

Survey Response Details

Response Information

Started: 3/13/2010 7:12:05 AM

Completed: 3/31/2010 6:44:22 PM

Last Edited: 4/16/2010 1:37:39 PM

Total Time: 18.11:32:16.8900000

User Information

Username: ce_PT

Email:

Response Details

Page 1

1) Country

Portugal (0)

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

Henrique Barros

3) Postal address:

National AIDS Coordination Estrada da Luz, 153 1600-153 Lisboa Portugal

4) Telephone:

Please include country code

+351 21 721 03 78

5) Fax:

Please include country code

+351 21 721 03 65

6) E-mail:

hbarros@sida.acs.min-saude.pt

7) Date of submission:

Please enter in DD/MM/YYYY format

13/03/2010

Page 3

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

Different persons (different backgrounds) proposed responses and evaluate their validity

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

consensus

10)

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

The discussion among stakeholders was very limited

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 National HIV/AIDS Coordination	Henrique Barros/Coordinator	A.I, A.II, A.III, A.IV, A.V

12)

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 Grupo de Activistas VIH/SIDA	Luís Mendão	B.I, B.II, B.III, B.IV

Page 5

13)

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

14)

Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2006-10

15)

1.1 How long has the country had a multisectoral strategy?

Number of Years

5

16)

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	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	No	
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

Page 8

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

Question 1.2 (continued)

If "Other" sectors are included, please specify:

prisons

Page 9

18)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
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	
g. Other specific vulnerable subpopulations*	
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

19)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

20)

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

21)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

MSM, Drug users, Sex Workers, young people, women, migrants and prison' population

22)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

23)

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

24)

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

25)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

the civil society' participation and involvement was organised through the development of a Civil Society Forum

26)

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

No (0)

27)

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

Yes, some partners (0)

Page 13

28)

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**

Education

Page 14

29)

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

30)

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 | |
| b. Common Country Assessment / UN Development Assistance Framework | |
| c. Poverty Reduction Strategy | Yes |
| d. Sector-wide approach | |
| e. Other: Please specify | |

31)

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	
Antiretroviral treatment	
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	
Reduction of stigma and discrimination	
Women's economic empowerment (e.g. access to credit, access to land, training)	
Other: Please specify	

Page 16

32)

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

N/A (0)

Page 17

33)

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

34)

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
Other: Please specify	

Page 19

35)

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):

HIV mandatory testing

36)

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

Yes (0)

Page 20

37)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	No

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?

Yes (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?

No (0)

Page 29

44)

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

45)

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)

46)

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

1- HIV early detection through rapid tests policy. 2- IT system to monitor treatment, positive prevention and care.

47)

What are remaining challenges in this area:

1- Incidence in some populations, 2- Better multisectorial coordination 3- Larger autonomy for decision making

Page 31

48)

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

Other high officials Yes

Other officials in regions and/or districts Yes

49)

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

50)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2007

51)

2.2 IF YES, who is the Chair?

Name	Ana Jorge
Position/title	Minister of Health

52)

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?	

Page 33

53)

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

18

54)

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

3

55)

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

2

Page 34

56)

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

57)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

A better strategic plan

58)

Briefly describe the main challenges:

Regional activities, governance

59)

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)

30

60)

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	
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

61)

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

62)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

63)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)**

IF YES, name and describe how the policies / laws were amended:

Access to syringes and needle exchange in prisons; Access to care and treatment by undocumented migrants regulations regarding pregnant women, regulations on blood safety

64)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Testing related to house mortgages and other credits

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:

Better knowledge of the epidemic Greater concern with positive prevention Scale up of the access to treatment and prevention

67)

What are remaining challenges in this area:

lack of first class research Lack of people trained and devoted to surveillance and M&E

Page 39

68)

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

69)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- b. Delay sexual debut (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (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)

70)

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

Yes (0)

Page 41

71)

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)

72)

2.1 Is HIV education part of the curriculum in:

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

73)

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

Yes (0)

74)

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

Yes (0)

75)

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

76)

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, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Prison inmates
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Prison inmates
Vulnerability reduction (e.g. income generation)	Injecting drug user, Prison inmates
Drug substitution therapy	Injecting drug user, Prison inmates
Needle & syringe exchange	Injecting drug user, Prison inmates

Page 43

77) Part A, III. PREVENTION

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

general population

Page 44

78)

Part A, III. PREVENTION

Question 3.1 (continued)

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

6 (6)

79)

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

Increased free condom distribution and condom price reduction Female condoms Better TV spots PrEXPro

80)

What are remaining challenges in this area:

sexual education in all schools Needle and Syringe exchange generalization to all prisons Better MSM prevention strategies

Page 45

81)

Part A, III. PREVENTION

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

Yes (0)

Page 46

82)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Monitoring infection among IDUs (still too high), MSM and sex workers

83)

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	Don't 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	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	N/A
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 47

84)

Part A, III. PREVENTION

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

5 (5)

85)

What are remaining challenges in this area:

Better access to vulnerable populations

Page 48

86)

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

87)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

88)

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

Yes (0)

89)

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

Yes (0)

Page 50

90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

using information obtained through many different specific surveys. Civil society consultation

91)

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	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't 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
Other: please specify	

Page 51

92)

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?

