

Suriname Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: The Research, Planning and Monitoring Unit of the Ministry of Health were part of the report writing process. The different departments involved in HIV were asked to provide information relevant to their field of work. The civil society and UN agencies in country were also part of the process by filling out the NCPI part B

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Since there have been recent in-country discussions during the Mid-Term Review and Treatment 2.0 consultations' meetings, most of the information for this report was taken out of these discussions. A national consensus meeting was therefore not held, however if additional information was needed, the different stakeholders were contacted to discuss the analysis process and the results.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): Although there has been an increase in available data, the need for additional operational research to explain and validate certain findings became evident during the writing process.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Ministry of Health	Dr M.Eersel, Director of Health	A1,A2,A3,A4,A5,A6
Ministry of Health	Dr M.Algoe, Head of Reseach, Planning and Monitoring	A1,A2,A3,A4,A5,A6
Ministry of Health	Dr D Stijnberg, HIV M&E Officer	A1,A2,A3,A4,A5,A6
Ministry of Health	Dr M Holtuin, Focal Point NAP	A1,A2,A3,A4,A5,A6
Ministry of Health	Ashvini Gangadin, Lawyer	A1,A2,A3,A4,A5,A6
Ministry of Labor		A1,A2,A3,A4,A5,A6
Ministry of Education	Rahiema Kalloe	A1,A2,A3,A4,A5,A6
Ministry of Education	Hilly Dinmohammed	A1,A2,A3,A4,A5,A6
Ministry of Social Affairs	Nathalie Valpoort	A1,A2,A3,A4,A5,A6
Ministry of Social Affairs	Ingrid Corinde	A1,A2,A3,A4,A5,A6

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
PAHO/WHO SURINAME	Dr R. Eersel, HIV/STI Advisor	B1,B2,B3,B4,B5
UNICEF SURINAME	Elly van Kanten, HIV officer	B1,B2,B3,B4,B5
UNFPA SURINAME	Ingrid Caffé, HIV officer	B1,B2,B3,B4,B5
UNDP SURINAME	Miriam Hubbard, Governance Programme Officer	B1,B2,B3,B4,B5
St Lobi Foundation	Nancy Bandhoe, Director	B1,B2,B3,B4,B5
He & HIV Foundation	Maarten Colom , Director	B1,B2,B3,B4,B5
SMU	Kenneth van Emden, Director Suriname Men United	B1,B2,B3,B4,B5
Foundation Liefde Volle Handen	Diana Blinker, Coordinator	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: NSP HIV/AIDS 2004-2008 & 2009 - 2013

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Since the implementation of the national multisectoral strategy, there has been an increase in the number of people who are getting tested. There has also been a decline in the percentage of infections and a better awareness of the disease. The mortality rates also declined because of the medicines

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Ministry of Health

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other: Civil Society

Included in Strategy: Yes

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: No

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: No

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]:

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) **Formal programme goals?:** No

b) **Clear targets or milestones?:** No

c) **Detailed costs for each programmatic area?:** No

d) **An indication of funding sources to support programme implementation?:** No

e) **A 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?: Moderate involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: Civil society is part of the national planning and consultation processes in HIV treatment and care. MoH supports civil society activities but not to its full extend MoH provides capacity building activities for civil society

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: No

National Social Protection Strategic Plan: No

Sector-wide approach: No

Other [write in]: There are specific social security measures aimed at PLWHIV

: Yes

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: No

HIV impact alleviation (including palliative care for adults and children): No

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: No

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: No

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): No

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 3

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: Please include information as to how this has

impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications? Focused on access to care: increasing insurance coverage and equality in insurance coverage. For example in 2013 introduced free health insurance for 0-17 and > 60 years (BZSR= basic health insurance of Self Reliance) There are also pilot projects/ clinics (OSS) in integrating NCD care with HIV care.

