The current situation of HIV/AIS in Qatar ,2013

Despite the unprecedented population growth over the last decade, Qatar's epidemic has not grown- Qatar remains a low prevalence country with a steady rate of new HIV infections diagnosed every year (less than 10 new cases diagnosed per year). In 2013, only 18 new cases were reported.

Since its formation in 2006, Qatar's National AIDS program has taken major steps forward in the efforts to control HIV/AIDS spread, Comprehensive HIV/AIDS program review undergoing, actions for scaling up will be implemented.

There is no tangible evidence of epidemic transmission of HIV in Qatar whether generalized or concentrated. HIV transmission within the country appears to be very limited. Despite the lack of studies conducted to determine the mode of transmission in Qatar, current reports and documents suggest that the dominant mode of transmission is heterosexual sex mainly from exogenous HIV exposures abroad which are then transmitted to the immediate sexual partners within the country. There is also no evidence of epidemic transmission within high risk network& groups. There is a very high number of migrant workers in Qatar and most of them are single male workers who might be vulnerable to HIV such as through contacts with sexual partners, however repeated HIV testing on these migrant labors consistently indicate very low HIV prevalence.

There is no evidence of mother-to-child-transmission (MTCT) in Qatar. According to the women's hospital, there have been only two cases of pregnancies among HIV positive mothers one in 2008 and one in 2010 both of which were completed to term. The mothers received ART during pregnancy and both of their children tested negative after birth.

Every year there is over 500000 HIV tests being done for a population of less than two millions which show very small number of positive cases in the past two years.

Due to the low prevalence in the country and the steady rate of HIV new cases the response and the policies in Qatar have been mainly focused on maintaining this low prevalence and supporting current PLHIV living in the country. So far there has been no strategic plan dedicated especially for HIV & AIDS, but there is a national health plan (National Health Strategy 2011-2016) that includes HIV. Various sectors in the country respond to HIV depending on their field of expertise to cover prevention, screening and supporting vulnerable groups. There is extensive screening in the country —over 500000 HIV test/year- as there are many venues of which testing is available such as premarital testing and pregnant women testing.

On the other hand, treatment is readily available free of charge to all PLHIV. A clinic dedicated for HIV & AIDS has been established in HMC where all PLHIV receive their treatment and counseling. In the very few cases of HIV positive pregnant women, treatment was given during pregnancy leading to negative HIV tests in the newborns in all the cases. The clinic in HMC functions as a VCT in the country with a unique integrated approach for all the care PLHIV need from treatment to education and other services.

condoms are available in all supermarkets for reasonable prices (avg <0.5 \$/condom) without any legal restrictions or regulations limiting their distribution.

PLHIV treatment care is completely supported by the government that provides them with free treatment, consultation and education. All services are centered in HMC-Hamad Medical Hospital where they are offered free of charge and under total confidentiality privileges for Qataris and non-Qataris. Therapy is available at all times and in case of any shortage certain medications are ordered to reach the country overnight if necessary.

HIV screening has been incorporated in pre-employment, pre-marital and preresidency permit procedures for everyone along with screening for all blood donors in the blood bank, all women in the women hospital upon their first visit and with every pregnancy, all drug users referred for psychiatric treatment in the psychiatric hospital and students travelling abroad to attend university are also offered and encouraged to test. The vast majority of the population of Qatar has tested for HIV at least once in the last few years. The low prevalence status in Qatar was advantageous in terms of providing quality support to all PLHIV and being able to provide free services since there is a small number of PLHIV in Qatar hence each person can be fully supported. However, it was disadvantageous at the public health level as HIV does not rank highly among the public health issues in the country. This has led to lack of specific HIV & AIDS response programs. There are currently no needle exchange programs, active surveillance or M&E. The involvement of the civil society remains inadequate and there are no NGO's involved in HIV & AIDS programs or are working with most at risk populations.

All funding for HIV & AIDS activities or programs have been governmental with no bilateral agencies, international funding or private funding used. The budget from the government is however sufficient to cover all costs with an opportunity to be increased upon request. Treatment for each HIV patient costs around 25000\$ annually fully supported by the government for all PLHIV both Qataris and non-Qataris. In a country like Qatar with the highest per capita income in the world, resources are available and it does not constitute an obstacle in providing treatment or any other services for PLHIV. With the establishment of more academic and research institution, multi-million dollars funding is currently being allocated for HIV & AIDS studies on the national and the regional level. Further advancement in the HIV & AIDS response is anticipated in the future nourished by the country's abundant resources.

Qatar has made substantial efforts to reduce stigma and discrimination against PLHIV in regards to employment and discrimination in the health care sector. So many awareness campaigns concerning Stigma reduction were organized —the target health care providers.

Qatar has committed to the regional Riyadh HIV/AIDS Charter, which call for GCC countries to act upon its ten recommendations, ranging from care and support programs for people living with HIV/AIDS & to Enhance the involvement of the civil society in the AIDS response, Develop HIV prevention programs focusing on young people.