

## QUESTIONNAIRE



# Monitoring of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe & Central Asia

## Introduction

This questionnaire is based on the 38 indicators in the Monitoring Framework for the Dublin Declaration. It is built as a PDF form in order to make the completion of the questionnaire as easy and accurate as possible. It includes two types of indicators: 1) those that use a series of specific questions to collect data following the model of the UNGASS National Composite Policy Indicator (NCPI); and 2) those that rely on survey or programmatic data, including, for example, indicators drawn from existing international sets.

## General Instructions

- All countries are asked to report data from their 2007 reporting period. (Countries can specify the 2007 reporting period; it does not need to be based on the 2007 calendar year.) If more recent data are available, countries may choose to report that data. In all cases, please provide the date(s) associated with data submitted.
- Please note that the official working language of ECDC is English. Consequently, all countries are requested to provide information on the indicators in English.
- In the text boxes integrated into this form, please provide complete but concise information. Where appropriate, it would be useful to know essential background details, including the numerator and denominator, the data collection methodology and tool(s), the age and sex disaggregation, where the data was collected, why the data was collected and when the data was collected.
- If attachments are part of your submission to ECDC, please use the following types of files: PDF, Word and Excel. Also, if attachments are part of your submission, please provide the file name(s) in the text boxes included in the questionnaire.
- Please note that the questionnaire can be saved and reopened while it is being completed. In addition, responses can be changed and/or edited after it has been saved. However, all countries are encouraged to review the final version for accuracy before submitting it to ECDC. (See below for instructions on submitting the final version of the questionnaire.)
- On the last page of the questionnaire, please provide the requested contact information. It is important to provide both primary and secondary contact people so ECDC knows who to consult if there are questions or clarifications related to the completed questionnaire.
- When the questionnaire is complete, please click on the SUBMIT button on the last page to send it to ECDC. The software will open your email programme and automatically attach the completed PDF form to that email. *If you are submitting attachments with your completed questionnaire, please attach those documents to this same email.*
- The questionnaire should be submitted to ECDC no later than 01 November 2009.





**Strategic Planning**

If the answer to the Question 1 under **Initial Assessment** above is **Yes**, answer questions 1-9 below.

**1. Has the country had a strategic framework for more than five years?**

Yes      No

**2. Was the strategic framework based on a needs analysis?**

Yes      No

**3. Does the strategic framework include an operational plan?**

Yes      No

**4. Does the strategic framework include a clear statement of goal(s)?**

Yes      No

**5. Does the strategic framework include targets?**

Yes      No

**6. Is the strategic framework costed?**

Yes      No

**7. Does the strategic framework specify funding sources?**

Yes      No

**8. Does the strategic framework have a plan for monitoring and evaluation?**

Yes      No

**9. Did the development of the strategic framework involve civil society?**

Fully      Partially      No

**Political Support**

If the answer to the Question 2 under **Initial Assessment** above is **Yes**, answer questions 1-13 below.

**1. Has the country had an officially recognized national multisectoral AIDS management and/or coordination body for more than five years?**

Yes      No

**2. Does this body have terms of reference?**

Yes      No

**3. Does this body have active government leadership and participation?**

Yes      No

**4. Does this body have a defined membership?**

Yes      No

**5. What percentage of this body are civil society representatives?**

\_\_\_\_\_

**6. Does this body include people living with HIV?**

Yes      No

**7. Does this body involve the private sector?**

Yes      No

**8. Does this body have an action plan?**

Yes      No

**9. Does this body have a functional secretariat?**

Yes      No

**10. Does this body meet at least quarterly?**

Yes      No

**11. Does this body regularly review actions on policy decisions?**

Yes      No

**12. Does this body actively promote policy decisions?**

Yes      No

**13. Does this body provide opportunity for civil society to influence decision-making?**

Yes      No

## Monitoring and Evaluation

If the answer to the Question 3 under **Initial Assessment** above is **Yes**, answer questions 1-24 below.

**1. Does the M&E plan include a data collection and analysis strategy?**

Yes      No

**2. Does the M&E plan include behavioural surveillance?**

Yes      No

**3. Does the M&E plan include HIV surveillance?**

Yes      No

**4. Does the M&E plan include a well-defined standardised set of indicators?**

Yes      No

**5. Does the M&E plan include guidelines on tools for data collection?**

Yes      No

**6. Does the M&E plan include a strategy for assessing quality and accuracy of data?**

Yes      No

**7. Does the M&E plan include a data dissemination and use strategy?**

Yes      No

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

Yes      No      In Progress

**9. Has funding been secured for the budget?**

Yes      No

**10. Is there a functional M&E unit or department?**

Yes      No      In Progress

**11. How many permanent staff are working in the M&E unit/department?**

\_\_\_\_\_

**12. Are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E unit/department for review and consideration in the country's national reports?**

Yes      No

**13. Is there an M&E committee or working group that meets to coordinate M&E activities?**

Yes      No

**14. Does this group meet regularly?**

Yes      No

**15. Has this group met in the last year?**

Yes      No

**16. Does the M&E unit/department manage a central national database?**

Yes      No

**17. Does this database include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organisations?**

Yes      No

**18. Is there a functional Health Information System at national level?**

Yes      No

**19. Is there a functional Health Information System at sub-national level?**

Yes      No

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

Yes      No

**21. To what extent is M&E data used in planning and implementation?**

0    1    2    3    4    5    (0 being the lowest and 5 being the highest)