No (0)

93)

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

94)

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)

95)

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

There was a clear increase in the number of people on treatment (more than 30%). Positive prevention was scaled up. Free universal access to every type of treatment. decreased regional inequities

96)

What are remaining challenges in this area:

However, a strong public network devoted to home care is still lacking.

Page 54

97)

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

98)

Part A, Section V: MONITORING AND EVALUATION

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

In progress (0)

Page 64

99)

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

Yes (0)

Page 65

100)

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:

yearly

101)

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

In progress (0)

Page 69

102)

What are the major challenges?

To build up a sustained structure with well-trained epidemiologists, statisticians and infectious diseases specialists. To build up a viable network with health structures and research or academic centres trained to collect and analyse data.

Page 70

103)

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?

Yes, but meets irregularly (0)

104)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

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

Question 6.1 (continued)

IF YES, briefly describe who the representatives from civil society are and what their role is:

One member nominated by the Civil Society Forum

106)

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

No (0)

Page 73

107)

7.3 Is there a functional* Health Information System?

At national level No
At subnational level No

Page 74

108)

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

Yes (0)

109)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

110)

Provide a specific example:

Testing policies for IDUs were changed according to the results of the evaluation of the previous policy

111)

What are the main challenges, if any?

el informe de vigilancia y evaluación sobre el VIH no traduce la realidad de la infección, pues es basado en declaraciones enviados pelos médicos e existe una subnotificación.

Page 75112) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

1 (1)

113)

What are the main challenges, if any?

to have the needed data and use it

Page 76

114)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

3 (3)

115)

What are the main challenges, if any?

good quality surveillance and notification data

Page 77**116) 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, but only addressing some levels (0)

Page 78**117) Part A, Section V: MONITORING AND EVALUATION****For Question 10, you have checked "Yes, but only addressing some levels", please specify**

at national level (0)

118)

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?	Yes

Page 79**119) Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

10

Page 80

120)

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

Yes (0)

Page 81**121) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

An IT hospital based system

Page 82**122) 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?**

3 (3)

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

good cooperation with the civil society and universities that can result in real good data in the near future. A quality external assessment of our national notification system

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

to build a professional M&E team

Page 83**125)****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**126)**

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:**

Article 13^o of the Constitution on general non discrimination; Law no. 46/2006, of 28 August (Handicap and aggravated health risks anti-discrimination Statute of Parliament)

127)

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

128)

Part B, Section I. HUMAN RIGHTS**2.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Otras: especificar	No

129)

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

Civil Society organization need to make efforts to ensure law implementation, but monitoring from the government does not punish services which do not implement migrant's protection and access to health. Prison inmates mechanisms are put in place by the General Direction of Prisoner Services, which only cooperates with civil society in punctual cases.

130)

Briefly comment on the degree to which they are currently implemented:

When the laws are not being fulfilled, the citizens have the right to claim on the courts. This does not mean that the implementation of non discriminatory laws, as own courts might sentence in a discriminatory way. For instance in 2008 the Constitutional Court of Law approved a discriminatory sentence in labour for an HIV positive cook, based in misconceptions on public health protection and HIV/AIDS. We all know of cases where some norms and laws are not respected – for instance the refuse of Blood Health System to receive the blood from a HIV negative person based on the fact of sharing the apartment with a HIV+ person.

Page 86

131)

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

132)

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

133)

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

134)

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

135)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

The government through Coordenação para a Infecção VIH/SIDA (National HIV/AIDS Committee) has, in 2008, created and supported the HIV/AIDS Civil Society National Forum with 20

nongovernmental organizations; in the financial support programme for NGOs, the government supported an external evaluation of projects with PLHIV; the KLOTHO project of IDU risk reduction involved IDUs in the designing and monitoring of the programme PLHIV are members in the groups for guidelines and best practices manuals since 2007. PLWIV were in thr National Delegations to UNGASS and High level meeting

136)

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

137)

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:

We have free and anonymous access to testing, with pre and post counseling for HIV/AIDS and a wide condom distribution, although insufficient; ART therapy if free of charges, although there are constraints in this access, specially for vulnerable populations as migrants and IDU. No free access to drugs to treat opportunistic infections

138)

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

No (0)

Page 93

139)

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

140)

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?

