthened by the implementation of specific actions in favour of the fight against HIV – AIDS.
- The fact that the Ministry of Health Public Health & Social Care (MSPAS) is the only body responsible for the health of the population should change, especially as far as the HIV / AIDS is concerned given their political, social and economic implications.

This concept entailed a limited participation of some sectors/actors in achieving initially defined objectives. This was highlighted by the lack of co-ordination and follow-up of activities and targets set forth in groups, in the strategic plan.

- The National Plan (NP) succeeded in getting an active participation of various organised groups acting in the prevention sector. Yet, this activity needs to be strengthened, drafting a map of the available institutions and integrating local Committees of STD and HIV / AIDS at national level. Similarly, the activities of already existing local Committees should be divulged to avoid a duplication of efforts.
- The system of epidemiologic match requires a greater commitment of Public and private institutions. They should feed this system with information which would reduce the workload. This would also enable to maintain a reliable database to support a decision making process based upon more trustworthy decisions.
- Regarding the integral care, the creation of support groups to PLWHA have been achieved at the level of the Basic system for a total health (SIBASI). However these groups need to be strengthened and they need to become more relevant. They must also become aware of their importance in the fight to reduce the stigmatisation and the discrimination of PLWHA and their family members.
- The national enquiry on Family Health in 2002-03 revealed that there still exists the need to strengthen campaigns of education oriented to MSM, Commercial Sex workers, pregnant women, the young population and the population in general. It is therefore suggested that the National Plan identify target groups in coordination with different sectors/actors. This would enhance the efficient use of resources and would reduce duplicated actions.
- Evidence exists regarding the lack of use of condom during accidental sexual intercourses. It would thus be a priority to insist on safe sex and the use of condoms. The population should have easy access to them within the framework of preventive campaigns. It is therefore suggested to strengthen political actions in order to be granted funds to promote campaigns and make condoms available to the population.
- Despite the work carried out by MSPAS and some private enterprises (Maquilas), there is still an internal vacuum in public and private enterprises. The elaboration of internal policies strengthening the fight against the HIV / AIDS should be made mandatory. It would thus be necessary to make private enterprises more aware and more involved by this problem with the help of specific programmes to encourage them to implement internal policies promoting the prevention of HIV / AIDS and the implementation of some services of care for their employees.
- Sectors/actors recognise the efforts made by the NP regarding the design and the implementation of an Integral System of Surveillance and Evaluation (SIME), but they consider they should be extended and standardised to other involved institutions.
- It was noted that the NP had drafted a protocol of attention to the PLWHA and that at governmental level the follow-up of cases had been systematised. However, it is only used in hospitals with specialised resources. This should also be extended to other sectors also taking part in these activities.

- The governmental and non governmental managerial skill is noteworthy. The same applies to the satisfactory coordination and awareness achieved in the various interested sectors with the creation of strategic alliances to set out the legal framework for prevention, attention and control of HIV / AIDS. It is recommended to extend and apply this experience to other activities of prevention.
- One of the major achievements highlighted by sectors/actors has been the approval of the Law and Regulation for the prevention, the attention and the control of HIV / AIDS. It only needs a greater divulgation.

## **V. Support required from country's development partners**

Within the framework of the elaboration process of a reaction to UNDAF, three studies have been carried out regarding the main requirements of International Cooperation in the country. To make them coherent with the strategic and operational vision of the National reaction, these requirements have been elaborated following the framework of THREE ONES. El Salvador having a national Authority in operation called CONASIDA, a unique Strategic Plan has been developed with the participation of 73 representative organisations and institutions and it is expanding to the application of a National Monitoring and Evaluation System. The UNDAF approach has been summarised as follows:

1 To develop a national strategy facing the HIV/AIDS in an integrated and harmonised manner through CONASIDA (as national Authority) and strengthening their members (governmental and non governmental institutions) and their instruments (regulations, policies, strategies).

2 To support the implementation of the Strategic national Plan of the prevention, the attention and the control of HIV / AIDS and STD to assure the promotion, the respect and the protection of human rights and taking actions to avoid stigmatisation and discrimination and easing up a universal access to HIV / AIDS prevention, treatment and care.