**22. In the last year, was training in M&E conducted at national level?**

Yes      No

**23. In the last year, was training in M&E conducted at sub-national level?**

Yes      No

**24. In the last year, was training in M&E conducted including civil society?**

Yes      No

## 1.2 Civil Society and the Private Sector

### MDD2: Qualitative Assessment of Involvement of Civil Society and the Private Sector

**Description:** MDD2 uses a series of simple, focused questions to assess the extent of civil society and private sector involvement in the national response to HIV and AIDS. Most of the questions are based on those in the National Composite Policy Index (NCPI) used to monitor progress in implementing the UNGASS Declaration. Questions 20 and 33 are specific to monitoring the Dublin Declaration.

**Instructions:** The national government should answer questions 1-20; civil society should answer questions 21-33.<sup>1</sup>

#### Answered by Government

**1. Has the country ensured full involvement and participation of civil society in the development of the multisectoral strategy/action framework?**

Yes (Active Involvement)                      Yes (Moderate Involvement)                      No

**2. Does the national multisectoral AIDS management/coordination body include civil society representatives?**

Yes                      No

**3. Does the national multisectoral AIDS management/coordination body include people living with HIV?**

Yes                      No

**4. Does the national multisectoral AIDS management/coordination body provide opportunity for civil society to influence decision-making?**

Yes                      No

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

Yes                      No

**6. Does this body have terms of reference?**

Yes                      No

**7. Does this body have a defined membership?**

Yes                      No

**8. Does this body have an action plan?**

Yes                      No

**9. Does this body have a functional secretariat?**

Yes                      No

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<sup>1</sup> The national government should seek input from a broad spectrum of civil society, including nongovernmental organisations, faith-based organisations, trade unions and community-based organisations, to answer these and other questions directed at this group of stakeholders. The importance of securing input from a broad spectrum of civil society, including people living with HIV, cannot be overstated; civil society speaks with many voices and represents many different perspectives, all of which can be valuable in the monitoring and evaluation of a country's AIDS response. However, given the different opinions within civil society, there will need to be a consensus on how to respond to these questions relevant to monitoring the Dublin Declaration.

**10. Does this body have regular meetings?**

Yes      No

**11. Does this body meet at least quarterly?**

Yes      No

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

\_\_\_\_\_

**13. Does the AIDS management/coordination body provide information on priority needs and services to implementing partners, particularly civil society organisations?**

Yes      No

**14. Does AIDS management/coordination body provide technical guidance/materials to implementing partners, particularly civil society organisations?**

Yes      No

**15. Does AIDS management/coordination body procure and distribute drugs/supplies to implementing partners, particularly civil society organisations?**

Yes      No

**16. Does AIDS management/coordination body coordinate with implementing partners, particularly civil society organisations?**

Yes      No

**17. Does AIDS management/coordination body build capacity of implementing partners, particularly civil society organisations?**

Yes      No

**18. Was the national M&E plan developed in consultation with civil society, including people living with HIV?**

Yes      No

**19. Does the M&E committee or working group include representation from civil society, including people living with HIV?**

Yes      No



**29. To what extent is civil society able to access adequate financial support to implement its HIV activities?**

0 1 2 3 4 5 (0 being the lowest and 5 being the highest)

**30. To what extent is civil society able to access adequate technical support to implement its HIV activities?**

0 1 2 3 4 5 (0 being the lowest and 5 being the highest)

**31. To what extent were efforts being made in 2005 to increase civil society participation?**

0 1 2 3 4 5 6 7 8 9 10

(0 being the lowest and 10 being the highest)

**32. To what extent were efforts being made in 2007 to increase civil society participation?**

0 1 2 3 4 5 6 7 8 9 10

(0 being the lowest and 10 being the highest)

**33. To what extent has the involvement of civil society made a difference?**

(Please provide a brief answer (i.e. 100-200 words) to this question, which highlights the most important points in priority order.)

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## Theme 2: Prevention

### MDD5: Qualitative Assessment of Prevention Response

**Description:** MDD5 uses a series of simple questions to assess a country's HIV prevention response.

**Instructions:** The national government should answer questions 1-12; civil society should answer questions 13-18.

#### **Answered by Government**

1. 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?

Yes            No

If Yes, for which populations? (List all that are affected.)

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2. 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            No

3. For each of the following sub-populations – injecting drug users, men who have sex with men, sex workers and prisoners – does the policy/strategy include the following elements?

