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UNGASS - National Composite Policy Index (NCPI) 2007

**Asia and Pacific**

**Mongolia**

**COUNTRY:**

Mongolia

**Name of the National AIDS Committee Officer in charge:**

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**Date of submission:**

1/31/2008

:	Organisation	National AIDS Committee
:	Name/Position	Mrs. Khadhuu, National AIDS Programme Coordinator
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II
:	Organisation	Ministry of Health, Department of Policy and Planning
:	Name/Position	Mr. Davaadorj, Deputy Head
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II
:	Organisation	UNAIDS
:	Name/Position	Mrs. Altanchimeg, Focal Point

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II
:	Organisation	UNICEF
:	Name/Position	Mr. Ider, Focal Point
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	WHO
:	Name/Position	Mrs. Narantuya, Focal Point
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Health, M&E Department
:	Name/Position	Mr. Enkhbold, Deputy Head
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.V
:	Organisation	Ministry of Health, M&E Department
:	Name/Position	Mrs. Hongorzul, officer
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.V
:	Organisation	STI/HIV/AIDS Reference Center, National Center for Communicable Diseases
:	Name/Position	Mr. Urtnasan, Head
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	STI/HIV/AIDS Reference Center, National Center for Communicable Diseases
:	Name/Position	Mrs. Erdenetuya, Medical Doctor
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.IV
:	Organisation	STI/HIV/AIDS reference center, National Center for Communicable Diseases
:	Name/Position	Mrs. Baigalmaa, Medical Doctor
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.IV
:	Organisation	STI/HIV/AIDS reference center, National Center for Communicable Diseases
:	Name/Position	Mrs. Unenchimeg, Medical Doctor

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.IV
:	Organisation	Global Fund supported project on HIV/AIDS and TB
:	Name/Position	Mrs. Oyunbileg, Project Coordinator
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Global Fund supported project on HIV/AIDS and TB
:	Name/Position	Mrs. Byambaa, Project Officer
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.III / A.IV
:	Organisation	Global Fund supported project on HIV/AIDS and TB
:	Name/Position	Ms. Iliza, Project Officer
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II
:	Organisation	Human Rights Commission
:	Name/Position	Mrs. Narantuya, Complaint Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I
:	Organisation	National AIDS Foundation
:	Name/Position	Mrs. Zolzaya, Programme Manager
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
:	Organisation	National Center for Blood Transfusion
:	Name/Position	Mrs. Munkhgerel, Medical Doctor
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III
:	Organisation	Population Development and Reproductive Health NGOs Network
:	Name/Position	Mrs. Tuya, Executive Report
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II / B.III
:	Organisation	Mongolian Red Cross Society
:	Name/Position	Mr. Nyamdorj, HIV response programme manager
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II / B.III
:	Organisation	Positive Life NGO

:	Name/Position	Mrs. Tamir, Community member
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.IV
:	Organisation	Positive Life NGO
:	Name/Position	Mr. Purvejav, Executive director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.IV
:	Organisation	Global Fund supported project on HIV/AIDS and TB
:	Name/Position	Ms. Enkhsaikhan, Project Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II
:	Organisation	Global Fund supported project on HIV/AIDS and TB
:	Name/Position	Mrs. Byambaa, Project Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III / B.IV
:	Organisation	Global Fund supported project on HIV/AIDS and TB
:	Name/Position	Ms. Tsogtsaihan, Project officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
Position:		Executive director
Position:	Full time/Part time	Full time
Position:	Since when?	Since 2000
Position:		Monitoring and Evaluation Officer for health management information
Position:	Full time/Part time	Full time
Position:	Since when?	Since 2004
Position:		Monitoring and Evaluation officer for public health
Position:	Full time/Part time	Full time
Position:	Since when?	Since 2004
Position:		Monitoring and Evaluation officer for health services
Position:	Full time/Part time	Full time
Position:	Since when?	Since 2006
Position:		Monitoring and Evaluation officer for information network and programme
Position:	Full time/Part time	Full time
Position:	Since when?	Since Nov 2007

