

## Survey Response Details

### Response Information

**Started:** 2/17/2010 10:48:09 AM

**Completed:** 3/12/2010 7:18:38 PM

**Last Edited:** 3/30/2010 3:14:45 PM

**Total Time:** 23.08:30:28.9700000

### User Information

**Username:** ce\_DZ

**Email:**

### Response Details

#### Page 1

**1) Country**

Algeria (0)

**2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

Pr DIF Abdelouahab

**3) Postal address:**

Etablissement hospitalier spécialisé el Adi Flici (El Kettar) Alger Algérie

**4) Telephone:**

Please include country code

+ 213 21620147

**5) Fax:**

Please include country code

+ 213 21962994

**6) E-mail:**

prdifabdelouahab@yahoo.fr

**7) Date of submission:**

Please enter in DD/MM/YYYY format

30/03/2010

#### Page 3

**8) Describe the process used for NCPI data gathering and validation:**

Organisation d'un séminaire atelier sur l'ICPN le 22 février 2010 avec la participation de tous les partenaires (institutions gouvernementales, société civile, agences du système des Nations unies, organismes bilatéraux et multilatéraux). Organisation d'un atelier de validation des données le 15 mars 2010 avec les mêmes partenaires.

9) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

le séminaire de validation sert à obtenir un consensus en cas de désaccord sur une réponse à telle ou telle question.

10)

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

aucune question n'a fait l'objet d'interprétation erronée ou de difficulté de compréhension.

**Page 4**

11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Comité National de Lutte contre le Sida	Pr DIF Abdelouahab, Président du CLNS	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Service des maladies infectieuses d'El Kettar	Pr AMRANE, Chef de service	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministère de la Santé de la Population et de la Réforme Hospitalière	BENMAKHLOUF Madjid, chargé du programme IST/VIH/sida	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministère de la Santé de la Population et de la Réforme Hospitalière	AIT OUBELI Kamel, Chef du programme IST/VIH/sida	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministère de l'Enseignement Supérieur et de la Recherche Scientifique	HACHEROUF Abdelmadjid, CES	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Ministère délégué Chargé de la Famille et de la Condition Féminine	BELAHSENE Farida, CES	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministère des Affaires Etrangères	BELAHNECHE Farid, conseiller	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Ministère de l'Education Nationale	KOUADRI HABAZ Amar, Chef de bureau	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Ministère du Travail, de l'Emploi et de la Sécurité Sociale	GRABA Mustapha Kamel, CES	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Ministère de la Jeunesse et des Sports	BOUCHEMLA Hassina, chargée du suivi & évaluation	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Institut Pasteur d'Algérie	BOUZEGHOUB, responsable du Laboratoire National de Référence VIH/sida	A.I, A.II, A.III, A.IV, A.V

Respondent

12

Respondent

13

Respondent

14

Respondent

15

Respondent

16

Respondent

17

Respondent

18

Respondent

19

Respondent

20

Respondent

21

Respondent

22

Respondent

23

Respondent

24

Respondent

25

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Association El Hayat des PVIH	LAHOUEL Nawal, Présidente	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Association Solidarité AIDS	BOUFENISSA Ahcène, Président	B.I, B.II, B.III, B.IV
Respondent 3	Association AIDS Algérie	BOUROUBA Othmane, Président	B.I, B.II, B.III, B.IV
Respondent 4	Association FOREM	SAHRAOUI TAHAR Abdelkader, Chargé du programme VIH/sida	B.I, B.II, B.III, B.IV
Respondent 5	Association d'alphabétisation IQRAA	BELHIMER Toufik, membre de l'association	B.I, B.II, B.III, B.IV
Respondent		ZEDDAM Adel, Coordonnateur	

		Checkbox® 4.6	
Respondent 6	ONUSIDA	ZEDDAMI ADEL, Coordinateur National ONUSIDA	B.I, B.II, B.III, B.IV
Respondent 7	PNUD	BOUKADOUM Karima, représentante PNUD	B. I, B. II, B. III, B. IV
Respondent 8	FNUAP	LAMRI Larbi, représentant du FNUAP	B.I, B.II, B.III, B.IV
Respondent 9	BIT	BENYOUNES Rosa, représentante du BIT	B. I, B. II, B. III, B. IV
Respondent 10	UNICEF	OUBRAHAM Lylia, représentante de l'UNICEF	B.I, B.II, B.III, B.IV
Respondent 11	OMS	CHIBOUT Leila, représentante de l'OMS	B. I, B. II, B. III, B. IV
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