	<b>Injecting drug users</b>	<b>Men who have sex with men</b>	<b>Sex workers</b>	<b>Prisoners</b>
<b>Targeted information on risk reduction and HIV education</b>	Yes No	Yes No	Yes No	Yes No
<b>Stigma and discrimination reduction</b>	Yes No	Yes No	Yes No	Yes No
<b>Condom promotion</b>	Yes No	Yes No	Yes No	Yes No
<b>HIV testing and counselling</b>	Yes No	Yes No	Yes No	Yes No
<b>Reproductive health, including STI prevention and treatment</b>	Yes No	Yes No	Yes No	Yes No
<b>Drug substitution therapy</b>	Yes No	Yes No	Yes No	Yes No
<b>Needle and syringe exchange</b>	Yes No	Yes No	Yes No	Yes No

4. Rate the country's policy efforts in support of HIV prevention:

0 1 2 3 4 5 6 7 8 9 10

(0 being the lowest and 10 being the highest)







**15. The majority of people in need in the country have access to:**

a. Blood safety?	Agree	Disagree	N/A
b. Universal precautions in health care settings?	Agree	Disagree	N/A
c. PMTCT?	Agree	Disagree	N/A
d. IEC on risk reduction?	Agree	Disagree	N/A
e. Condom promotion?	Agree	Disagree	N/A
f. HIV testing and counselling?	Agree	Disagree	N/A
g. Harm reduction for injecting drug users?	Agree	Disagree	N/A
h. Risk reduction for men who have sex with men?	Agree	Disagree	N/A
i. Risk reduction for sex workers?	Agree	Disagree	N/A

**16. Rate the country's efforts in implementation of HIV prevention programmes:**

0 1 2 3 4 5 6 7 8 9 10

(0 being the lowest and 10 being the highest)

**17. What have been the key achievements in this area in the last two years?**

(Please provide a brief answer (i.e. 100-200 words) to this question, which highlights the key achievement in priority order.)

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**18. What are the remaining challenges?**

(Please provide a brief answer (i.e. 100-200 words) to this question, which highlights the remaining challenges in priority order.)

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### 2.1.1 IDU

#### MDD7: Rates of Coverage of HIV Programmes for Injecting Drug Users

**Description:** MDD7 is designed to measure the percentage of injecting drug users receiving essential HIV-related services, disaggregated by age and sex.

**Instructions:** There are concerns about the adequacy of UNGASS indicators on the coverage of programmes for most-at-risk populations. The relevant UNGASS indicator is a composite indicator based on knowledge of where to receive an HIV test and whether the person has received a condom and sterile needles and syringes in the last year. As an alternative to the UNGASS indicator, the national government is encouraged to provide data on:

- Proportion of IDUs regularly reached by needle and syringe programmes
- The number of syringes distributed to/obtained by IDUs
- Proportion of opioid injectors in OST

Such data is already reported to EMCDDA by some countries. The relevant EMCDDA measures are:

- ‘Syringes obtained per IDU in the last 4 weeks’ – *Standard Table 9, Part 3, Questions 1.6.1 and 1.6.2.*
- ‘Number of syringes distributed per IDU per year’ – *Standard Table 10, Question 4.1.*
- ‘Proportion of opioid users/injectors in OST’ – *Standard Table 9, Part 3, Questions 1.6.3 and 1.6.4; Standard Table 24, Question 5.1.*

Further information on the questions that make up the EMCDDA measures are available at the following link on the EMCDDA website: <http://www.emcdda.europa.eu/themes/key-indicators/drid>

Similar measures are also recommended on pages 11-12 of the *WHO/UNODC/UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users (IDUs)*.

The national government may submit any existing data that is used to track coverage of HIV programmes for injecting drug users. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on HIV programme coverage among injecting drug users:**

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**Is additional information being submitted in an attachment?**

Yes            No

**If Yes, what is the name of the attachment?** \_\_\_\_\_

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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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**2.1.1 IDU**

**MDD8: HIV-related Knowledge of Injecting Drug Users**

**Description:** MDD8 is designed to measure the percentage of injecting drug users – disaggregated by age and sex – who can correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD8. The relevant UNGASS indicator is *Core Indicator Number 14: Most-at-risk Populations: Knowledge about HIV Transmission Prevention*. For the complete description of this indicator, see page 54 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to track HIV-related knowledge among injecting drug users. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on HIV-related knowledge of injecting drug users:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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### 2.1.1 IDU

#### MDD9: Condom Use by Injecting Drug Users

**Description:** MDD9 is designed to measure the percentage of injecting drug users – disaggregated by age and sex – who report using a condom during last sexual intercourse.

**Instructions:** If possible, data collected in line with the approach used in the relevant EMCDDA measure or UNGASS indicator should be reported for MDD9.

The EMCDDA measure is from the organisation’s Standard Reporting Table 9, Part 3, Questions 1.5.9 and 1.5.10. Further information on the questions that make up the EMCDDA measures are available at the following link on the EMCDDA website: <http://www.emcdda.europa.eu/themes/key-indicators/drid>

The relevant UNGASS indicator is *Core Indicator Number 20: Injecting Drug Users: Condom Use*. For the complete description of this indicator, see page 63 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the EMCDDA or UNGASS approach is not available in the country, the national government should submit any existing data that is used to track condom use by injecting drug users. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on condom use by injecting drug users:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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### 2.1.1 IDU

#### MDD10: Use of Sterile Injecting Equipment among Injecting Drug Users

**Description:** MDD10 is designed to measure the percentage of injecting drug users – disaggregated by age and sex – who report using sterile injecting equipment the last time they injected drugs.

**Instructions:** If possible, data collected in line with the approach used in the relevant EMCDDA measures or UNGASS indicator should be reported for MDD10.