# 1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

## IF YES, period covered:

2006-2010

### 1.1 How long has the country had a multisectoral strategy/action framework?

3

### 1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Health:	<b>Strategy/Action framework</b>	Yes
Health:	<b>Earmarked budget</b>	Yes
Education:	<b>Strategy/Action framework</b>	Yes
Education:	<b>Earmarked budget</b>	Yes
Labour:	<b>Strategy/Action framework</b>	Yes
Labour:	<b>Earmarked budget</b>	Yes
Transportation:	<b>Strategy/Action framework</b>	Yes
Transportation:	<b>Earmarked budget</b>	Yes
Military/Police:	<b>Strategy/Action framework</b>	Yes
Military/Police:	<b>Earmarked budget</b>	Yes
Women:	<b>Strategy/Action framework</b>	Yes
Women:	<b>Earmarked budget</b>	Yes
Young people:	<b>Strategy/Action framework</b>	Yes
Young people:	<b>Earmarked budget</b>	Yes
Finance:	<b>Strategy/Action framework</b>	Yes
Finance:	<b>Earmarked budget</b>	Yes
Human Resources:	<b>Strategy/Action framework</b>	Yes
Human Resources:	<b>Earmarked budget</b>	Yes
Planning:	<b>Strategy/Action framework</b>	Yes
Planning:	<b>Earmarked budget</b>	Yes
Public Works:	<b>Strategy/Action framework</b>	Yes
Public Works:	<b>Earmarked budget</b>	Yes
Tourism:	<b>Strategy/Action framework</b>	Yes
Tourism:	<b>Earmarked budget</b>	Yes

**1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?**

- |   |     |
|---|-----|
| a. Women and girls:                       | Yes |
| b. Young women/young men:                 | Yes |
| c. Specific vulnerable sub-populations:   | Yes |
| d. Orphans and other vulnerable children: | Yes |
| e. Workplace:                             | Yes |
| f. Schools:                               | Yes |
| g. Prisons:                               | Yes |
| h. HIV, AIDS and poverty:                 | Yes |
| i. Human rights protection:               | Yes |
| j. Involvement of people living with HIV: | Yes |
| k. Addressing stigma and discrimination:  | Yes |

**1.4 Were target populations identified through a process of a needs assessment or needs analysis?**

Yes

**IF YES, when was this needs assessment /analysis conducted? Year:**

2006

**1.5 What are the target populations in the country?**

- General population
- Young women and men
- Mobile population
- Men who have sex with men
- Sex worker
- Prisoners
- Ninjas (illegal miners or artisanal miners)
- People living with HIV
- Traders
- Drug users

**1.6 Does the multisectoral strategy/action framework include an operational plan?**

Yes

**1.7 Does the multisectoral strategy/action framework or operational plan include:**

- |  |     |
|--|-----|
| a. Formal programme goals? :                         | Yes |
| b. Clear targets and/or milestones? :                | Yes |
| c. Detailed budget of costs per programmatic area? : | No  |
| d. Indications of funding sources?:                  | Yes |
| e. Monitoring and Evaluation framework? :            | Yes |

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

Active involvement

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

The involvement and participation of civil society in the development of the multi sectoral strategy was very high in comparison with 2003. The representatives from civil society were equally involved in the planning, discussion, formulation and consultative process to develop multisectoral strategy.

**1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?**

Yes

**1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?**

Yes, all partners

**2. Has the country integrated HIV and AIDS into its general development plans such as:  
a) National Development Plans,  
b) Common Country Assessments/United Nations Development Assistance Framework,  
c) Poverty Reduction Strategy Papers,  
d) Sector Wide Approach?**

Yes

**2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?**

a) National Development Plans:

b) Common Country Assessments/United Nations Development Assistance Framework:

**2.2 IF YES, which policy areas below are included in these development plans?**

HIV Prevention:	<b>Development Plans</b>	a) / b)
Treatment for opportunistic infections:	<b>Development Plans</b>	a)
Antiretroviral therapy:	<b>Development Plans</b>	a) / b)
Care and support (including social security or other schemes):	<b>Development Plans</b>	b)
Reduction of <b>gender</b> inequalities as they relate to HIV prevention/treatment, care and/or support:	<b>Development Plans</b>	a) / b)
Reduction of stigma and discrimination:	<b>Development Plans</b>	a) / b)

**3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?**

Yes

**3.1 IF YES, to what extent has it informed resource allocation decisions?**

3

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

Yes

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

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(\*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken? <br>**

**Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:**

The HIV testing approach is voluntary. The concept of voluntary HIV testing was introduced to Mongolia earlier, but it has been actualized since 2006.

