



Custom analysis extract of:
UNGASS - National Composite Policy Index (NCPI) 2007

Asia and Pacific
Marshall Islands

COUNTRY:

Marshall Islands

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:	Name/Position	Godfrey Waidubu
Position:		Director
Position:	Full time/Part time	Full time
Position:		Chief of Economic Policy& Strategic Development
Position:	Full time/Part time	Full time
Position:	Since when?	2006
Position:		Chief Strategic Collection and Analysis
Position:	Full time/Part time	Full time
Position:		Chief Performance, Monitor and Evaluation AID Coordinator

Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time

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

Yes

IF YES, period covered:

2006-2009 (still pending completion)

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

2

1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	No
Transportation:	Strategy/Action framework	Yes
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
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
Other*::	Strategy/Action framework	Yes
Other*::	Earmarked budget	No

IF NO earmarked budget, how is the money allocated?

The Ministry of Health acts as the central coordinating body for HIV related activities. They work closely with other ministries to provide funding and activities that have been identified by other ministries as priorities. Outside of the Ministry of Health only the Ministry of Education have specific allocated funding for HIV programmes.

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations:	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	No
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2005

1.5 What are the target populations in the country?

The NHSAP targets the general population; it also looks at providing programmes within specific settings; which focuses on youth (12-24), church groups, women's group, men's groups, seafarers, men who have sex with men, commercial sex workers, transactional sex workers

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	Yes
c. Detailed budget of costs per programmatic area? :	Yes
d. Indications of funding sources?:	Yes
e. Monitoring and Evaluation framework? :	Yes

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

Active involvement

IF active involvement, briefly explain how this was done:

All key partners were involved in the development of the plan, as the level of knowledge and awareness of the HIV in the Marshalls amongst the general public is quite low it was difficult to get the involvement of PLWHA in the process
YTYIH and WUTMI are two civil organizations that have expanded there health education and promotion activities including development of LSBE of peer and community health education activities.

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?

Yes, some partners

IF SOME or NO, briefly explain

Marshall Islands have aligned there Plan with the Pacific Regional Strategy, UNGASS and the MDGs, however have not had the resources to look at Universal Access

2. Has the country integrated HIV and AIDS into its general development plans such as:

- a) National Development Plans,
- b) Common Country Assessments/United Nations Development Assistance Framework,
- c) Poverty Reduction Strategy Papers,
- d) Sector Wide Approach?

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

- a) National Development Plans:
- b) Common Country Assessments/United Nations Development Assistance Framework:
- c) Poverty Reduction Strategy Papers:
- d) Sector Wide Approach:

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

HIV Prevention:	Development Plans	a) / b) / c) / d)
Treatment for opportunistic infections:	Development Plans	b) / d)
Antiretroviral therapy:	Development Plans	b) / d)
Reduction of stigma and discrimination:	Development Plans	b) / d)
Women's economic empowerment (e.g. access to credit, access to land, training):	Development Plans	b) / d)

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

No

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

No

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

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

1. HIV Testing is mandatory for: Taxi Drivers and Food Handlers, 2 Migrants, TB Patients, STD Clients, Pre natal mothers, Contract employees

2. Voluntary CCT is done and Doctors can request HIV with Consent.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

No

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?

No

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

No

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?

1. Pre natal mothers
2. STD clients
3. Immigrants
4. High School students
5. College students
6. Food handlers

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

Yes

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

By 2 urban centres – Majuro, Ebeye

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

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

2007: 7

2005: 4

Comments on progress made in strategy planning efforts since 2005:

1. Capacity building for health workers has improved.
2. Increase in awareness amongst both staff and the community
3. Quality of treatment services has improved
4. Further development of the National HIV Strategic Action Plan
5. Greater commitment to providing HIV/AIDS services by the government
6. Improvement of the HIV protocols e.g. Counseling, (VCCT)

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

President/Head of government : Yes

Other high officials : Yes

Other officials in regions and/or districts : Yes

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1985

2.2 IF YES, who is the Chair?

Name: Dr Brian

Title/Function: Director of Public Health

2.3 IF YES, does it:

have terms of reference? :	No
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	No
include the private sector?:	Yes
have an action plan?:	Yes
have a functional Secretariat? :	No
meet at least quarterly?:	No
review actions on policy decisions regularly?:	No
actively promote policy decisions?:	No
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	No

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	No
Defined membership :	No
Action plan :	No
Functional Secretariat :	No
Regular meetings (*):	No

IF YES, What are the main achievements?

The HIV and AIDS body had been inactive
Did not know and understand the impact of HIV infection

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

Cultural factors which could counteract the effectiveness of policies

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

1

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building :	Yes

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

No

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

2007:	6
2005:	3

Comments on progress made in political support since 2005:

Since 2005 improvements have been made by leaders to promote and support HIV awareness, however there is a need to review and enhance current laws and policies.

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

No

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

Yes

2.1 Is HIV education part of the curriculum in

primary schools? :	Yes
secondary schools? :	Yes
teacher training? :	Yes

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

Yes

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes

3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?