The EMCDDA measures are from the organisation’s *Standard Reporting Table 9, Part 3, Questions 1.4.2, 1.4.3, 1.4.4 and 1.4.5*. Further information on the questions that make up the EMCDDA measures are available at the following link on the EMCDDA website: <http://www.emcdda.europa.eu/themes/key-indicators/drid>

The relevant UNGASS indicator is *Core Indicator Number 21: Injecting Drug Users: Safe Injecting Practices*. For the complete description of this indicator, see page 65 of the UNGASS Guidelines for 2010 reporting. (The UNGASS indicator differs slightly from the EMCDDA measures. It asks for the proportion of IDUs who used sterile injecting equipment at last injection.)

Alternatively, if data using the EMCDDA or UNGASS approach is not available in the country, the national government should submit any existing data that is used to track the use of sterile injecting equipment by IDUs. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on use of sterile injecting equipment among injecting drug users:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 2.1.1 IDU

#### MDD11: HIV Prevalence among Injecting Drug Users

**Description:** MDD11 is designed to measure the percentage of injecting drug users who are HIV infected, disaggregated by age and sex.

**Instructions:** If possible, data collected in line with the approach used in the relevant EMCDDA measure or UNGASS indicator should be reported for MDD11.

The EMCDDA measure is from the organisation’s Standard Reporting Table 9, Part 2, Question 2. Further information on the questions that make up the EMCDDA measures are available at the following link on the EMCDDA website: <http://www.emcdda.europa.eu/themes/key-indicators/drid>

The relevant UNGASS indicator is *Core Indicator Number 23: Most-at-risk Populations: Reduction in HIV Prevalence*. For the complete description of this indicator, see page 70 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the EMCDDA or UNGASS approach is not available in the country, the national government should submit any existing data that is used to measure HIV prevalence among injecting drug users. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on HIV prevalence among injecting drug users:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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**2.1.2 Men who have sex with men**

**MDD12: Rates of HIV Testing among Men who have Sex with Men (MSM)**

**Description:** MDD12 is designed to measure the percentage of MSM who have had an HIV test in the last twelve months and know the results, disaggregated by age.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD12. The relevant UNGASS indicator is *Core Indicator Number 8: HIV Testing in Most-at-risk Populations*. For the complete description of this indicator, see page 40 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to track rates of HIV testing among men who have sex with men. Ideally, the data should be from surveillance activities. However, if relevant data is available from other sources, it could also be reported. In all cases, countries are strongly encouraged to submit data that is disaggregated by age.

**Provide a concise summary of the data on rates of HIV testing among MSM:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_

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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 2.1.2 Men who have sex with men

#### MDD13: Rates of Coverage of HIV Programmes for MSM

**Description:** MDD13 is designed to assess the coverage of HIV programmes for men who have sex with men, disaggregated by age.

**Instructions:** There are concerns about the adequacy of UNGASS indicators on the coverage of programmes for most-at-risk populations; see also MDD7 and MDD18. However, in the absence of an alternative, the national government is encouraged to report data collected in line with the approach used in the relevant UNGASS indicator. The relevant UNGASS indicator is *Core Indicator Number 9: Most-at-risk Populations: Prevention Programmes*. For the complete description of this indicator, see page 42 of the UNGASS Guidelines for 2010 reporting.

Alternatively, the national government may submit any existing data that is used to track coverage of HIV programmes for men who have sex with men. In all cases, countries are strongly encouraged to submit data that is disaggregated by age.

**Provide a concise summary of the data on the coverage of HIV programmes for MSM:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 2.1.2 Men who have sex with men

#### MDD14: HIV-related Knowledge of MSM

**Description:** MDD14 is designed to measure the percentage of MSM who can correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, disaggregated by age.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD14. The relevant UNGASS indicator is *Core Indicator Number 14: Most-at-risk Populations: Knowledge about HIV Transmission Prevention*. For the complete description of this indicator, see page 54 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to track HIV-related knowledge of men who have sex with men. In all cases, countries are strongly encouraged to submit data that is disaggregated by age.

**Provide a concise summary of the data on HIV-related knowledge of MSM:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_

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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 2.1.2 Men who have sex with men

#### MDD15: Condom Use by MSM

**Description:** MDD15 is designed to measure the percentage of MSM who report using a condom during last sexual intercourse with a male partner, disaggregated by age.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD15. The relevant UNGASS indicator is *Core Indicator Number 19: Men Who Have Sex With Men: Condom Use*. For the complete description of this indicator, see page 61 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to track condom use among men who have sex with men. In all cases, countries are strongly encouraged to submit data that is disaggregated by age.

**Provide a concise summary of the data on condom use by MSM:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 2.1.2 Men who have sex with men

#### MDD16: HIV Prevalence among MSM

**Description:** MDD16 is designed to measure the percentage of MSM who are HIV infected, disaggregated by age.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD16. The relevant UNGASS indicator is *Core Indicator Number 23: Most-at-risk Populations: Reduction in HIV Prevalence*. For the complete description of this indicator, see page 70 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to measure HIV prevalence among men who have sex with men. In all cases, countries are strongly encouraged to submit data that is disaggregated by age.