5. Are health facilities providing HIV services integrated with other health services?

- a) HIV Counselling & Testing with Sexual & Reproductive Health:** Many
- b) HIV Counselling & Testing and Tuberculosis:** Few
- c) HIV Counselling & Testing and general outpatient care:** Many
- d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** Many
- e) ART and Tuberculosis:** Many
- f) ART and general outpatient care:** Many
- g) ART and chronic Non-Communicable Diseases:** Many
- h) PMTCT with Antenatal Care/Maternal & Child Health:** Many
- i) Other comments on HIV integration:** :

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in your country’s HIV programmes in 2013?: 7

Since 2011, what have been key achievements in this area: Key achievements in strategy planning efforts have been: The management of the PMTCT program: integrating PMTCT in antenatal care; the introduction of a focal point PMTCT leading to decrease in MTCT of HIV Third HIV treatment guidelines developed in 2009; process of updating these guidelines has been initiated. Option B+ is being advocated and provided in favourable conditions. More access to HIV testing is now available (three times as much in pregnant women). Early infant diagnosis of HIV is available There is nationwide use of ARVs, free of charge and fixed dose combinations are available. In 2012, 71.4 % of PLHIV started on the preferred first line regimen (AZT, 3TC/NVP). Demonstrated country ownership in providing finances to sustain the HIV response in the phase of declining donor funds; 0-5% is external funding Initiation to integrate HIV as chronic disease in the health services with other chronic diseases (NCDs) NGO’s are involved in providing HIV services

What challenges remain in this area: The national coordination, policy and capacity building needs to be integrated successfully in national health policies. The HIV treatment guidelines entail starting ART with a CD4 count of 200. Considering the latest 2013 WHO HIV guidelines of initiating ART with a CD4 count of 500, there is a need to revisit the national guidelines There are still some regimens in use that are potentially more toxic than the combinations that are now advocated by the WHO. Rapid testing is not readily available or used at every moment of the day in all hospitals. And testing coverage among identified groups is not clear and there is also no linkage to care. There is a need to expand the testing coverage and have systems in place to link those in need of care There is an increase in male hospitalizations, possibly a sign of increased late HIV diagnosis in males. 37% of patients have a first CD4 count below 200 Retention in care is a challenge; in 2012 there was a loss to follow-up of 31% In 2012, there were some stock-outs in ARVs; no written stock-out prevention plans are available

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Suriname facilitated and hosted the Caribbean PAHO Sustaining HIV treatment meeting in May 2013

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed?: Yes, till 2012 there was a HIV board; Now we have a Platform Treatment & Care.

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: The National HIV coordination body is chaired by the Permanent Secretary of Health (Director of Health)

Have a defined membership?: Yes

IF YES, how many members?: The HIV council consists of staff of the MoH involved in HIV policy making, clinicians involved in treating PLWHIV, staff of the Ministries of Labor, Legal affairs, Social affairs, Education

Include civil society representatives?: Yes

IF YES, how many?: CCM Members

Include people living with HIV?: Yes

IF YES, how many?: 1

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: The national HIV board and The national platform for HIV treatment and care established interdepartmental and intradepartmental coordination of the HIV program. Increasing the number of people on treatment, sustaining social support for PLWHIV, creating workplace policies that adhere to ILO conventions, adapting sexual education in schools

What challenges remain in this area:: Sustaining the work of this national board and the national treatment platform. Charting donor activities to prevent duplication of efforts is a challenge

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 19

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: There are Laws in the process of being amended as a result of the PANCAP migrant project .

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: One inconsistency in the anti-stigma and discrimination policy is the difference in the age of consent for sexual activity, which is 16 for heterosexual couples and 21 for same sex couples.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 7

Since 2011, what have been key achievements in this area:: Country ownership

What challenges remain in this area:: Country ownership

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: Article 8 of the constitution of Suriname: 1. All who are within the territory of Suriname have an equal claim to protection of person and property 2. No one may be discriminated against on the grounds of birth, sex, race, language, religious origin, education, political beliefs, economic position or any other status

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Cases can be brought to court

Briefly comment on the degree to which they are currently implemented:: PLHIV are hesitant to come forward because of stigma (even if it is self-perceived stigma)

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: • Different age of consent for opposite and same sex conduct. • No condoms distributed in prison, but detainees are cared for and treated if found HIV positive • Health care providers are not allowed to test and treat under 16s without consent of their parents

Briefly comment on how they pose barriers:: • Different age of consent for opposite and same sex couples marginalizes same sex couples, can also have negative effect on preventive measures and getting tested • No condoms in prison lead to high risk sexual encounters in prisons. • The parental consent for HIV testing can prevent sexual active youth to go in for an HIV test.