**Page 5**

15)

**Part A, Section I: STRATEGIC PLAN**

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

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)**

**Yes (0)**

**Page 7**

16)

**1.1 How long has the country had a multisectoral strategy?****Number of Years**

19

17)

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

	Included in strategy	Earmarked budget
Health	Yes	No
Education	Yes	No
Labour	Yes	No
Transportation	Yes	No
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	No
Other*	Yes	No

**Page 8**

18)

**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?**

Les différents secteurs ministériels ont développé des activités de lutte contre le VIH/sida à partir des budgets de fonctionnement qui leurs sont alloués dans le cadre des lois de finances annuelles. Il n'existe pas de ligne budgétaire spécifiquement identifiée; le plan comptable national ne permet pas d'individualiser des budgets spécifiques aux activités liées au VIH/sida.

**Page 9**

19)

**Part A, Section I: STRATEGIC PLAN****1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

<b>Target populations</b>	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes

**Settings**

h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes

**Cross-cutting issues**

k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

20)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

**Page 10**

21)

**Part A, Section I: STRATEGIC PLAN****Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2006

**Page 11**

22)

**Part A, Section I: STRATEGIC PLAN****1.5 What are the identified target populations for HIV programmes in the country?**

Jeunes, Femmes, Professionnelles du sexe, Hommes ayant des relations sexuelles avec des hommes, Population carcérale, Consommateurs de drogues injectables et Populations mobiles.

23)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

24)

**1.7 Does the multisectoral strategy or operational plan include:**

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes

e. A monitoring and evaluation framework?  Yes

25)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Active involvement (0)

**Page 12**

26)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.8 (continued)**

**IF active involvement, briefly explain how this was organised:**

La participation active de la société civile a été un des fondements de notre stratégie multisectorielle lors de l'élaboration des plans nationaux stratégiques. Il est à souligner également le rôle clé de l'Association des personnes vivant avec le VIH.

27)

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

Yes (0)

28)

**1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, some partners (0)

**Page 13**

29)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.10 (continued)**

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

Absence de coordination.

**Page 14**

30)

**Part A, Section I: STRATEGIC PLAN**

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?**

Yes (0)

**Page 15**

31)

**Part A, Section I: STRATEGIC PLAN****2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	No
d. Sector-wide approach	Yes
e. Autres: insérer	

32)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Autres: insérer	

**Page 16**

33)

**Part A, Section I: STRATEGIC PLAN****3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

No (0)

**Page 17**

34)

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



Yes (0)

**Page 18**

35)

**Part A, Section I: STRATEGIC PLAN**

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Autres: insérer	

**Page 19**

36)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

**If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

Pour les corps constitués (personnels en uniforme), le test de dépistage est systématiquement proposé. Il demeure volontaire.

37)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 21**

38)

**Part A, Section I: STRATEGIC PLAN**

**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 23**

39)

**Part A, Section I: STRATEGIC PLAN****7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

**Page 24**

40)

**Part A, Section I: STRATEGIC PLAN****7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

41)

**7.2 Have the estimates of the size of the main target populations been updated?**

No (0)

**Page 25**

42)

**Part A, Section I: STRATEGIC PLAN****7.3 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 (0)

43)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

**Page 26**

44)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

No (0)

45)

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

No (0)

**Page 28**

**46) Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (continued)**

**(c) Is coverage monitored by geographical area?**

No (0)

**Page 29**

**47)**

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

Yes (0)

**Page 30**

**48)**

**Part A, Section I: STRATEGIC PLAN**

**Question 7.5 (continued)**

**Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

7 (7)

**49)**

**Since 2007, what have been key achievements in this area:**

- Elaboration du Plan National Stratégique (PNS) de lutte contre les IST/VIH/sida 2008 - 2012; - Réorganisation du système de santé et meilleure répartition des ressources humaines et financières; - Elargissement du réseau de l'offre de dépistage volontaire : mise en place de nouveaux Centres de Dépistage Volontaire (CDV); - Harmonisation de la prise en charge thérapeutique et biologique des IST/VIH/sida; - Intensification de la formation continue en matière de conseil, dépistage et prise en charge thérapeutique des IST/VIH/sida; - Amélioration de la coordination entre les CDR; - Implication de la société civile.