**Provide a concise summary of the data on HIV prevalence among MSM:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 2.1.3 Sex Workers

#### MDD17: Rates of HIV Testing among Sex Workers

**Description:** MDD17 is designed to measure the percentage of sex workers who have had an HIV test in the last twelve months and know the results; disaggregated by age and sex.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD17. The relevant UNGASS indicator is *Core Indicator Number 8: HIV Testing in Most-at-risk Populations*. For the complete description of this indicator, see page 40 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to track rates of HIV testing among sex workers. Ideally, the data should be from surveillance activities. However, if relevant data is available from other sources, it should also be reported. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on rates of HIV testing among sex workers:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 2.1.3 Sex Workers

#### MDD18: Rates of Coverage of HIV Programmes for Sex Workers

**Description:** MDD18 is designed to assess the coverage of HIV programmes for sex workers; disaggregated by age and sex.

**Instructions:** There are concerns about the adequacy of UNGASS indicators on the coverage of programmes for most-at-risk populations; see also MDD7 and MDD13. However, in the absence of an alternative, the national government is encouraged to report data collected in line with the approach used in the UNGASS indicator. The relevant UNGASS indicator is *Core Indicator Number 9: Most-at-risk Populations: Prevention Programmes*. For the complete description of this indicator, see page 42 of the UNGASS Guidelines for 2010 reporting.

Alternatively, the national government may submit any existing data that is used to track coverage of HIV programmes for sex workers. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on coverage of HIV programmes for sex workers:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 2.1.3 Sex Workers

#### MDD20: Condom Use by Sex Workers

**Description:** MDD20 is designed to measure the percentage of sex workers – disaggregated by age and sex – who report using a condom with their most recent client.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD20. The relevant UNGASS indicator is *Core Indicator Number 18: Sex Workers: Condom Use*. For the complete description of this indicator, see page 59 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to track condom use by sex workers. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on condom use by sex workers:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 2.1.3 Sex Workers

#### MDD21: HIV prevalence among Sex Workers

**Description:** MDD21 is designed to measure the percentage of sex workers who are HIV infected, disaggregated by age and sex.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD21. The relevant UNGASS indicator is *Core Indicator Number 23: Most-at-risk Populations: Reduction in HIV Prevalence*. For the complete description of this indicator, see page 70 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to measure HIV prevalence among sex workers. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on HIV prevalence among sex workers:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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## 2.1.4 Migrants from Countries with Generalised Epidemics

### MDD22: Qualitative Assessment of Issues Relating to HIV and Migrants

**Description:** MDD22 uses a series of simple questions to assess issues related to HIV and migrants in countries of Europe and Central Asia. Please note that the term ‘migrants’ is being used in a broad context in this indicator. For example, it can include immigrants, mobile/transient populations, ethnic minorities and/or other relevant populations.

**Instructions:** The national government should answer all questions for this indicator.

#### 1. Are migrants considered an important sub-population in the national response to HIV?

Yes          No

**If Yes:**

a. Do government and civil society use the term *migrant* to identify a specific population in the national response to HIV?

Yes          No

b. Are other terms used to identify this same population?

Yes          No

c. If the answer to question 1b was **Yes**, list the other term(s).

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d. How is the term *migrant* defined in your country?

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e. Is data available on the total number of migrants in your country?

Yes          No

If **Yes**, what is the overall size of the migrant population?

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f. Is disaggregated data collected on the migrant population (e.g. age, sex, country of origin)?

Yes          No

If **Yes**, what disaggregated data is collected?

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If **No**, why is disaggregated data not collected?

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**2. Is there evidence that HIV disproportionately affects migrants in your country?**

Yes            No

**If Yes, please provide a brief summary (i.e. 100-200 words) of the evidence.**

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**3. What barriers do migrants face to accessing HIV services in your country?**  
(Please provide a brief answer (i.e. 100-200 words) to this question.)

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**4. How do legal status, laws and policies affect migrants' access to HIV services in your country?**  
(Please provide a brief answer (i.e. 100-200 words) to this question.)

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**5. Is progress in your country's response to HIV among migrants monitored?**

Yes            No

**If Yes, please provide a brief summary (i.e. 100-200 words) of how progress is monitored.**

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**6. Are indicators used to monitor progress in your country's response to HIV among migrants?**

Yes          No

**If Yes, please provide a brief overview (i.e. 100-200 words) of the indicators.**

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**7. What are the data sources for the indicators?**

(Please provide a brief answer (i.e. 100-200 words) to this question.)

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**8. Are there targeted prevention programmes for migrants in your country?**

Yes          No

**If Yes, please provide a brief summary (i.e. 100-200 words) of the programs.**

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**9. Does your country have data on the uptake of HIV testing among migrants?**

Yes          No

**If Yes, please provide a brief summary (i.e. 100-200 words) of the data.**

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**10. Does your country have data on access to ART among migrants?**

Yes          No

**If Yes, please provide a brief summary (i.e. 100-200 words) of the data.**

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**11. Are migrant communities involved in the policy/programming response in your country?**

Yes          No

**If Yes, please provide a brief summary (i.e. 100-200 words) of the extent of their involvement.**

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### 2.1.4 Migrants from Countries with Generalised Epidemics