3 To strengthen concerted system of epidemiologic surveillance monitoring and evaluation in order to make the appropriate adjustments and changes to the National Reaction.

Both the National strategic plan and the Public Policy and other regulations and legislation available at the national level have been published on the web page of the Ministry of health: [WWW.mspas.gob.sv](http://WWW.mspas.gob.sv)

## **VI Monitoring and evaluation environment**

Implementation of the Integral System of Monitoring and Evaluation (SIME)

The SIME has initially been designed as a basic computer tool to support the execution process of initiatives forming part of the UNDP- Project of Global Fund and the National programmes IHV / AIDS and TB. It is hoped that this system enables an updated look at the activities being developed and of the achievements of each of their components.

Part of the implementation strategy of the SIME has been to host El Salvador within the web site of the UNDP- Project of Global Fund so that authorised users could consult the progress made by the components of IHV / AIDS and TB. The SIME at various levels of security so that the

users may: consult, administer projects and see the achievements, among other things. The passwords according to the levels are assigned by the administrator of the SIME.

One of the advantages of the implementation of the SIME has been the unification of the evaluation indicators. If possible, it will also contribute to the elaboration of International indicators within the same framework. It is important to note that the SIME is integrating in its structure and design the leading indicators regarding the national reaction to HIV / AIDS and TB. In addition, it can also host all projects fighting against the HIV / AIDS and executed by governmental and non governmental organisations.

Given the installation of the SIME in the web of UNDP- Project of Global Fund it has been necessary to schedule the training (three at least) of the key actors involved in the Project and among other the staff of the Basic System for an Integral Health and of the National Programme of HIV / AIDS and Tuberculosis, Sub-receivers of the Civil Society, the Universities and the networks of PLWHA.

The purpose of the workshops was to know how to use the computer tool in order to get a basic knowledge of the SIME. For so doing, the representatives of the involved institutions knew the matrix of the SIME, which included: a) the background of the Project, b) budgets c) indicators and verifiers of the same. This information has to be based upon a logic methodology susceptible to be fed into the system at a later stage. All this aimed at giving a general vision of the instrument.

At a second stage, the training focused on practical exercises with participants. They had to enter the information (projects) directly into the SIME. This would enable them to be in charge of updating and processing the information relating to their activities or projects.

At the end of the scheduled workshop meetings at the Coordination Unit of the Project have been planned aiming at extending specific advice regarding doubts or inconveniences the trainees had experienced. This how the sub executors started and finalised the introduction of their projects to the SIME. Later, they kept the responsibility to monitor the activities and the budget of their own projects.

## ANEXO 1

### Consultation/preparation process for the National Report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS

1) Which institutions/entities were responsible for filling out the indicator forms?

- |                               |     |    |
|-------------------------------|-----|----|
| a) NAC or equivalent          | Yes | No |
| b) NAP                        | Yes | No |
| c) Others<br>(please specify) | Yes | No |

NGO, PLWHA, universities, International Cooperation Agencies, ONUSIDA

2) With inputs from

Ministries:

- |                            |     |    |
|----------------------------|-----|----|
| Education                  | Yes | No |
| Health                     | Yes | No |
| Labour                     | Yes | No |
| Foreign Affairs            | Yes | No |
| Others<br>(please specify) | Yes | No |

Studies from: Universities, NGO. National enquiries, Research from bilateral and multilateral Cooperation Agencies.

- |  |     |    |
|--|-----|----|
| 3) Was the report discussed in a large forum?  | Yes | No |
| 4) Are the survey results stored centrally?    | Yes | No |
| 5) Are data available for public consultation? | Yes | No |

Name / title: Dr. Herbert Betancourt Asesor Tecnico ONUSIDA

Date: 05/02/06

Signature: \_\_\_\_\_

## ANEXO 2

### NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE PART A

#### I. Strategic plan

1. **Has your country developed a national global strategy/action framework to combat HIV/AIDS?<sup>9\*</sup>**

(Multi-sectoral strategies should include, but not be limited to, those developed by Ministries such as the ones mentioned below)

**Yes**      **No**      **Not Applicable (N/A)**      *Period covered:*

1.1 *IF YES*, which sectors are included?