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: No

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]:

: No

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

2. Does the country have a policy or strategy to promote life-skills based HIV 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 include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: 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 and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: • Activities that combat stigma and discrimination • Outreach activities under vulnerable groups • Capacity building activities in vulnerable groups

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs:

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates:

Other populations [write in]: Youth

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?: 7

Since 2011, what have been key achievements in this area:: • Decrease in number new persons testing positive. • Suriname mapping report of migrant populations under the PANCAP migrant project • EIC material produced as a result of the mapping report of the migrant populations • As a result of cooperation between Brazil and Suriname NGO’s were trained in communicating HIV prevention to youth

What challenges remain in this area:: According to the midterm review of progress toward the ten political declaration targets in Suriname: • Absence of a national communication strategy on STI prevention • High risk groups are hard to reach and “hidden” • Prevention interventions and outreach have not been maintained over time

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Outcome of the review of the ten political targets of UNAIDS June 2013

IF YES, what are these specific needs? : According to midterm review of progress towards the ten political declaration targets specific needs are • Strengthening the inter-sectoral approach to HIV • Strengthening evidence -based interventions • Development and communication of a National HIV communication strategy

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings:

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: • Increase access to testing and ART • Organize psychosocial care structures for PLWHIV

Briefly identify how HIV treatment, care and support services are being scaled-up?: • Increase access and availability of HIV testing and ART • HCW capacity development • Psychosocial support programs scaled -up and coordinated by the MOH • Sustaining political commitment to reducing the impact of HIV/ AIDS

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

Economic support: N/A

Family based care and support: N/A

HIV care and support in the workplace (including alternative working arrangements): N/A

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: N/A

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: • PLWHIV are eligible for small monthly allowance. • Some clinics offer support of social workers in house

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: No

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area?: • Increasing number of PLWHIV on treatment • Fewer HIV related deaths

What challenges remain in this area?: Linking and Retaining PLWHIV to care

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 7

Since 2011, what have been key achievements in this area:: • Successes in PMTCT program and HIV treatment reduces number of new OVC • Care and support for OVC by remaining family members is stimulated. • Acceptance of OVC in schools

What challenges remain in this area:: • Psychosocial problems of youth growing up with HIV • Self stigma • Poverty and socio-economic problems • Some OVCs still grow up in orphanages/ housing for adolescents is a challenge

A.VI Monitoring and evaluation

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

Briefly describe any challenges in development or implementation:: Challenges in implementation are related to human resources. Due to lack in human resources in regards to M&E not all can be implemented accordingly

1.1. IF YES, years covered: 2009 - 2013

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, some partners

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: High workload

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M&E Manager	Full-time	2008
M&E officer	Temps plein	
Data entry Personnel	Temps plein	
Members of the TWG M&E	Temps plein	

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Medical Students	Temps plein	2007

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms::

What are the major challenges in this area:: Major challenge is human resource. Due to few people with also other responsibilities is often difficult to produce reports in timely matter to be shared with others. All difficulties with data collection/entry makes in difficult

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: In the national database, testing, PMTCT, laboratory, and pharmacy data are gathered. These data are managed by the M&E officer of the MOH

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?: Content, some geographical coverage and some info about implementing organizations

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: SW, MSM, and for treatment adults and children based on estimates

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: No

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

Briefly explain how this information is used::

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any: Data is being used to decide on strategies for a good HIV response. Furthermore data is often used for allocation of funds in the development of proposals to external funders and for development of national strategic plan International reporting