#### MDD26: Condom Use by Migrants from Countries with Generalised Epidemics

**Description:** MDD26 is designed to measure the percentage of migrants from countries with generalized epidemics – disaggregated by age and sex – who report using a condom during last sexual intercourse.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD26. Please note that UNGASS indicator focuses on condom use by sex workers; however, the same approach can be used to measure condom use in migrant populations. The relevant UNGASS indicator is *Core Indicator Number 18: Sex Workers: Condom Use*. For the complete description of this indicator, see page 59 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to track condom use by migrants from countries with generalised epidemics. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on condom use by migrants from countries with generalized epidemics:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 2.1.4 Migrants from Countries with Generalised Epidemics

#### MDD27: HIV prevalence among Migrants from Countries with Generalised Epidemics

**Description:** MDD27 is designed to measure the percentage of migrants from countries with generalized epidemics who are HIV infected, disaggregated by age and sex.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD27. Please note that migrants are not listed as a most-at-risk population in the UNGASS indicator; however, the same approach can be used with migrant populations. The relevant UNGASS indicator is *Core Indicator Number 23: Most-at-risk Populations: Reduction in HIV Prevalence*. For the complete description of this indicator, see page 70 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to measure HIV prevalence among migrants from countries with generalised epidemics. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on HIV prevalence among migrants from countries with generalized epidemics:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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## 2.1.5 Prisoners

### MDD28: Qualitative Assessment of HIV-related Policy Environment in Prisons

**Description:** MDD28 uses a series of straightforward questions to assess the policy environment for HIV programmes in prisons. Questions 1 through 5 are based on those in the National Composite Policy Index (NCPI) used to monitor progress in implementing the UNGASS Declaration. Questions 6 through 9 are specific to monitoring the Dublin Declaration.

**Instructions:** The national government should answer all questions for this indicator.

**1. Does the country's multisectoral strategy/action framework address prisons?**

Yes      No

**2. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services, including prison staff?**

Yes      No

**3. Does the country have a policy and/or strategy to promote information, education and communication and other preventive health interventions for prisoners?**

Yes      No

**If Yes, do the policy and/or strategy include:**

a. Targeted information on risk reduction and HIV education?

Yes      No

b. Stigma and discrimination reduction?

Yes      No

c. Condom promotion?

Yes      No

d. HIV testing and counselling?

Yes      No

e. Reproductive health, including STI prevention and treatment?

Yes      No

f. Drug substitution therapy?

Yes      No

g. Needle and syringe exchange?

Yes      No

**4. Does the country have non-discrimination laws or regulations that specify protection for prisoners?**

Yes      No

**5. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for prisoners?**

Yes      No

**6. Are free condoms available in prisons in your country?**

Yes      No

**If Yes, are they available in:**

Some prisons      Most prisons      All prisons

**7. Is opioid substitution therapy available in prisons in your country?**

Yes      No

**If Yes, is it available in:**

Some prisons      Most prisons      All prisons

**8. Are needle and syringe programmes available in prisons in your country?**

Yes      No

**If Yes, is it available in:**

Some prisons      Most prisons      All prisons

**9. Is mandatory HIV testing done in prisons in your country?**

Yes      No

**If Yes, is it done in:**

Some prisons      Most prisons      All prisons

### 2.1.5 Prisoners

#### MDD29: HIV prevalence among Prisoners

**Description:** MDD29 is designed to measure the percentage of prisoners who are HIV infected, disaggregated by age and sex.

**Instructions:** If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD29. Please note that prisoners are not listed as a most-at-risk population in the UNGASS indicator; however, the same approach can be used with prison populations. The relevant UNGASS indicator is *Core Indicator Number 23: Most-at-risk Populations: Reduction in HIV Prevalence*. For the complete description of this indicator, see page 70 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to measure HIV prevalence among prisoners. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on HIV prevalence among prisoners:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_

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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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## 2.2 Promoting Sexual Health (PSH) among Young People

### MDD30: Qualitative Assessment of Measures to Promote Sexual and Reproductive Health among Young People

**Description:** MDD30 uses a set of questions to assess a country's approach to promoting sexual and reproductive health of young people.

**Instructions:** The national government should answer questions 1-7; civil society should answer question 8.

#### **Answered by Government**

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

Yes      No

2. Is HIV education part of the curriculum in primary schools?

Yes      No

3. Is HIV education part of the curriculum in secondary schools?

Yes      No

4. Is HIV education part of the curriculum in teacher training?

Yes      No

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

Yes      No

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

Yes      No

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

a. School-based HIV education for young people?      Agree      Disagree      N/A

b. HIV prevention for out-of-school young people?      Agree      Disagree      N/A

#### **Answered by Civil Society**

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

a. School-based HIV education for young people?      Agree      Disagree      N/A

b. HIV prevention for out-of-school young people?      Agree      Disagree      N/A

**MDD31: HIV-related Knowledge of Young People**

**Description:** MDD31 is designed to measure the percentage of young people – disaggregated by age and sex – who can correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

Instructions: If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD31. The relevant UNGASS indicator is *Core Indicator Number 13: Young People: Knowledge about HIV Prevention*. For the complete description of this indicator, see page 52 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to track HIV-related knowledge of young people. In all cases, countries are strongly encouraged to submit data that is disaggregated by age and sex.