Sectors included	Strategy/Action framework	Focal point/Responsible
Health	<b>Yes</b> <i>No</i>	<b>Yes</b> <i>No</i>
Education	<b>Yes</b> <i>No</i>	<b>Yes</b> <i>No</i>
Labour	<b>Yes</b> <i>No</i>	<b>Yes</b> <i>No</i>
Transportation	<b>Yes</b> <i>No</i>	<b>Yes</b> <i>No</i>
Military	<b>Yes</b> <i>No</i>	<b>Yes</b> <i>No</i>
Women	<b>Yes</b> <i>No</i>	<b>Yes</b> <i>No</i>
Youth	<b>Yes</b> <i>No</i>	<b>Yes</b> <i>No</i>
Others to specify*	<b>Yes</b> <i>No</i>	<b>Yes</b> <i>No</i>

\* Any of the following: Agriculture, Finance, Human Resources, Minerals and Energy, Planning, Public Works, Tourism, Trade and Industry.

*Comments:* **Tourist sector: hotels, immigration, mobile population, airlines; religious sector, churches priests.**

1.2 *IF YES*, does the national strategy/action framework address the following me areas, target populations and cross-cutting issues? (*Yes/ No*)

<b>Programme</b>	
a. Voluntary counselling and testing?	a _ YES <b>_____</b>
b. Condom promotion and distribution?	b _ YES <b>_____</b>
c. STI prevention and treatment?	c _ YES <b>_____</b>
d. Blood safety?	d _ YES <b>_____</b>
e. Prevention of mother-to-child transmission?	e _ YES <b>_____</b>
f. Breastfeeding?	f _ YES <b>_____</b>
g. Care and treatment?	g _ YES <b>_____</b>

<sup>9</sup> All questions bolded and with an asterisk are also relevant for the “Three Ones” monitoring at country level

<sup>10</sup> Most-at-risk populations are groups that have been *locally* identified as being at higher risk of HIV transmission (injecting drug users, Men In having sex with men, commercial sex workers, moto-taxi drivers etc)

h. Migration?	<input type="checkbox"/> YES
<b>Target populations</b>	
i. Women and girls?	<input type="checkbox"/> YES
j. Youth?	<input type="checkbox"/> YES
k. Most-at-risk populations <sup>10</sup> ?	<input type="checkbox"/> YES
l. Orphans and other vulnerable children?	<input type="checkbox"/> YES
<b>Cross-cutting issues</b>	
m. HIV/AIDS and poverty?	<input type="checkbox"/>
n. Human rights?	<input type="checkbox"/> YES
o. PLHA involvement?	<input type="checkbox"/> YES

1.3 IF YES, does it include an operational plan?  Yes  No

1.4 IF YES, does the strategy/operational plan include:

- |                                      |                              |                             |
|--------------------------------------|------------------------------|-----------------------------|
| a. formal programme goals?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. detailed budget of costs?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. indications of funding sources?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. a monitoring and evaluation plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

1.5 Has your country ensured “full involvement and participation” of civil society in the planning phase?

Yes  No

1.6 Has the national strategy/action framework been endorsed by key stakeholders?

Yes  No

Comments:

*The country has developed a third review of its national Strategic Plan with an extensive participation of: Governmental sectors, NGO, Churches, universities, international Cooperation.*

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

Yes  No  N/A

2.1 IF YES, in which development plan? a) \_\_\_\_\_ b)  c) other

Covering which of the following aspects? (Yes/ No)

	a)	b)	c)
HIV Prevention		<input checked="" type="checkbox"/>	
Care and support		<input checked="" type="checkbox"/>	
HIV/AIDS Impact alleviation		<input checked="" type="checkbox"/>	
Reduction of gender inequalities as relates to HIV/AIDS prevention/care		<input checked="" type="checkbox"/>	

Reduction of income inequalities as relates to HIV prevention/care		X	
Others:		X	

3. Has your country evaluated the impact of HIV/AIDS on STD economic development for planning purposes?

Yes No N/A

IF YES, how much has it informed resource allocation decisions? (Low to High)

Low High  
0 1 2 3 4 5 6 7 8 9 10

Comments:

The government gave priority to this issue and has considerably increased investments both within the budget of the Ministry of Health Public Health & Social Care as well as the *Instituto del Seguro Social*, the two most important service providers at the national level. It has also promulgated a Law, a regulation, a Policy, and a Strategic Plan.