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: TA programme to link different data-bases leading to development of a HIV epidemiology profile and a HIV treatment cascade for Suriname

11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 7

Since 2011, what have been key achievements in this area?: □ Regular studies among vulnerable group to inform decision making □ Being able to do reporting to external organizations □ Recently initial alignment of different HIV data sources □ Development of a HIV treatment cascade

What challenges remain in this area?: □ Human resource: for data entry, collection □ Data completeness: because information is not centralized often not all information is reported at all and /or not in a timely matter □ Quality of the incoming data

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 2

Comments and examples: □ Participation of civil society in drafting and executing the National Strategic Plan for HIV □ The civil society has not contributed to strengthening political commitment; moreover, it is only seen as a researcher in its field. □ LGBT platform has been established and have been able to advocate for their rights. □ One of their major activities, the Coming Out Week in 2013, was supported by the First Lady of Suriname with a public acknowledgment of their rights □ Suriname Men United launch a media campaign entitled "Ik ben Surinamer, gelijke rechten voor iedereen" in November /December 2013 □ PGA (parliamentarians for global action) workinggroup voiced themselves that they stand for equal rights for all including sexual orientation.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts): 3

Comments and examples: - Civil society has been involved as CCM members and representatives of civil society have participated in the Mid-term review of the 10 UN political targets and the discussion on the baseline situation analysis report on Treatment 2.0. - They will be involved in the preparation of the third National Strategic Plan as well as the concept note for Global Fund. - It was only in the draft reviewing process that Foundation He+HIV had some input. - We were attended to the meetings but never received a draft and no feedback

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 2

b. The national HIV budget?: 2

c. The national HIV reports?: 2

Comments and examples: □ For her HIV testing and counselling services at the Lobi Foundation, which are part of the NSP-policies, the organization can get support for clinical supplies from the Ministry of Health. □ NGO's are contracted by Sub-Recipient (Lobi Foundation, SMU, New Beginnings) of the Transitional Funding Mechanism Global Fund grant and also directly by the Ministry of Health. □ Civil society provides input in national HIV reports. □ The national HIV strategy makes mention of a lot of things, but in reality, they do not confer with the grass root NGO's. □ We don't have no knowledge in the national strategy, national HIV budget and national HIV reports.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2

c. Participate in using data for decision-making?: 2

Comments and examples: □ Ad-hoc participation of civil society in HIV M&E working groups. □ When it suits NAP, they can call the stakeholders, but actual decision making happens during meetings of “ consultants”

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3

Comments and examples: □ The TFM-project of the Ministry of Health financed by Global Fund and monitored by the Lobi Foundation is mainly implemented with NGO’s involved with or representing the target groups like MSMs and SWs. □ HIV efforts are mainly carried out by civil society, but there is a lack of diversity but there is a lack of diversity in types of organizations. □ Civil society partners/ networks with other organizations in the fight against HIV/AIDS.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 3

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples: □ Limited funding for HIV- activities, also given the fact that worldwide development aid is diminishing. □ Through international development partners □ We look for our own sponsors/ donors to finance our HIV activities.. □ The support is very poor

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

Prevention for key-populations:

People living with HIV: 25-50%

Men who have sex with men: 51-75%

People who inject drugs: 25-50%

Sex workers: 51-75%

Transgender people: 51-75%

Palliative care : 25-50%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: >75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): 25-50%

Home-based care: 51-75%

Programmes for OVC: 51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 5

Since 2011, what have been key achievements in this area: Increasing participation of NGOs in policy preparation, formulation and implementation. NGOs are involved in providing individual patient support through the system of buddy help and peer counsellors. This system is supported by the MoH with professional assistance from a psychologist. Civil society is also represented in the Country Coordinating Mechanism (CCM) for the Global Fund (GF) in Suriname and is, as a member of CCM, involved and informed about all HIV GF projects. The CCM has strengthened their role in the last years and are doing now supervisory visits in the field. The current HIV TFM GF project focuses on MSM and Sex Workers and NGOs are involved in providing services to the target groups. Trust and partnership among NGO’s has increased somewhat Civil society fights for inclusion in all decision making bodies to have a voice and to represent their constituencies