**Page 31**

**50)**

**Part A, Section II: POLITICAL SUPPORT**

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

President/Head of government	No
Other high officials	No
Other officials in regions and/or districts	Yes

51)

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

Yes (0)

**Page 32**

52)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

1989

53)

**2.2 IF YES, who is the Chair?**

Name	DIF Abdelouahab
Position/title	Professeur ,Président du CNLS et chef de service des maladies infectieuses, Hôpital L. Flici - Alger

54)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

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

**Page 33**

55)

**Part A, Section II: POLITICAL SUPPORT**

**Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

40

56)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

20

57)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?**

Please enter an integer greater than or equal to 1

1

**Page 34**

58)

**Part A, Section II: POLITICAL SUPPORT**

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

**Yes (0)**

**Page 35**

59)

**Part A, Section II: POLITICAL SUPPORT****Question 3 (continued)**

**IF YES, briefly describe the main achievements:**

- Renforcement de la coordination (restructuration du CNLS); - Implication de l'ensemble des secteurs dans l'élaboration du Plan National Stratégique 2008 - 2012.

60)

**Briefly describe the main challenges:**

Il n'existe pas de ligne budgétaire spécifiquement identifié.

61)

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

Please enter the rounded percentage (0-100)

0

62)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Autres: insérer	

63)

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

Yes (0)

**Page 36**

64)

**Part A, Section II: POLITICAL SUPPORT**

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

No (0)

**Page 38**

65)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

**Overall, how would you rate the political support for the HIV programmes in 2009?**

7 (7)

66)

**Since 2007, what have been key achievements in this area:**

- Elaboration du PNS 2008 - 2012 après révision du PNS 2007 - 2011; - Renforcement de la coordination par la restructuration de l'organe national de coordination; - Mise en place d'un projet

**Page 39**

67)

**Part A, Section III: PREVENTION**

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

Yes (0)

**Page 40**

68)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- e. Use condoms consistently (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

69)

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

No (0)

**Page 41**

70)

**Part A, Section III: PREVENTION**

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

Yes (0)

71)

**2.1 Is HIV education part of the curriculum in:**

primary schools? No  
 secondary schools? No  
 teacher training? No

72)

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

Yes (0)

73)

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

Yes (0)

74)

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?**

Yes (0)

**Page 42**

75)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Vulnerability reduction (e.g. income generation)	



Drug substitution therapy  
Needle & syringe exchange

**Page 44**

76)

**Part A, III. PREVENTION**

**Question 3.1 (continued)**

**Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

7 (7)

77)

**What are remaining challenges in this area:**

Mobilisation des ressources insuffisantes.

**Page 45**

78)

**Part A, III. PREVENTION**

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

Yes (0)

**Page 46**

79)

**4.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree

HIV prevention for out-of-school young people

Agree

HIV prevention in the workplace

Agree

Autres: insérer

**Page 47**

80)

**Part A, III. PREVENTION**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

7 (7)

81)

**Since 2007, what have been key achievements in this area:**

- Renforcement de la PTME avec l'appui de l'UNICEF et de l'OMS; - Renforcement des interventions de prévention (IEC avec plus grande implication des médias et conseil et dépistage avec élargissement du réseau de l'offre de dépistage volontaire par la mise en place de nouveaux Centres de Dépistage Volontaire; - Précautions universelles : mise en oeuvre de nouvelles procédures de gestion des déchets liés aux activités de soins; - Disponibilité des préservatifs.

**Page 48**

82)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**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 (0)

**Page 49**

83)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

84)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

Yes (0)

85)

## 2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

### Page 50

86)

#### Part A, Section IV: TREATMENT, CARE AND SUPPORT

##### Question 2 (continued)

##### IF YES, how were these determined?

En fonction de l'évolution de la file active des PVIH suivis par les centres de référence de prise en charge de l'infection à VIH.

87)

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

The majority of people in need  
have access

##### HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	N/A
TB infection control in HIV treatment and care facilities	N/A
Cotrimoxazole prophylaxis in HIV-infected people	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	N/A
Autres programmes: insérer	

### Page 51

88)

#### Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

89)

**4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?**

No (0)

**Page 53**

90)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

9 (9)

91)

**Since 2007, what have been key achievements in this area:**

- Amélioration de la gestion des stocks (approvisionnement et distribution) des ARV; - Ouverture d'un nouveau Centre de prise en charge de l'infection à VIH à Béchar (Sud ouest du pays).