4. Does your country have a strategy/action framework for addressing HIV/AIDS issues among STD national uniformed services, military, peacekeepers and police?

Yes No N/A

4.1 IF YES, which of the following have been implemented?

HIV Prevention	Yes	No
Care and support	Yes	No
Voluntary HIV testing and counselling	Yes	No
Mandatory HIV testing and counselling	Yes	No
Others to specify:	Yes	No

Comments:

*Sanidad Militar (Military Health)* is forming part of the institutions directly involved in the execution, monitoring and evaluation of the National Strategic Plan and of their operational Plans. They are now executing programmed financing by the UNFPA, and also form part of CONASIDA.

Overall, how would you rate strategy planning efforts in the HIV/AIDS programmes?

2005	Poor	Good
0 1 2 3 4 5 6 7 8 9 10		
2003	Poor	Good
0 1 2 3 4 5 6 7 8 9 10		

*In case of discrepancies betwe In 2003 and 2005 rating, please provide main reasons supporting such difference:*

There is a National authority, a great political support at highest level (Presidency of the Republic), a great legal support and more human and financial resources.

## II. POLITICAL SUPPORT

Strong political support includes government and political leaders who speak out often about AIDS and regularly chair important meetings, allocation of national budgets to support the AIDS programmes and effective use of government and civil society organizations and processes to support effective AIDS programmes.

1. Does the head of the government and/or other high officials speak publicly and favourably about AIDS efforts at least twice a year?

Head of government  *Yes*  *No*  
 Other high officials  *Yes*  *No*

2. Does your country have a national multi-sectoral HIV/AIDS management/coordination body recognized in law? (National AIDS Council or Commission)\*

*Yes*  *No*  *N/A*

2.1 IF YES, when was it created? **Year:** 1 December, 2004,

2.2 Does it include?

Terms of reference	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Defined membership	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Including civil society	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
PLHIV	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Private sector	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Action plan	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Functional Secretariat	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Date of last meeting of the Secretariat	Date: 6 dec 2005

**Comments:**

3. Does your country have a national HIV/AIDS body that promotes interaction between government, PLHIV, the private sector and civil society for implementing HIV/AIDS strategies/programmes?

*Yes*  *No*  *N/A*

3.1 IF YES, does it include?

Terms of reference	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Defined membership	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Action plan	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Functional Secretariat	<input checked="" type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

Date of last meeting	Date:15 dec 05
----------------------	----------------

*Comments: There is a mechanism of national coordination (CCE); convening seven various sectors at country level taking part in the National Commitment to fight the epidemic.*

4. Does your country have a national HIV/AIDS body that is supporting coordination of HIV-related service delivery by civil society organizations?

**Yes**      No      N/A

4.1 IF YES, does it include?

Terms of reference	<b>Yes</b> No
Defined membership	<b>Yes</b> No
Action plan	<b>Yes</b> No
Functional Secretariat	<b>Yes</b> No
Date of last meeting	Date: DIC 05

*Comments: ALLANZA POR LA LEGISLACION y Terapia AR, PREVENSIDA.*

Overall, how would you rate the political support for the HIV/AIDS programme?	
2005	Poor <span style="float:right">Good</span>
	0 1 2 3 4 5 6 7 8 9 <b>10</b>
2003	Poor <span style="float:right">Good</span>
	0 1 2 3 4 5 6 <b>7</b> 8 9 10
<i>In case of discrepancies between In 2003 and 2005 rating, please provide main reasons supporting such difference: the Presidents of Central America under the leadership of the president of El Salvador, held a summit solely to discuss the fight against HIV/ AIDS. This entailed a DECLARATION OF COMMITMENT known as the DECLARATION OF SAN SALVADOR. Senior officers of El Salvador (President of the republic (Sept/05) Minister of Health, visited the UN have taken part in bilateral meetings with UNAIDS (Dr. Meter Piot)</i>	

### III. Prevention<sup>11</sup>

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

**Yes**      No      N/A

<sup>11</sup> Strategies/policies discussed under *Prevention* may be included in the national strategy/action framework discussed in I.1 or separate

1.1 In the last year, did you implement an active programme to promote accurate HIV/AIDS reporting by the media?

Yes

No

Comments:

A plan developed by the government has been implemented as well as a specific program financed by the World Fund and free space have been negotiated in the main media and in coordination with UNICEF an award has been given to the best work published in the year. The MSPAS has a communication manager.