No

IF NO, briefly explain:

Policies on Health education for RMI Ministry is based on principal to target whole population rather than categories in the of population
Does not specifically target/vulnerable groups

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

2007:	6
2005:	4

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

No significant progress has been made, however improvements have been made at the service delivery area.

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

Yes

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

Blood safety:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	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	all 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	N/A
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	all districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	all 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	all districts* in need
HIV prevention in the workplace:	The activity is available in	all districts* in need

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

2007:	7
2005:	5
2007:	7
2005:	4

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

A lot of progress has been made with teamwork. The HIV Team is also involved in capacity building activities within country and overseas. Production and dissemination of IEC materials has increased as well health promotion activities within communities, e.g. seminars

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

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

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	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	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
Antiretroviral therapy:	The service is available in	all 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	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
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?

Yes

4.1 IF YES, for which commodities?:

ARV, condoms, opportunistic medication, testing kits

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

No

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

Not Applicable

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

In Progress

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : Yes

a data dissemination and use strategy : Yes

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

In progress

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

Yes

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

in the NAC (or equivalent)? : No

in the Ministry of Health? : No

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

**

Number of permanent staff:

4

Number of temporary staff:

2

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

Yes

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

There is a need to feedback in relation to reports that are submitted, no feedback is being received at the service delivery level.

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

3

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

No

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

No

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

National level : Yes

Sub-national level (*): Yes

(*)If there is a functional sub-national HIS, at what level(s) does it function?

Ebeye and Majuro and Outer Islands

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?

1. Used in the improvement of programmes
2. Reviewing the list for mandatory requirements
3. Strategies for expanding and addressing specific groups and situations.

What are the main challenges to data use?

1. Lack of feedback at the service delivery level
2. Availability of information

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

At national level? : Yes
At national level? : IF YES, Number of individuals trained: 5
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: 5
2005: 4

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.)

No

1.1 IF YES, specify:

However the constitution protects the rights of all individuals against discrimination

(1) All persons are equal under the law and are entitled to the equal protection of the laws.

(2) No law and no executive or judicial action shall, either expressly, or in its practical application, discriminate against any person on the basis of gender, race, color, language, religion, political or other opinion, national or social origin, place of birth, family status or descent.

(3) Nothing in this Section shall be deemed to preclude non-arbitrary preferences for citizens pursuant to law.

Section 15. Health, Education, and Legal Services.

The Government of the Republic of the Marshall Islands recognizes the right of the people to health care, Education, and legal services and the obligation to take every step reasonable and necessary to provide these services. [By way of Constitutional Amendment #1, the term "Marshall Islands" as that term is first used herein, was replaced with the term "Republic of the Marshall Islands"]

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

No

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

No

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

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

No

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

No

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:

1. There is currently only 1 person receiving ART in Majuro and 1 on Ebeye however the Marshalls are planning ahead in terms of an increase in numbers that will require treatment.
2. Ministry of Health looking at strengthening response in terms of prevention with coverage throughout the Marshalls and not just the main centres
3. Marshalls also recognize that there is a need to look at offering confidential HIV services, however given the low prevalence and the lack of HIV knowledge amongst the public, this may be a long way of.
4. Also acknowledge that there is a need to look at services that are accessible, however as advised providing confidential services is an issue. (High school nurses and clinics)?

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?

No

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

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: No

- 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

13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

No

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

Legal aid systems for HIV and AIDS casework: Yes

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

Programmes to educate, raise awareness among people living with HIV concerning their rights: No

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: 5

2005: 3

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

Since 2005 the HIV Strategic Plan has been developed with a deadline set for completion by Feb 2008. The Strategic Plan outlines the need to look at legislation that provides an environment that is supportive of PLWHA so they are able to live normal productive lives without the fear of discrimination or stigma.

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: 3

2005: 2

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

Although HIV has been given priority by the government through the Ministry of Health, this area still requires a lot of attention. It has been identified that a review of laws and regulations that relate to HIV needs to be undertaken so that they are relevant to the Marshalls current situation. As mentioned previously the CPG have this as a priority activity once their body has been improved by cabinet.

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)

4

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?: 3

b. in the national budget?: 1

4. Has the country included civil society in a National Review of the National Strategic Plan?

No

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:

- Faith Based organisations
- Women's
- Youth
- Media
- Sporting committees
- Community based groups
- Educational institutions
- Chamber of Commerce

6. To what extent is civil society able to access

- a. adequate financial support to implement its HIV activities?: 3
- b. adequate technical support to implement its HIV activities?: 3

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

- 2007: 7
- 2005: 2

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

Civil Society and the government have enjoyed good relations in working together to combat HIV, it is recognized by both parties that given the size of the Marshalls that a good relationship is critical if HIV is to be addressed effectively.

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	all 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	N/A
Risk reduction for sex workers:	The service is available in	all 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	all districts* in need
Programmes for out-of-school young people:	The service is available in	all districts* in need

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

Yes

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

2007: 7

2005: 4

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%

Prevention for MSM : <25%

Prevention for sex workers : <25%

Counselling and Testing : <25%

Clinical services (OI/ART)* : <25%

Home-based care : <25%

Programmes for OVC** : <25%

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

No

Uniting the world against AIDS