**Page 54**

92)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

N/A (0)

**Page 57**

93)

**Part A, Section V: MONITORING AND EVALUATION**

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

Yes (0)

**Page 58**

94)

**1.1 IF YES, years covered:**

**Please enter the start year in yyyy format below**

2008

95)

**1.1 IF YES, years covered:  
Please enter the end year in yyyy format below**

2012

96)

**1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

97)

**1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

98)

**1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?**

Yes, but only some partners (0)

**Page 59**

99)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 1.4 (continued)**

**IF YES, but only some partners or IF NO, briefly describe what the issues are:**

Absence de coordination due au retard dans la mise en place de l'organe de coordination nationale.

**Page 60**

100)

**Part A, Section V: MONITORING AND EVALUATION**

**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

**Page 61**

101)

**Part A, Section V: MONITORING AND EVALUATION****Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

102)

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

Yes (0)

**Page 62**

103)

**Part A, Section V: MONITORING AND EVALUATION****3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

14

104)

**3.2 IF YES, has full funding been secured?**

No (0)

105)

**3.3 IF YES, are M&E expenditures being monitored?**

No (0)

**Page 64**

106)

**Part A, Section V: MONITORING AND EVALUATION****Question 3.2 (continued)**

If you answer "NO" i.e., indicating the full funding has NOT been secured, briefly

**describe the challenges:**

La restructuration de l'organe chargé de la coordination de la lutte contre les IST/VIH/sida passe par la révision de son statut juridique. La finalisation du texte (projet de Décret exécutif) a été concrétisée en 2009. Cependant, ce texte, compte tenu de son importance dans la hiérarchie des textes réglementaires du pays, implique sa soumission pour avis aux différents secteurs du gouvernement, pour être publié dans le journal officiel. Toutes ces étapes exigent des délais qui n'ont pas encore permis la mise en place définitive des structures, dont l'unité de suivi - évaluation du Comité national.

107)

**4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

**Page 65**

108)

**Part A, Section V: MONITORING AND EVALUATION****Question 4 (continued)**

**IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

La fréquence de l'évaluation est fonction des besoins en informations. Celles-ci sont collectées par la cellule de suivi et évaluation qui est placée auprès du programme national de lutte contre les IST/VIH/sida, au ministère chargé de la santé.

109)

**5. Is there a functional national M&E Unit?**

In progress (0)

**Page 69**

110)

**What are the major challenges?**

La mise en place du nouveau CNLS.

**Page 70**

111)

**Part A, Section V: MONITORING AND EVALUATION**

**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No (0)

**Page 71**

112)

**7. Is there a central national database with HIV- related data?**

No (0)

**Page 73**

113)

**7.3 Is there a functional\* Health Information System?**

At national level	Yes
At subnational level	Yes

**Page 74**

**114) Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

**For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?**

Au niveaux des wilaya (départements): Directions de la santé et de la population

115)

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

No (0)

116)

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

3 (3)

117)

**Provide a specific example:**

- La prévention; - La prise en charge thérapeutique.

118)

**What are the main challenges, if any?**

- Absence d'une unité nationale de suivi et évaluation fonctionnelle; - Insuffisance qualitative et quantitative des données.



**Page 75****119) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

4 (4)

120)

**Provide a specific example:**

L'estimation des besoins en ARV à partir des données des CDR permet de calculer l'allocation des ressources nécessaires à la prise en charge thérapeutique.

**Page 76**

121)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

3 (3)

122)

**Provide a specific example:**

Mieux estimer: - les populations cibles; - les besoins humains, matériels et financiers.

**Page 77****123) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

**Page 78**

124)

**10.1 In the last year, was training in M&E conducted**

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

**Page 80**

125)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

**Page 82****126) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

6 (6)

**Page 83****127)****Part B, Section I: HUMAN RIGHTS****1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

**Page 84****128)****Part B, Section I. HUMAN RIGHTS****1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

Il s'agit de dispositions non discriminatoires générales.

**129)****2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 85****130)**

## Part B, Section I. HUMAN RIGHTS

### 2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. SexWorkers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Autre: insérer	

131)

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

Toutes les instances juridiques du pays et la Commission Nationale Consultative de Promotion et de Protection des Droits de l'homme.