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

Yes

No

N/A

2.1 Is HIV education part of the curriculum in

primary schools

Yes No

secondary schools Yes No

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

Yes

No

Comments:

The Ministry of Education has developed educational guidelines which are progressively expanded to cover the whole national territory. Many teachers have been trained to develop this curriculum in their classes.

3. Does your country have a policy or strategy to promote IEC and other preventive health interventions for most-at-risk populations?

Yes

No

N/A

3.1 Does your country have a policy or strategy for these most-at-risk populations?

Injecting drug users, including:	Yes	No	N/A
- Risk reduction information, education and counselling?	Yes	No	
- Needle and syringe programmes?	Yes	No	
- Treatment services?	Yes	No	
- If yes, drug substitution treatment?	Yes	No	
M In who have sex with men?	Yes	No	N/A
Sex workers?	Yes	No	N/A
Prison inmates?	Yes	No	N/A
Cross-border migrants, mobile populations	Yes	No	N/A
Refugees and/or displaced populations?	Yes	No	N/A
Other most-at-risk populations? Please specify	Yes	No	N/A

Comments:

Uniformed population (Armed forces and Civil National Policy) and transporters

4. Does your country have a policy or strategy to expand access, including among most-at-risk populations, to essential preventative commodities? (These commodities include, but are not limited to, access to VCT, condoms, sterile needles and STD drugs)

Yes No N/A

Do you have programmes in support of the policy or strategy?

A social marketing programme for condoms?	Yes No
A blood safety programme?	Yes No
A programme to ensure safe injections in health care settings?	Yes No
A programme on ante-natal syphilis screening	Yes No
Other programmes? <i>Please specify</i>	

Comments:

Overall, how would you rate policy efforts in support of prevention?	
2005	Poor <span style="float: right;">Good</span>
	0 1 2 3 4 5 6 7 8 9 10
2003	Poor <span style="float: right;">Good</span>
	0 1 2 3 4 5 6 7 8 9 10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: better coordination among the organisations and more human and financial resources given to the programme at national level. There are also better tools and strategies for the IEC.</i>	

5. Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV prevention policy/strategy?

(Check all programmes that are implemented beyond the pilot stage to a significant portion in both the urban and rural populations).

	2003	2005
a. A programme to promote accurate HIV/AIDS reporting by the media.	a. <input checked="" type="checkbox"/>	a. <input checked="" type="checkbox"/>
b. A social marketing programme for condoms	b. <input checked="" type="checkbox"/>	b. <input checked="" type="checkbox"/>
c. School-based AIDS education for youth	c. <input type="checkbox"/>	c. <input checked="" type="checkbox"/>
d. Behaviour change communications	d. <input type="checkbox"/>	d. <input checked="" type="checkbox"/>
e. Voluntary counselling and testing	e. <input checked="" type="checkbox"/>	e. <input checked="" type="checkbox"/>
f. Programmes for sex workers	f. <input type="checkbox"/>	f. <input checked="" type="checkbox"/>
g. Programmes for Men In who have sex with men	g. <input type="checkbox"/>	g. <input checked="" type="checkbox"/>
h. Programmes for injecting drug users, if applicable	h. <input type="checkbox"/>	h. <input type="checkbox"/>

i. Programmes for other most-at-risk populations	i. <input checked="" type="checkbox"/>	i. <input checked="" type="checkbox"/>
j. Blood safety	j. <input checked="" type="checkbox"/>	j. <input checked="" type="checkbox"/>
k. Programmes to prevent mother-to-child transmission of HIV	k. <input checked="" type="checkbox"/>	k. <input checked="" type="checkbox"/>
l. Programmes to ensure universal precautions in health care settings	l. <input checked="" type="checkbox"/>	l. <input checked="" type="checkbox"/>