**Provide a concise summary of the data on HIV-related knowledge of young people:**

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**Is additional information being submitted in an attachment?**

Yes            No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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## Theme 3: Living with HIV

### MDD32: Qualitative Assessment of Treatment, Care and Support

**Description:** MDD32 uses a series of simple questions to assess a country’s approach to treatment, care and support.

**Instructions:** The national government should answer questions 1-8; civil society should answer questions 9-14.

#### **Answered by Government**

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

Yes            No

If Yes, which populations/subpopulations are identified in the laws, regulations or policies?

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2. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support?

Yes            No

If Yes, does it address barriers facing:

- |                              |     |    |
|------------------------------|-----|----|
| a. Women?                    | Yes | No |
| b. Most-at-risk populations? | Yes | No |

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

Yes          No

**If Yes, how were these specific needs determined?** (Please provide a brief answer (i.e. 100-200 words) to this question.)

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**If No, how are HIV treatment, care and support services being scaled up?** (Please provide a brief answer (i.e. 100-200 words) to this question.)

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**4. The majority of people in need in the country have access to:**

a. ART	Agree	Disagree	N/A
b. Nutritional care	Agree	Disagree	N/A
c. Paediatric AIDS Treatment	Agree	Disagree	N/A
d. STI management	Agree	Disagree	N/A
e. Psychosocial support for PLHIV and their families	Agree	Disagree	N/A
f. Home-based care	Agree	Disagree	N/A
g. Palliative care and treatment of common HIV-related infections	Agree	Disagree	N/A
h. HIV testing and counselling for TB patients	Agree	Disagree	N/A
i. TB screening for HIV-infected people	Agree	Disagree	N/A
j. TB preventive therapy for HIV-infected people	Agree	Disagree	N/A
k. TB infection control in HIV treatment & care facilities	Agree	Disagree	N/A
l. Cotrimoxazole prophylaxis in HIV-infected people	Agree	Disagree	N/A
m. Post-exposure prophylaxis	Agree	Disagree	N/A



**Answered by Civil Society**

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

Yes            No

**If Yes, how were these specific needs determined?**

(Please provide a brief answer (i.e. 100-200 words) to this question.)

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**If No, how are HIV treatment, care and support services being scaled up?**

(Please provide a brief answer (i.e. 100-200 words) to this question.)

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**10. The majority of people in need in the country have access to:**

a. ART	Agree	Disagree	N/A
b. Nutritional care	Agree	Disagree	N/A
c. Paediatric AIDS Treatment	Agree	Disagree	N/A
d. STI management	Agree	Disagree	N/A
e. Psychosocial support for PLHIV and their families	Agree	Disagree	N/A
f. Home-based care	Agree	Disagree	N/A
g. Palliative care and treatment of common HIV-related infections	Agree	Disagree	N/A
h. HIV testing and counselling for TB patients	Agree	Disagree	N/A
i. TB screening for HIV-infected people	Agree	Disagree	N/A
j. TB preventive therapy for HIV-infected people	Agree	Disagree	N/A
k. TB infection control in HIV treatment & care facilities	Agree	Disagree	N/A
l. Cotrimoxazole prophylaxis in HIV-infected people	Agree	Disagree	N/A
m. Post-exposure prophylaxis	Agree	Disagree	N/A

**11. Are there people or groups of people (i.e. specific most-at-risk populations) who have more difficulty accessing HIV treatment, care and support services?** (Please provide a brief answer (i.e., 100-200 words) to this question, which highlights the key achievement in priority order.)

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**12. Rate the country's efforts in implementation of HIV prevention programmes:**

0 1 2 3 4 5 6 7 8 9 10

(0 being the lowest and 10 being the highest)

**13. What have been the key achievements in this area in the last two years?**  
(Please provide a brief answer (i.e. 100-200 words) to this question, which highlights the key achievement in priority order.)

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**14. What are the remaining challenges?** (Please provide a brief answer (i.e. 100-200 words) to this question, which highlights the remaining challenges in priority order.)

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### 3.1 Treatment and Care

#### MDD33: Rates of Coverage of Antiretroviral Therapy

**Description:** MDD33 is designed to measure if people who need antiretroviral therapy are receiving it.

The UNGASS indicator seeks to assess the proportion of people living with HIV that need antiretroviral therapy who are currently receiving it. The denominator is generated by estimating the number of people with advanced HIV infection requiring antiretroviral therapy.

However, some countries do not track coverage in this way. Rather, they use as a denominator those who have been diagnosed and have a CD4 count <350<sup>2</sup>. They also track the proportion of ‘late diagnoses’, i.e. those with a CD4 count <350 at the time of diagnosis.

**Instructions:** If it is available, data collected in line with the approach used in the relevant UNGASS indicator can be reported for MDD33. The relevant UNGASS indicator is *Core Indicator Number 4: HIV Treatment: Antiretroviral Therapy*. For the complete description of this indicator, see page 32 of the UNGASS Guidelines for 2010 reporting.

Alternatively, the national government should submit any existing data that is used to track coverage of antiretroviral therapy. The following data would be particularly useful:

- The total number of adults and children currently receiving antiretroviral therapy.
- The total number of people living with HIV who are currently alive and have ever had a CD4 count <350.
- The total number of people living with HIV diagnosed in the last year who had a CD4 count <350 at the time of diagnosis.
- The estimated number of people living with HIV in the country.