132)

#### Briefly describe the content of these laws:

En matière de droits humains et conformément à ses engagements internationaux à travers les différentes déclarations qu'elle a ratifiées et à ses textes fondamentaux, l'Algérie garantit les droits des personnes vivant avec le VIH et lutte contre toute forme de stigmatisation ou de discrimination. Parmi ces textes nous citerons notamment : - La Constitution algérienne, proclamée en 1976 révisée en 1989 et 1996 stipule dans son article 54 : « Tous les citoyens ont droit à la protection de leur santé. L'état assure la prévention et la lutte contre les maladies épidémiques et endémiques » - La Loi sanitaire 85 – 05 du 16 février 1985 modifiée a arrêté des dispositifs en vue de concrétiser les droits et devoirs relatifs à la protection et à la promotion de la santé de la population, particulièrement l'accès à la prévention, au traitement et aux soins. - La Commission Nationale Consultative de Promotion et de Protection des Droits de l'Homme mise en place par Décret présidentiel n° 01-71 du 25 mars 2001, vient renforcer la protection des droits de la personne. - La Convention internationale des Droits de l'Enfant adoptée le 20 Novembre 1989 que l'Algérie a ratifié le 19 décembre 1992. - La résolution de la Commission des Droits de l'Homme 1996/43 à laquelle l'Algérie a souscrit concerne la protection des droits des personnes vivant avec le VIH ainsi que la prévention du VIH/sida et le droit aux traitements les plus ( ARV ) actifs contre le VIH pour tous.

Page 86

133)

## Part B, Section I. HUMAN RIGHTS

### 3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

No (0)

**Page 88****134) Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

**Page 89**

135)

**Part B, Section I. HUMAN RIGHTS****Question 4 (continued)**

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

Un des principes directeurs du PNS 208 - 2012 est la garantie de la protection des droits des personnes vivant avec le VIH et leurs familles dans le cadre du droit commun et des conventions internationales ratifiées par l'Algérie.

136)

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

No (0)

**Page 90**

137)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

**Page 91**

138)

**Part B, Section I. HUMAN RIGHTS****Question 6 (continued)**

**IF YES, describe some examples:**

Prise en charge totale des représentants des populations vulnérables dans le cadre de leur participation à l'élaboration du PNS 2008 - 2012.

139)

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

- |   |     |
|---|-----|
| a. HIV prevention services                    | Yes |
| b. Antiretroviral treatment                   | Yes |
| c. HIV-related care and support interventions | Yes |

**Page 92**

140)

**Part B, Section I. HUMAN RIGHTS****Question 7 (continued)**

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

Le système de santé du pays assure un accès gratuit à la prévention, au traitement ARV et aux interventions de soins et de soutien à toutes les personnes vivant avec le VIH.

141)

**8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?**

Yes (0)

**Page 93**

142)

**Part B, Section I. HUMAN RIGHTS**

**8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

143)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**

Yes (0)

**Page 94**

144)

**Part B, Section I. HUMAN RIGHTS**

**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

D'une manière générale et d'une façon non discriminatoire, la loi 85 - 05 relative à la promotion et la protection de la santé, garantie un accès égal à toutes les populations.

145)

**9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?**

No (0)

**Page 95**

146)

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

No (0)

147)

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

Yes (0)

**Page 96**

148)

**Part B, Section I. HUMAN RIGHTS****11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

No (0)

**Page 97**

149)

**– 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 (0)

150)

**– 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 (0)

151)

**– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

**Page 98**

152)

**Part B, Section I. HUMAN RIGHTS****Question 12 (continued)**

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

Parmi les institutions nationales qui s'occupent des questions relatives aux droits des personnes et notamment aux questions liées au VIH/sida, nous citerons toutes les instances judiciaires du pays et la Commission Nationale Consultative de Promotion et de Protection des Droits de l'Homme.

**Page 99**

153)

**Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

No (0)

154)

**– Legal aid systems for HIV casework**

Yes (0)

155)

**– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**

No (0)

156)

**– Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

157)

**15. Are there programmes in place to reduce HIV-related stigma and discrimination?**

Yes (0)

Page 100

158)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Autres: ONG	Yes

Page 101

159)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

8 (8)

160)

**Since 2007, what have been key achievements in this area:**

- Guide sur la prévention des IST/VIH/sida aux Imams et mochtate (hommes et femmes de culte) - Guide de lutte contre la stigmatisation (projet initié par la Ministère de l'Education Nationale)

Page 102

161)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

8 (8)



**Page 103**

162)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

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

5 (5)

163)

**Comments and examples:**

Participation à toutes les décisions du CNLS, à l'élaboration du PNS 2008 - 2012 et du Plan national de suivi et évaluation.