Overall, how would you rate the efforts in the implementation of HIV prevention programmes?											
2005	Poor					Good					
	0	1	2	3	4	5	6	7	8	9	10
2003	Poor					Good					
	0	1	2	3	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: more personnel belonging to public establishments and NGO have been trained. Also there has been an educational effort made by the Ministry of Education, the volunteers and groups of previously trained adolescents.</i>											

#### IV. Care and support<sup>12</sup>

- Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with sufficient attention to barriers for women, children and most-at-risk populations? (Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)

Yes       No       N/A

- Which of the following activities have been implemented under the care and treatment of HIV/AIDS programmes?

	2003	2005
HIV screening of blood transfusion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Universal precautions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Treatment of opportunistic infections (OI)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Antiretroviral therapy (ART)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutritional care		<input checked="" type="checkbox"/>
STI care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family planning services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychosocial support for PLHIV and their families		<input checked="" type="checkbox"/>
Home-based care		<input checked="" type="checkbox"/>
Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cotrimoxazole prophylaxis among HIV-infected people	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Post exposure prophylaxis (e.g. occupational exposures to HIV, rape)		<input checked="" type="checkbox"/>
Other: (please specify)		

<sup>12</sup> Strategies/policies discussed under *Care and Support* may be included in the national strategy/action framework discussed in I.1 or separate

Comments:

Overall, how would you rate the efforts in care and treatment of the HIV/AIDS programme?											
2005	Poor								Good		
0 1 2 3 4 5 6 7 8 9 10											
2003	Poor								Good		
0 1 2 3 4 5 6 7 8 9 10											
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: There are more resources, regulations, laboratories, and good logistics.. The therapy has been decentralised to 16 hospitals and the resources to make voluntary tests are present in 150 establishments plus two mobile laboratory units at the national level. training of human resources</i>											

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

Yes No N/A

- 3.1 IF YES, Is there an operational definition for OVC in the country? Yes, No

IF YES, please provide definition: \_\_\_\_\_

- 3.2 Which of the following activities have being implemented under OVC programmes?

	2003	2005
School fees for OVC		
Community programmes		
Other: (please specify)	X	x

Comments:

*There is a special care programme in a paediatric hospital (CENID) as well as a special care Center under the responsibility of a humanitarian organisation. (Albergue para pacientes in fase Terminal Reina de laPaz (San Marcos) Another special care Center is attending orphans, Jardín de Amor.*

Overall, how would you rate the efforts to meet the needs of OVC?											
2005	Poor								Good		
0 1 2 3 4 5 6 7 8 9 10											
2003	Poor								Good		
0 1 2 3 4 5 6 7 8 9 10											
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: the efforts made and the results achieved with the participation of the government and humanitarian organisations are remarkable.</i>											

## V. Monitoring and Evaluation<sup>13\*</sup>

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

Yes  No  In progress *Years covered:*

1.1. IF YES, was it endorsed by key partners in evaluation?

Yes  No

*Comments:*

### **Implementation of the System (SIME)-**

1.2. Was the M&E plan developed in consultation with civil society, PLHIV?

Yes  No

2. Does the M&E plan include?

- data collection, analysis, reporting and information feed back

Yes  No

- well defined standardized set of indicators

Yes  No

- guidelines on tools for data collection

Yes  No

- a data management plan

Yes  No

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

Yes  No  In progress *Years covered:*

3.1 If yes, has funding been secured?

Yes  No

4. Is there a Monitoring and Evaluation functional Unit or Department?

Yes  No  In progress

---

<sup>13</sup> The whole M&E section is relevant for the "Third One"

IF YES,

Based in NAC or equivalent?	Yes	No
Based in Ministry of Health?	Yes	No
Elsewhere?	Yes	No

4.1 If yes, are there mechanisms in place to ensure that all major implementing partners submit their reports to this Unit or Department?

Yes No

Comments:

The SIME developed with funds of the World Fund is used. Civil servants of various public and private institutions have been trained to implement it. As we are still in the first stage of its implementation, there are still organisations which either do not report or make omissions that are corrected. It is an ongoing process and it needs more time to get a national and universal application.