**5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes

**5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?**

Yes

**5.2 Have the estimates of the size of the main target population sub-groups been updated?**

Yes

**5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates only

**5.4 Is HIV and AIDS programme coverage being monitored?**

Yes

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

Yes

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

Yes

**IF YES, which population sub-groups?**

Men who have sex with men

Female sex worker

Pregnant women

Blood Donors

**(c) IF YES, is coverage monitored by geographical area?**

Yes

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

The coverage is monitored at provincial and district level in Ulaanbaatar.

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

Yes

**Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?**

2007: 7

2005: 5

**Comments on progress made in strategy planning efforts since 2005:**

The strategy planning effort has increased significantly compared to 2005. The newly revised planning has clear targets and associated funding estimation. The roles of partners are also identified.

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

President/Head of government : No

Other high officials : Yes

Other officials in regions and/or districts : Yes

**2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?**

Yes

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

2006

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

Name: Mr. E. Enkhbold

Title/Function: Deputy Prime Minister

### 2.3 IF YES, does it:

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?:	No
include the private sector?:	No
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?:	Yes

### (\* If it does include civil society representatives, what percentage?

16.6

### 3. 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

### 3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

### (\*If it does include regular meetings, what is the frequency of the meetings:

every quarter

### IF YES, What are the main achievements?

The main achievements are:

1. Facilitated interaction between members
2. Facilitated in the process of resource mobilization.

**IF YES, What are the main challenges for the work of this body?**

Not observed so far.

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

0

**5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?**

Information on priority needs and services : Yes

Technical guidance/materials: Yes

Drugs/supplies procurement and distribution : Yes

Coordination with other implementing partners : Yes

Capacity-building : Yes

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

Yes

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

No

**Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?**

2007: 4

2005: 3

**Comments on progress made in political support since 2005:**

Compared to 2005, political support has increased dramatically as exemplified by the re-establishment of the National AIDS Committee under the rule of the Deputy Prime Minister.

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

Yes

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

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Use condoms consistently:

Engage in safe(r) sex:

Use clean needles and syringes:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

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

Yes

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

Yes

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

primary schools? : No

secondary schools? : Yes

teacher training? : No

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

Yes

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

Yes

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

Yes

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

Targeted information on risk reduction and HIV education:	IDU
Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Stigma & discrimination reduction:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Condom promotion:	MSM
Condom promotion:	Sex workers
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates
Vulnerability reduction (e.g. income generation):	IDU
Vulnerability reduction (e.g. income generation):	MSM
Vulnerability reduction (e.g. income generation):	Sex workers
Vulnerability reduction (e.g. income generation):	Prison inmates
Needle & syringe exchange:	IDU

**Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?**

2007:	9
2005:	8

**Comments on progress made in policy efforts in support of HIV prevention since 2005:**

The difference is explained by the inclusion of targeted HIV prevention issues into the National Strategic Plan and by giving more focus on mobilization of targeted funding.