Yes (0)

Page 95

141)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)****IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

Women and girls have positive discrimination policies for sexual and reproductive issues, for preventing vertical HIV/AIDS transmission through testing, although gender differences are not considered in treatments; although female sex workers have no institutional programmes and civil society support and risk reduction. Prison inmates do not have equal access to harm reduction strategies.

142)

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

Yes (0)

143)

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

144)

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?**

Yes (0)

145)

IF YES, describe the approach and effectiveness of this review committee:

The only reference in the national legislation to the composition of the ethical review committee mentioned just "health professionals and others". There is no legal or institutional requirement for the nomination of any CS "representative" or for any PLWHA. Presently from the four "other" members (in thirty five) that are not health professionals, two are catholic priests, one is a University professor on law and ethics and one is PLWHA. But this is the result of the arbitrary nomination power of the Ministry of Health. Hospitals have an "Ethical Commission" (involving several elements of the hospital) and all research must have their approval. Since the transposition of the European directive on clinical trials years ago, the ethical review committee (CEIC) is the

responsible entity for issuing the single opinion on all clinical trials to be held in Portugal. It has effectively fulfilled most of its mission and contributed significantly to raise the level of discussion and awareness on clinical trials ethical issues – pertinence and design of the trial, balance of risks and benefits, financial arrangements and transparency, trial subjects' protection, free informed consent, quality of facilities and researchers preparation, GCP.

Page 97

146)

– **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)

147)

– **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)

148)

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

No (0)

Page 98

149)

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

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

The HIV/AIDS Commission, integrated in the Health High Commission, recommends legislation and gathers professionals from political, health and research fields interested in focusing HIV/AIDS.

Page 99

150)

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)

151)
– Legal aid systems for HIV casework

No (0)

152)
– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

153)
– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

154)
15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

155)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	No
Personalities regularly speaking out	No
Campaigns in the media are not sufficient and they do not involve PLWHA in their designing. Personalities speak for HIV/AIDS (musicians, actors and others) but not systematically and not knowing the PLWHA situation and it only happens in World AIDS Day. In 2010 we had a campaign "if I was HIV+?" but funded by 2 NGO	No

Page 101

156)

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?

3 (3)

Page 102

157)

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?

4 (4)

Page 103

158)

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?

4 (4)

Page 104

159)

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)?

3 (3)

Page 105

160)

a. the national AIDS strategy?

3 (3)

161)

b. the national AIDS budget?

2 (2)

Page 107

162) 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)?

3 (3)

163)

Comments and examples:

PLWHA Women Children Sexual and reproductive health Migrants IDUs Sex workers MSM Migrants

Page 108

164)

a. adequate financial support to implement its HIV activities?

2 (2)

165)

b. adequate technical support to implement its HIV activities?

3 (3)

Page 109

166) 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	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sex workers	51-75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI)*	<25%
Home-based care	>75%
Programmes for OVC**	51-75%

Page 110

167)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

5 (5)

168)

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

The present HIV Committee established and supports financially the Civil Society Forum, that gathers 20 NGOs interested in advocating for HIV/AIDS

Page 111

169)

Part B, Section III: PREVENTION

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

No (0)

Page 112

170)

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

Civil society organizations try to implement the sexual education laws in schools, but face multiple barriers, especially in financial support from private and public sectors. Ministries of health and education do not cooperate efficiently to implement sexual education prevention programmes for children and young people and more efforts are needed to monitor the law implementation. Evaluation of current schools programmes was made but had little impact in implementation and monitoring. In 2007, Media campaigns are being designed and monitored the impact, by the national HIV/AIDS Committee. Condom kits were bought and disseminated and lubricant was added, although specific instructions for MSM were not attached to the kit. Female condom was bought and is disseminated freely for civil society, although not yet accepted nor promoted in and for civil society. A new kit for IDUs prevention was designed in KLOTHO project with IDUs involvement and evaluation and HIV/AIDS testing is being promoted in IDUs centers.

171)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	N/A
Universal precautions in health care settings	N/A
Prevention of mother-to-child transmission of HIV	N/A
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree

Risk reduction for men who have sex with men	N/A
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
Other: please specify	N/A

Page 113

172)

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?

4 (4)

Page 114

173)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

Page 115

174)

IF NO, how are HIV treatment, care and support services being scaled-up?

Hospitals which do not provide adequate treatment are identified by civil society organizations, several meetings and discussions have been held with central and regional health authorities, but no action to scale up and generalize access and quality of HIV/AIDS treatment, care and support have been successfully taken by authorities.

175)

1.1 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	Don't agree
Nutritional care	Agree

Paediatric AIDS treatment	N/A
Sexually transmitted infection management	N/A
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't 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
Other: please specify	N/A

Page 116

176)

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?

3 (3)

Page 117

177)

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?

No (0)