4.2 Is there a full time officer responsible for monitoring and evaluation activities of the national programme?

Yes full time Yes part-time No M&E officer

4.3 IF YES, since when? : Year 2004.

5. Is there a committee or working group that meets regularly coordinating M&E activities, including surveillance?

Yes regular Yes irregular No Date last meeting:

5.1 Does it include representation from civil society, PLHIV?

Yes No

6. To what degree (*Low to High*) are UN, bi-laterals, other institutions sharing M&E results?

Low High  
0 1 2 3 4 5 6 7 8 9 10

Comments:

7. Have individual agency programmes been reviewed to harmonize M&E indicators with those of your country?

Yes No N/A

8. Does the M&E Unit manage a central national database?

Yes No



## PART B

### I. Human rights

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

Yes

No

N/A

*Comments:*

2. Does your country have non-discrimination laws or regulations which specify protections for certain **groups** of people identified as being especially vulnerable to HIV/AIDS discrimination (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?

Yes

No

N/A

*IF YES, please list groups:* *the entire population of the Armed Forces*

3. Does your country have laws and regulations that present obstacles to effective HIV prevention and care for most-at-risk populations?

Yes

No

N/A

*IF YES, please list:*

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

Yes

No

N/A

*Comments:*

*Politica and P IN 2005-2010.*

5. Has the Government, through political and financial support, involved vulnerable populations in governmental HIV policy design and programme implementation?

Yes

No

N/A

*IF YES, give examples:*

*There is a public policy implemented by the Public Policy, a specific law and its regulation as well as a growing trend regarding the funds given by the Government to finance all the efforts of prevention, promotion, education, handling and antiretroviral treatments. Any person currently needing treatment in accordance with the Protocol of handling has it.*

6. Does your country have a policy to ensure equal access, between Men and women, to prevention and care?

Yes

No

N/A

Comments:

7. Does your country have a policy to ensure equal access to prevention and care for most-at-risk populations?

Yes

No

N/A

Comments:

8. Does your country have a policy prohibiting HIV screening for general employment purposes (appointment, promotion, training, benefits)?

Yes

No

N/A

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

Yes

No

N/A

9.1 IF YES, does the ethical review committee include civil society and PLHIV?

Yes

No

N/A

Comments: *There is a bio-ethic national Committee including churches, civil societies*

10. Does your country have the following monitoring and enforcement mechanisms?

- Collection of information on human rights and HIV/AIDS issues and use of this information in policy and programme development reform

Yes

No

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

Yes No

- Establishment of focal points within governmental health and other departments to monitor HIV-related human rights abuses

Yes No

- Development of performance indicators or benchmarks for compliance with human rights standards in the context of HIV/AIDS efforts

Yes No

11. Have members of the judiciary been trained/sensitized to HIV/AIDS and human rights issues that may come up in the context of their work?

Yes No

12. Are the following legal support services available in your country?

- Legal aid systems for HIV/AIDS casework

Yes No

- State support to private sector laws firms or university based centers to provide free pro bono legal services to people living with HIV/AIDS in areas such as discrimination

Yes No

- Programmes to educate, raise awareness among people living with HIV/AIDS concerning their rights

Yes No

13. Are there programmes designed to change **societal attitudes** of discrimination and stigmatization associated with HIV/AIDS to understanding and acceptance?

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV/AIDS?	
2005	Poor <span style="float: right;">Good</span>
0 1 2 3 4 5 6 7 8 9 10	
2003	Poor <span style="float: right;">Good</span>
0 1 2 3 4 5 6 7 8 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: in 2003, no legal provisions existed. There was no Policy of Integral care.</i>	
Overall, how would you rate the effort to enforce the existing policies, laws and	

regulations?	
2005	Poor <span style="float: right;">Good</span>
0 1 2 3 4 5 6 <b>7</b> 8 9 10	
2003	Poor <span style="float: right;">Good</span>
0 1 2 3 4 <b>5</b> 6 7 8 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	

## II. Civil society participation

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

*Low* *High*  
 0 1 2 3 4 5 6 7 8 **9** 10

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

*Low* *High*  
 0 1 2 3 4 5 6 7 8 9 **10**

3. To what extent the complimentary services provided by civil society to areas of prevention and care are included in both the National Strategic plans and reports?