**4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?**

Yes

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts\* in need?**

Blood safety:	<b>The activity is available in</b>	<b>all</b> districts* in need
Universal precautions in health care settings:	<b>The activity is available in</b>	<b>most</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The activity is available in</b>	<b>some</b> districts* in need
IEC on risk reduction:	<b>The activity is available in</b>	<b>some</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The activity is available in</b>	<b>some</b> districts* in need
Condom promotion:	<b>The activity is available in</b>	<b>all</b> districts* in need
HIV testing & counselling:	<b>The activity is available in</b>	<b>most</b> districts* in need
Harm reduction for injecting drug users:	<b>The activity is available in</b>	<b>some</b> districts* in need
Risk reduction for men who have sex with men:	<b>The activity is available in</b>	<b>some</b> districts* in need
Risk reduction for sex workers:	<b>The activity is available in</b>	<b>some</b> districts* in need
Programmes for other vulnerable subpopulations:	<b>The activity is available in</b>	<b>some</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The activity is available in</b>	<b>most</b> districts* in need
School-based AIDS education for young people:	<b>The activity is available in</b>	<b>most</b> districts* in need
Programmes for out-of-school young people:	<b>The activity is available in</b>	<b>most</b> districts* in need
HIV prevention in the workplace:	<b>The activity is available in</b>	<b>most</b> districts* in need
Other::	<b>The activity is available in</b>	<b>most</b> districts* in need
Other::	<b>The activity is available in</b>	<b>most</b> districts* in need

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?**

2007:	6
2005:	5
2007:	7
2005:	4

**Comments on progress made in the implementation of HIV prevention programmes since 2005:**

Significant progress has been made in the area of expansion of VCT centers; the number of VCT centers has increased up to 26 sites. More funding has been utilized for targeted interventions including sex workers working abroad, and expansion of MSM interventions.

**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

**1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?**

No

**2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

Yes

**IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts\* in need?**

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

Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>some</b> districts* in need
Home-based care:	<b>The service is available in</b>	N/A
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	<b>all</b> districts* in need
HIV testing and counselling for TB patients:	<b>The service is available in</b>	<b>most</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>most</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	N/A
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	N/A
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	<b>some</b> districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	N/A
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	N/A

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

No

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

Yes

**4.1 IF YES, for which commodities?:**

The country have access to regional procurement and supply management for antiretroviral drugs through UNICEF that based on the agreement made on 2003 and condoms through UNFPA.

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007:	6
2005:	4

**Comments on progress made since 2005:**

During the reporting period, programmes on provision of antiretroviral therapy, psychological support for people living with HIV and post exposure prophylaxis have introduced into Mongolia; all these programme initiatives are reflected in two out of 12 priority areas of the Strategic Plan 2006-2010.

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

No

**Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?**

2007: 0

2005: 0

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

Yes

**IF YES, Years covered:**

2002-2010

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

Yes

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

Yes

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

Yes, all partners

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

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : Yes

a data dissemination and use strategy : Yes

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

In progress

**4. Is there a functional M&E Unit or Department?**

Yes

**4.1 IF YES, is the M&E Unit/Department based**

in the NAC (or equivalent)? : No

in the Ministry of Health? : Yes

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department? <br><br>**

**Number of permanent staff:**

7

**4.3 IF YES, 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

**IF YES, does this mechanism work? What are the major challenges?**

Even though the Ministry of Health has an M&E department with at least five staff members, they do not only support HIV but also have multiple roles in terms of reporting, monitoring and evaluation of data for all diseases. In this regard there is not sufficient time or human resources allocated for HIV. The national M&E plan has overall indicators on HIV.

**4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?**

3

**5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly

**IF YES, Date last meeting:**

Oct 2007

**5.1 Does it include representation from civil society, including people living with HIV?**

No

**6. Does the M&E Unit/Department manage a central national database?**

No

**6.3 Is there a functional Health Information System (HIS)?**

National level : Yes

Sub-national level (\*): Yes

**(\*If there is a functional sub-national HIS, at what level(s) does it function?**

at aimag or province level, and at a district level

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

Yes

**7. To what extent are M&E data used in planning and implementation?**

4

**What are examples of data use?**

Data provided used in the development of Health sector Master Plan from 2006 to 2015

## What are the main challenges to data use?

The reliability of health statistics remains to be an issue mainly due to the number of underreported STI cases. STI cases may not be reported because, firstly many people seek help at private clinics where their confidentiality is guaranteed, but the private practitioners underreport their STI cases to local health authorities; secondly, sub-provincial health facilities do not provide accurate reports of STIs to their provincial health authorities due to confusing STI data collection forms.