**Page 104**

164)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**2. To what extent 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)?**

5 (5)

165)

**Comments and examples:**

En assistant à toutes les réunions de planification, séminaires ateliers d'élaboration du PNS 2008 - 2012 et séminaires de validation des travaux.

**Page 105**

166)

**a. the national AIDS strategy?**

5 (5)

167)

**b. the national AIDS budget?**

2 (2)

168)

**c. national AIDS reports?**

4 (4)

169)

**Comments and examples:**

Les rapports nationaux de lutte contre le sida ne sont établis qu'occasionnellement, une fois toutes les deux années, lors de l'élaboration du rapport UNGASS.

**Page 106**

170)

**a. developing the national M&E plan?**

5 (5)

171)

**b. participating in the national M&E committee / working group responsible for coordination of M&E activities?**

1 (1)

172)

**c. M&E efforts at local level?**

1 (1)

173)

**Comments and examples:**

La société civile a participé à toutes les étapes de préparation du plan national de suivi - d'évaluation et à l'élaboration du plan opérationnel de suivi - évaluation. l'organe national chargé du suivi-évaluation n'étant pas encore mis en place, la riposte à l'infection VIH est actuellement évaluée par le Ministère chargé de la santé.

**Page 107****174) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

175)

**Comments and examples:**

Dans la composante du CNLS, la société civile est largement représentée (50% des membres) regroupant l'association des personnes vivant avec le VIH, des associations thématiques, des associations non thématiques, le secteur privé et les partenaires bilatéraux et multilatéraux.

**Page 108**

176)

**a. adequate financial support to implement its HIV activities?**

2 (2)

177)

**b. adequate technical support to implement its HIV activities?**

2 (2)

178)

**Comments and examples:**

Difficultés pour les associations d'accéder à des appuis financiers compte tenu des procédures arrêtées par les bailleurs de fonds.

**Page 109**

179) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	>75%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	
Programmes for OVC**	

**Page 110**

180)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**Question 7 (continued)**

**Overall, how would you rate the efforts to increase civil society participation in 2009?**

4 (4)

**Page 111**

181)

**Part B, Section III: PREVENTION**

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

Yes (0)

**Page 112**

182)

**Part B, Section III: PREVENTION**

**Question 1 (continued)**

**IF YES, how were these specific needs determined?**

- Bilans d'activités; - PNS 2008 - 2012; - Etude anthropologique sur les enjeux contemporains du VIH/sida; - Enquête de sérosurveillance sentinelle; - Enquêtes spécifiques chez les jeunes; - Elaboration d'une cartographie des groupes de population à risque (PS et HSH).

183)

**1.1 To what extent has HIV prevention been implemented?**

The majority of people in need have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Autres: insérer	

**Page 113**

184)

**Part B, Section III: PREVENTION**

**Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

5 (5)

185)

**Since 2007, what have been key achievements in this area:**

Les principales actions réalisées sont : - La mise en place, dans le cadre des « Trois Principes », d'un cadre commun d'action de lutte contre les IST/VIH/sida et d'un organisme commun de coordination de la riposte au sida multisectoriel, décentralisé et à large représentation. A cet effet, un projet de texte portant révision du comité national de lutte contre les IST/VIH/sida, pour sa mise en place par Décret exécutif, est actuellement soumis aux autorités politiques ; - l'intensification des interventions de prévention, de dépistage, de traitement, de soins et de soutien dans le cadre de l'Accès universel, notamment la réalisation par la société civile. Nous citerons en particulier la formation de 368 médiateurs associatifs ( Aids Algérie, Forem, Solidarité Aids ) et de 233 pairs éducateurs ( Aids Algérie, Aniss, Forem, Solidarité Aids ), la sensibilisation de près de 6000 Professionnelles du sexe ; - L'intensification des interventions de prévention et de dépistage ciblant des populations à risque (d'hommes ayant des rapports sexuels avec des hommes et professionnelles du sexe), - la sensibilisation, en coordination avec les différents secteurs gouvernementaux concernés, de près de, de près de 2 millions de jeunes scolarisés et non scolarisés.

**Page 114**

186)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

**Page 115**

187)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1 (continued)**

**IF YES, how were these specific needs determined?**

Les besoins sont déterminés à partir des bilans d'activités des centres de prise en charge de l'infection à VIH (CDR) et de la file active des patients suivis au niveau de ces CDR.

188)

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

<b>The majority of people in need have access</b>	
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree

Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Autres: insérer	

**Page 116**

189)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

5 (5)

**Page 117**

190)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

N/A (0)