**Provide a concise summary of the data on coverage of antiretroviral therapy:**

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**Is additional information being submitted in an attachment?**

Yes            No

**If Yes, what is the name of the attachment?** \_\_\_\_\_

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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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<sup>2</sup> To do this requires a cohort tracking system. It is unclear how many countries in Europe and Central Asia have such a system.



### 3.1 Treatment and Care

#### MDD35: Rate of Mother-to-Child Transmission (MTCT)

**Description:** MDD35 is designed to measure the percentage of HIV-infected children born to HIV positive pregnant women (i.e. the rate of mother-to-child transmission).

**Instructions:** If possible, the national government should submit actual measured figures underlying the country's rate of MTCT for MDD35; i.e. the exact number of HIV-infected infants born to HIV-infected mothers.

Alternatively, the national government should submit any existing data used to track mother-to-child transmission, including the statistical modelling data used in the related UNGASS indicator. The relevant UNGASS indicator is *Core Indicator Number 25: Reduction in Mother-to-child Transmission*. For the complete description of this indicator, see page 75 of the UNGASS Guidelines for 2010 reporting.

**Provide a concise summary of the data on the rate of mother-to-child transmission:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 3.2 TB/HIV

#### MDD36: Co-management of TB and HIV

**Description:** MDD36 is designed to measure the percentage of people living with HIV and TB who receive treatment for both TB and HIV.

Instructions: If possible, data collected in line with the approach used in the relevant UNGASS indicator should be reported for MDD36. The relevant UNGASS indicator is *Core Indicator Number 6: Co-management of Tuberculosis and HIV Treatment*. For the complete description of this indicator, see page 37 of the UNGASS Guidelines for 2010 reporting.

Alternatively, if data using the UNGASS approach is not available in the country, the national government should submit any existing data that is used to track the co-management of TB and HIV treatment.

**Provide a concise summary of the data on co-management of TB and HIV:**

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**Is additional information being submitted in an attachment?**

Yes      No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
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**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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### 3.3 Stigma and Discrimination

#### MDD37: Qualitative Assessment of Policy Environment Related to Stigma and Discrimination

**Description:** MDD37 uses a set of questions to assess the policy environment related to stigma and discrimination.

**Instructions:** The national government should answer questions 1-2; civil society should answer questions 3-7.

**Answered by Government**

1. Does the country’s multisectoral strategy/action framework address stigma and discrimination?

Yes            No

2. Does the country have non-discrimination laws or regulations that specify protections for most-at-risk populations or other vulnerable sub-populations?

Yes            No

**If Yes, do these laws and regulations cover:**

- |                                 |     |    |
|---------------------------------|-----|----|
| a. Injecting drug users?        | Yes | No |
| b. Men who have sex with men?   | Yes | No |
| c. Sex workers?                 | Yes | No |
| d. Prisoners?                   | Yes | No |
| e. Migrants/mobile populations? | Yes | No |

**If Yes, what mechanisms are in place to ensure these laws are implemented and to what degree are these laws implemented.** (Please provide a summary (i.e. 200-300 words) of the mechanisms and the degree the laws are implemented.)

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### MDD38: Assessment of Accepting Attitudes towards People Living with HIV

**Description:** MDD38 is designed to assess the prevalence of accepting attitudes among the general population towards people living with HIV.

**Instructions:** If possible, data collected in line with the approach used in the relevant Additional Recommended indicator should be reported for MDD36. The relevant indicator is *Additional Recommended #14: Percentage of women and men aged 15-49 expressing accepting attitudes towards people living with HIV [disaggregated by sex (female, male), age (15-19, 20-24, 25-49), and education level (none, primary, secondary or higher)]*. For the complete description of this indicator, see page 38 of the *UNAIDS Guidance and Specifications for Additional Recommended Indicators*.<sup>3</sup>

Alternatively, the national government should submit any existing data used to track accepting attitudes towards people living with HIV, including the specific questions used to gauge these attitudes.

**Provide a concise summary of the data on accepting attitudes towards people living with HIV:**

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**Is additional information being submitted in an attachment?**

Yes          No

**If Yes, what is the name of the attachment?** \_\_\_\_\_  
\_\_\_\_\_

**If you are not providing data for this indicator, please explain why. For example, data is not collected on this issue or it is not considered useful in the country context.**

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<sup>3</sup> The *Guidance and Specifications for Additional Recommended Indicators* can be downloaded from the following link: <http://search.unaids.org>

## Verification

The purpose of this page is to capture contact information for two people with direct responsibility for completing this questionnaire. In the spaces provided below, please provide the requested details for the primary and secondary contacts. This information is useful for ECDC so it knows who to contact if there are questions or clarifications related to the completed questionnaire.

### Primary Contact

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Main Email Address: \_\_\_\_\_  
Alternative Email Address: \_\_\_\_\_  
Main Phone Number: \_\_\_\_\_  
Alternative Phone Number: \_\_\_\_\_

### Secondary Contact

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Main Email Address: \_\_\_\_\_  
Alternative Email Address: \_\_\_\_\_  
Main Phone Number: \_\_\_\_\_  
Alternative Phone Number: \_\_\_\_\_

## Final Reminders

Please do not forget to include any attachments when you submit your completed questionnaire to ECDC. Also, the deadline for submitting the questionnaires is **01 November 2009**.

**Thank you!**