What challenges remain in this area: Integration of civil society services in national programming and budgeting. The NGOs make an important contribution to HIV care, however they report several challenges for sustaining their services. The challenges mentioned during a consultation round on baseline situation analysis report on Treatment 2.0 include: • Insufficient funds • Insufficient capacity in human resources (quantitative and qualitative) • Need for stronger regulatory and supportive role of government • Not enough feedback/ involvement in new developments • Stigma and discrimination • Legislation against stigma and discrimination absent /not enforced The MSM target group needs a specific approach. And the “guide book” has not been written yet. Under estimation of civil society to implement programs / projects Lack of civil society on the decision making entities

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes

IF YES, describe some examples of when and how this has happened: Civil society has been involved as CCM members and representatives of civil society have participated in the Mid-term review of the 10 UN political targets and the discussion on the baseline situation analysis report on Treatment 2.0. NGO’s are contracted by Sub-Recipient (Lobi Foundation) of the Transitional Funding Mechanism (TFM) Global Fund grant to implement activities of the GF proposal. The TFM focused on MSM and SWs Civil society provides input in national HIV reports. They will be involved in the preparation of the third National Strategic Plan as well as the concept note for Global Fund.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable subpopulations [write in]:

: Yes

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: Article 8 (sub 1 and 2) of the Suriname Constitution 1. All who are within the territory of Suriname shall have an equal claim to protection of person and property. 2. No one shall be discriminated against on the grounds of birth, sex, race, language, religious origin, education, political beliefs, economic position or any other status.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: People who feel that their rights are being infringed upon have the opportunity/freedom to bring a case forward against the Government. Although the current legal system provides ways to implement these laws they are not widely used.

Briefly comment on the degree to which they are currently implemented:: The Constitution is complied with fairly well. Openly discriminating is frowned upon, but in real life, gays are discriminated against

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: The law forbids presenting SRH information and commodities to people younger than 16 years old.

Briefly comment on how they pose barriers:

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: There are laws against domestic violence, violence in schools, stalking; populations included are women and children. There is a law providing women who are victims of violence to ask for specific protection e.g. through restraining orders. It is in effect. Surinamese law protects all women against any form of violence/assault.

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy: Human rights is mentioned as a principle in the HIV National Strategic Plan 2009-2013 (page 16). Human Rights are mentioned in the National Strategic Plan on HIV

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism: YES * General mechanisms exist , but not specifically for HIV. The institution dealing with these issues is a division of the Ministry of Labour. Organizations have their own ways to document and address those cases

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: The following subgroups have been identified as priority for HIV prevention: Youth/adolescents Sex workers/MSM Armed forces Pregnant women for PMTCT-services HIV+ for free ARV Pregnant women and unborn children and women and children

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: The Ministry of Health ensures health-care services to all people in the country Not aware of the content of the Policy but the NSP has some strategies

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: The Ministry of health ensures health care to all, regardless of nationality, sex and or sexual orientation.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law:: There are personal policy of some of the multinationals and food handling organizations

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

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

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

IF YES on any of the above questions, describe some examples: A subdivision within the Ministry of Labour records all cases of discriminatory conduct related to HIV. Moreover, Suriname signed the ILO conventions

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

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

a. Legal aid systems for HIV casework: No

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

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]: There are no national programmes, but NGO's have their own activities and also the regional GF PANCAP grant has activities in country on stigma & discrimination.

: Yes

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 5

Since 2011, what have been key achievements in this area: In 2013, the LGBT community launched a campaign to advocate for non-discrimination of people with a different sexual orientation (city walk and TV ads campaign). The Lesbian Bi- sexual Gay Transgender (LBGT) platform started their activities and was, formally, acknowledged by the government.