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

At national level? :	Yes
At national level? :	IF YES, Number of individuals trained: 65
At sub-national level? :	No
Including civil society? :	Yes
Including civil society? :	IF YES, Number of individuals trained: 9

## Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007:	5
2005:	3

## Comments on progress made in M&E since 2005:

In 2005, the Ministry of Health developed Health Sector master plan that covers the period from 2006 to 2015. Through this plan, the monitoring and evaluation framework of national level output and impact indicators were defined including HIV related issues. Specifically, the tool on national level indicators to measure effectiveness of HIV response in the country was developed. On top of this, a national seminar for defining the key indicators was organized in 2007, bringing all stakeholders in the country together.

In addition, under the Three One's mechanism, the Mongolian government has given more emphasis on evaluation of HIV response in the country; the Ministry of Health, in cooperation with other development partners, has created an operational tools and national indicators to measure the effects of HIV response efforts. There are twenty seven national level indicators that facilitate to measure the progress of HIV response; it comprises of three set of indicators in the area of programme, knowledge and behavior as well as impact indicators.

## 1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes

### 1.1 IF YES, specify:

The law on prevention of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome was approved in 1993. The amendments were made in 2004 by including issues related to the protection of human rights and confidentiality and removing statements on forced measures.

## 2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

**2.1 IF YES, for which sub-populations?**

Women:	Yes
Young people :	No
IDU:	No
MSM:	No
Sex Workers :	No
Prison inmates :	No
Migrants/mobile populations :	No

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

1. Constitutional Court of Mongolia
2. If someone's right has violated the Human Right Commission files case charge against violator and represent potential victim at the Civil Court.

**IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:**

National Center against Violence develop its annual report which includes the number of women whose rights are protected

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?**

Yes

**3.1 IF YES, for which sub-populations?**

Women :	No
Young people :	No
IDU:	No
MSM:	No
Sex Workers:	Yes
Prison inmates :	No
Migrants/mobile populations :	No
Other::	No

**IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:**

Criminal Code, Administrative Responsibility Code and Code Against Promiscuity have reflected some regulations against prostitution and organization of prostitution. Namely the following acts are identified as a crime and penalized.

Criminal Code's article 115 administers acts related to involvement of juvenile persons in alcoholism, intoxication, prostitution, vagrancy and beggary, Criminal Code's article 123 administers promotion of prostitution and Criminal Code's article 124 administers involvement of others in prostitution and organizing of prostitution.

Administrative Responsibility Code states that, from above acts, promotion of prostitution and avoidance of treatments of STI will be penalized by Administrative respond if cannot be responded by Criminal Code. (Administrative Responsibility Code 41).

Code against Promiscuity is the main regulation in this area and it regulates issues related to promotion of promiscuity, acts against prostitution, erotic advertisements and services. The code states that prostitution and organizing of it are prohibited and if the code is violated, guilty party will be punished.

Code on Issuance of Special Permissions for Enterprise Activities states that it is prohibited to conduct activities related to organizaing promiscuity acts, promotion and support of it in the territory of Mongolia .

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

Yes

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

No

**6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?**

Yes

**IF YES, describe some examples**

The National HIV and AIDS strategy, which was revised in 2006 with nine objectives, addresses to the most –at-risk population such as MSM, sex workers, mobile population and IDU. Currently, two HIV and AIDS project are being implemented through Global Fund financial support that focuses mainly on these groups and involves MARPs at all levels of the implementation of this project.

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

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

**8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?**

Yes

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

No

**9.1 Are there differences in approaches for different most-at-risk populations?**

No

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

No

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

Yes

**11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?**

Yes

**IF YES, describe the effectiveness of this review committee**

To date, mainly social research activities on HIV/AIDS were carried out. In such cases, permanent members of the committee will review the research protocol. However, according to the Ethical review committee, a representative from affected communities will be called on board if the research involves sensitive questions such as personal identifiers, and invasive methods such as HIV tests.

