

Module 8 - Assessment matrix for "HIV and syphilis"

Government strategy	Existing provisions	Policy gaps	Implementation issues	Recommendations ¹
Government of Coresia aims at guaranteeing health care for all people, including treatment for HIV-AIDS (National Five Year Plan (2012–16))	<p>Private sector employees: contributory health insurance scheme (NHIP) foresees the introduction of an HIV-AIDs benefit package (not yet implemented)</p> <p>Civil servants, police, military, veterans: compulsory contributory health insurance scheme (MBP) does not currently cover HIV and syphilis</p> <p>Poor and near poor: non-contributory tax-funded health insurance scheme (PHCP) which does not currently cover HIV and syphilis</p> <p>Informal economy workers (including self-employed workers) and SME workers: contributory health insurance scheme (SHI) which does not currently cover HIV and syphilis</p>	No coverage of HIV testing and treatment, MTCT prevention, syphilis testing and treatment under any of the programmes	<p>Majority of formal sector employees not covered due to social evasion by employers</p> <p>New decree to introduce an HIV and syphilis benefit package under NHIP not yet implemented</p>	<p>(*) R1 – Calculate the cost of providing VCT to all people in the sexually active age group (15–59 years) and/or people who are most-at-risk of being affected by HIV</p> <p>(*) R2 – Calculate the cost of providing regular check-ups (two viral loads and two CD4 counts every year) to HIV-positive people, and ARV treatment (line 1 or line 2 depending on the condition revealed during the check-ups)</p> <p>(*) R3 – Calculate the cost of providing HIV and syphilis testing to pregnant women and adequate MTCT prevention to reduce mother-to-child-transmission of HIV</p> <p>(Δ) R4 – Strict enforcement of the NHIP Law to prevent social evasion, e.g., impose penalty for evasion and establish a supervisory and inspection mechanism</p> <p>(Δ) R5 – Extend the coverage of NHIP to enterprises with fewer than 10 employees</p>

¹ Two types of recommendations were formed: (*) designates the provision of additional SPF benefits or increase of coverage; cost of these can be calculated using RAP; (Δ) designates requirement for detailed studies; can be implemented through specific TC projects