What challenges remain in this area: Absence of coordination mechanism (platform for promotion/protection of human rights in relation to HIV) More awareness amongst lawyers, judges, target groups and other civil society organizations how to use existing laws and the legal system to promote and protect human rights. This same government, still, will not give two gay men/ women legal marital status like heterosexuals.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 5

Since 2011, what have been key achievements in this area: To my knowledge no key achievements. The LBGT platform got permission and support to host its " Coming Out" activities since 10 October, 2011

What challenges remain in this area: Weak national capacity to coordinate, implement and monitor Though the LBGT population has a voice, it is still stifled and very weak. There is still so much to do and so many hurdles to take.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Surveys, national surveillance data, stakeholders consultation In collaboration with stakeholders (see the NSP) The needs assessment studies performed by the National Aids Programme (NAP) determined the specific need for HIV prevention.

IF YES, what are these specific needs? : Adolescents' friendly services Condom distribution Integrated HIV testing & counselling Appropriate information on HIV for target populations Better ART medicines, more access to healthcare for the target population.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Agree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Disagree

Universal precautions in health care settings: Agree

Other [write in]::

:

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 5

Since 2011, what have been key achievements in this area: Intersectoral PMTCT approach : Reduction in PMTCT Treatment coverage increased (Treatment as Prevention): increased access to ARVs for HIV+ The school-based HIV education system has been initiated by the Ministry of Education They have trained the major union (FOLS) to spread the message. The curriculum is constantly updated.

What challenges remain in this area: No national prevention program, including communication Difficult to reach specific target groups (partners of key populations, vulnerable populations) Limited dedicated budget for specific prevention programs special programs to reach vulnerable groups MSMs, SWs, HIV+ more research for evidence based data to adjust policies/programs In multi- racial Suriname, the diverse religious organizations, sometimes, tend to halt the teachers in spreading the message of abstinence/ safe sex.

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized: The National Strategic Plan provides this. Through a consultative process on the baseline situation analysis report on Treatment 2.0 held in November 2013, elements have been identified. Treatment protocols will be revised aligned with the 2013 WHO guidelines (after a costing study is conducted on changing the CD4 cell count threshold for initiation of ART from 200 (national guidelines) to 350 or 500). Care and support services have been identified as essential for implementation of Treatment 2.0

Briefly identify how HIV treatment, care and support services are being scaled-up?: HIV knowledge of doctors, paramedics, all in the field of medicine is constantly upgraded.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Agree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Disagree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area: Increased access and availability of HIV testing (VCT sites) and increased awareness of the need for testing through awareness and testing campaigns Sustained Political Commitment to reducing the impact of HIV/AIDS – The Government of Suriname through the Ministries of Health and Finance has increased their budget to sustain the HIV response in the phase of declining donor funds; presently 0-5% is external funding Strengthened Health Care Worker Capacity -- investments have been made in building the capacity of health care workers through training on treatment protocols and training psychosocial care. Reduction in MTCT increased access to ARVs for HIV+ Better contact with the Ministry of Social Affairs, better interaction between NGO's working in the field of HIV prevention, care and support.

What challenges remain in this area: What challenges remain in this area: Maintaining patient adherence to ARV regimens Maintaining current treatment and care standards, and also increasing quality of care, and number of people requiring care (CD 4 <350 or CD4 <500) Reluctance to access services due to perception of high levels of stigma and discrimination special programs to reach vulnerable groups MSMs, SWs, HIV+ more research for evidence based data to adjust policies/programs Distrust among NGO's, poor communication with the governmental agencies.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area: Reduction in MTCT increased access to ARVs for HIV+

What challenges remain in this area: Shifting the focus of care to one of "chronic care management" Adapting treatment protocols to treatment 2.0 standards Linking persons diagnosed with HIV to care and retaining them in care Adhering to treatment Increasing testing and counseling to reach vulnerable populations Strengthening psychosocial support special programs to reach vulnerable groups MSMs, SWs, HIV+ more research for evidence based data to adjust policies/programs