*Low* *High*  
 0 1 2 3 4 5 6 7 **8** 9 10

4. Has your country conducted a National Periodic review of the Strategic Plan with the participation of civil society in:

**Yes** *No* *N/A*

Month November..... Year 2005.....

5. To what extent your country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an independent national/local ethical review committee *in which PLHIV and caregivers participate?*

*Low* *High*  
 0 1 2 3 4 **5** 6 7 8 9 10

Overall, how would you rate the efforts to increase civil society participation?	
2005	Poor <span style="float: right;">Good</span>
0 1 2 3 4 5 6 7 8 <b>9</b> 10	
2003	Poor <span style="float: right;">Good</span>
0 1 2 3 4 5 6 7 <b>8</b> 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	

### III. Prevention

- Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV prevention policy/strategy?

*(Check all programmes that are implemented beyond the pilot stage to a significant portion of both the urban and rural populations).*

	2003	2005
A programme to promote accurate HIV/AIDS reporting by the media.	a. _____	a. <u>  x  </u>
A social marketing programme for condoms	b. <u>  x  </u>	b. <u>  x  </u>
School-based AIDS education for youth	c. _____	c. <u>  x  </u>
Behaviour change communications	d. _____	d. <u>  x  </u>
Voluntary counselling and testing	e. <u>  x  </u>	e. <u>  x  </u>
Programmes for sex workers	f. <u>  x  </u>	f. <u>  x  </u>
Programmes for Men who have sex with men	g. _____	g. <u>  x  </u>
Programmes for injecting drug users, if applicable	h. _____	h. _____
Programmes for other most-at-risk populations*	i. <u>  x  </u>	i. <u>  x  </u>
Blood safety	j. <u>  x  </u>	j. <u>  x  </u>
Programmes to prevent mother-to-child transmission of HIV	k. <u>  x  </u>	k. <u>  x  </u>
Programmes to ensure safe injections in health care settings	l. <u>  x  </u>	l. <u>  x  </u>

\* Please define Those wearing a Uniform, Transporters

Overall, how would you rate the efforts in the implementation of HIV prevention programmes?	
2005	Poor <span style="float: right;">Good</span>
0 1 2 3 4 5 6 7 <b>8</b> 9 10	
2003	Poor <span style="float: right;">Good</span>
0 1 2 3 4 5 <b>6</b> 7 8 9 10	
<i>In case of discrepancies between In 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	

#### IV. Care and support

1. Which of the following activities have been implemented under the care and treatment of HIV/AIDS programmes?

	2003	2005
HIV screening of blood transfusion	X	X
Universal precautions	X	X
Treatment of opportunistic infections (OI)		X
Antiretroviral therapy (ART)	X	X
Nutritional care		X
STI care	X	X
Family planning services	X	X
Psychosocial support for PLHA and their families	X	X
Home-based care		X
Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	X	X
Cotrimoxazole prophylaxis among HIV-infected people	X	X
Post exposure prophylaxis (e.g. occupational exposures to HIV, rape)		X
Other: (please specify)		

Overall, how would you rate the care and treatment efforts of the HIV/AIDS programme?												
2005	Poor									Good		
		0	1	2	3	4	5	6	7	8	9	10
2003	Poor									Good		
		0	1	2	3	4	5	6	7	8	9	10
<i>In case of discrepancies between In 2003 and 2005 rating, please provide main reasons supporting such difference:</i>												

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

**Yes**

No

N/A

- 2.1 Which of the following activities have been implemented under the OVC programmes?

	2003	2005
School fees for OVC		
Community programmes		
Other: (please specify)	X	x

*Comments:*

Overall, how would you rate the efforts to meet the needs of OVC?												
2005	Poor									Good		
		0	1	2	3	4	5	6	7	8	9	10
2003	Poor											Good
		0	1	2	3	4	5	6	7	8	9	10
<p><i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: There is a special care programme in a paediatric hospital (CENID) as well as a special care Center under the responsibility of a humanitarian organisation. Albergue para pacientes in fase Terminal Reina de la Paz (San Marcos) Another special care Center is attending orphans, Jardín de Amor.</i></p>												