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

- 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

- 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

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

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

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

No

**14. Are the following legal support services available in the country?**

Legal aid systems for HIV and AIDS casework:	Yes
Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:	No
Programmes to educate, raise awareness among people living with HIV concerning their rights:	Yes

**15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?**

Yes

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

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	No

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?**

2007:	5
2005:	4

**Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:**

National strategy that was revised in 2006 at National Seminar included subjects against stigma and discrimination. Also, human rights commission has accelerated and expanded its activities towards people living with HIV's right.

**Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?**

2007:	2
2005:	2

**Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:**

No comment

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

3

**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)**

4

**3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included**

- a. in both the National Strategic plans and national reports?: 4
- b. in the national budget?: 0

**4. Has the country included civil society in a National Review of the National Strategic Plan?**

Yes

**IF YES, when was the Review conducted? Year:**

2006

**5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?**

4

**List the types of organizations representing civil society in HIV and AIDS efforts:**

Civil Society includes among others: Network of People Living with HIV, women's organization, youth organizations, faith based organizations

AIDS services organizations includes among others: Community based organizations, organizations of vulnerable sub populations including MSM, SW, IDU, migrants; workers union, human right organizations

**6. To what extent is civil society able to access**

- a. adequate financial support to implement its HIV activities?: 4
- b. adequate technical support to implement its HIV activities?: 4

**Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?**

2007: 7

2005: 5

**Comments on progress made in increasing civil society participation since 2005:**

Civil society representatives involved in development, planning and implementation of the National Strategic Plan by facilitating satellite sessions and involving in the discussion. Also, its access to funding has increased greatly.

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?**

Yes

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?**

Blood safety:	<b>The service is available in</b>	<b>all</b> districts* in need
Universal precautions in health care settings:	<b>The service is available in</b>	<b>most</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The service is available in</b>	<b>some</b> districts* in need
IEC on risk reduction:	<b>The service is available in</b>	<b>some</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The service is available in</b>	<b>some</b> districts* in need
Condom promotion:	<b>The service is available in</b>	<b>all</b> districts* in need
HIV testing & counselling:	<b>The service is available in</b>	<b>most</b> districts* in need
Harm reduction for injecting drug users:	<b>The service is available in</b>	<b>some</b> districts* in need
Risk reduction for men who have sex with men:	<b>The service is available in</b>	<b>some</b> districts* in need
Risk reduction for sex workers:	<b>The service is available in</b>	<b>some</b> districts* in need
Programmes for other vulnerable sub-populations:	<b>The service is available in</b>	<b>some</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The service is available in</b>	<b>most</b> districts* in need
School-based AIDS education for young people:	<b>The service is available in</b>	<b>most</b> districts* in need
Programmes for out-of-school young people:	<b>The service is available in</b>	<b>most</b> districts* in need
HIV prevention in the workplace:	<b>The service is available in</b>	<b>most</b> districts* in need
Other programmes::	<b>The service is available in</b>	<b>all</b> districts* in need
Other programmes::	<b>The service is available in</b>	<b>all</b> districts* in need

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

Yes

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007:	6
2005:	4

**Comments on progress made in the implementation of HIV treatment, care and support services since 2005:**

During the reporting period, programmes on provision of antiretroviral therapy, psychological support for people living with HIV and post exposure prophylaxis have introduced into Mongolia; all these programme initiatives are reflected in two out of 12 priority areas of the Strategic Plan 2006-2010.

Even though a progress has been observed at policy level, its implementation is still not sufficient. Particularly the quality of antiretroviral treatment and psychological support should be strengthened. Information on treatment literacy and adherence is not fully available for People Living with HIV. The projects and initiatives on Greater Involvement of People Living with HIV (GIPA) should be promoted.

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

Prevention for youth :	25-50%
Prevention for IDU :	51-75%
Prevention for MSM :	>75%
Prevention for sex workers :	>75%
Counselling and Testing :	<25%
Clinical services (OI/ART)* :	<25%
Home-based care :	<25%

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

No

**Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?**

2007:	1
2005:	1

**Comments on progress made since 2005:**

No comment

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