

Survey Response Details

Response Information

Started: 1/27/2010 5:19:15 AM

Completed: 2/10/2010 7:47:37 AM

Last Edited: 4/12/2010 10:09:52 AM

Total Time: 14.02:28:21.7160000

User Information

Username: ce_SY

Email:

Response Details

Page 1

1) Country

Syrian Arab Republic (0)

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

Shadi Saleh

3) Postal address:

Faculty of Health Sciences, American University of Beirut, P.O. BOX 11-0236, Riad El Solh, Beirut 1107 2020, Beirut, Lebanon

4) Telephone:

Please include country code

+9613047578

5) E-mail:

ss117@aub.edu.lb

6) Date of submission:

Please enter in DD/MM/YYYY format

18/02/2010

Page 3

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

Multiple individuals who had knowledge of the topic were inquired about key issues

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

The responses that resulted in disagreements were reviewed by the National AIDS Committee for resolution.

9)

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

Since this is the first time the NCPI has been completed in the Syrian Arab Republic (SAR), the data quality of certain items could not be completely confirmed. However, explanations were provided re concerns.

Page 4

10)

NCPI - PART A [to be administered to government officials]

Organization Names/Positions		Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	NAP Haytham Suidan, NAP Manager	A.I, A.II, A.III, A.IV, A.V

11)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2 NAP	Omar bu Najj, NAP Staff	A.I, A.II, A.III, A.IV, A.V
Respondent 3 Ministry of Planning	Dr Lina Fioumy, Director of Health Planning Department	A.I
Respondent 4 Syrian Women Association	Dr Zouhour Hadad, Director of Health services	A.I, A.III
Respondent 5 Ministry of Defense	Dr Mouetaz Heritani, Director of Health Services	A.I
Respondent 6 Ministry of Education	Dr Abdul Aziz Abdul Nahar, Director of Health Education	A.III
Respondent 7 UNHCR	Dr Adam Mousa	A.I
Respondent 8 UNRWA	Dr Tayseer Sabagh	A.I
Respondent 9		
Respondent 10		
Respondent 11		
Respondent 12		
Respondent 13		
Respondent 14		
Respondent 15		
Respondent		

- 16
- Respondent
- 17
- Respondent
- 18
- Respondent
- 19
- Respondent
- 20
- Respondent
- 21
- Respondent
- 22
- Respondent
- 23
- Respondent
- 24
- Respondent
- 25

12)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	International Planned Parenthood Federation-Syria	Dr. Lama Moaka, Director	B.I, B.II, B.III

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	UNFPA-Syria	National Professional Officer	B.II, B.III, B.IV
Respondent 3	Ministry of Interior	Mazen Maghrabi, Assistant Director of Medical Services	B.I
Respondent 4	Ministry of Justice	Mr. Bassam Daoula, Director of Health Constitution Department. Judge	B.I
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent			

11
Respondent
12
Respondent
13
Respondent
14
Respondent
15
Respondent
16
Respondent
17
Respondent
18
Respondent
19
Respondent
20
Respondent
21
Respondent
22
Respondent
23
Respondent
24
Respondent
25

Page 5

14)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

No (0)**Page 6**15) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****IF NO or NOT APPLICABLE, briefly explain why**

The National AIDS center did not develop a comprehensive national strategic plan due to shortage of national experts in strategic development, lack of financial support and lack of commitment from key policy makers in the past for a national strategic plan. In absence of National strategic plan,

AIDS National Center had conducted multiple activities and workshops with multi-sectors including educational ministry, Ministry of Interior, Tourism and Defense, Youth and women organizations and family planning organization. The financial support for such activities was provided in large part by different United Nation Organizations in addition to regular funding from Ministry of Health allocated to communicable disease directorate. These activities had targeted women and young girls through family planning clinics and family planning organization and targeted youth through Student Association and Youth organization. While drug users, female sex workers, men having sex with men were only tested for HIV at the time of incarceration in absence of pre and post test counseling most of the time. The activities in the last 2 years did not include orphans and vulnerable children or other vulnerable populations. The activities were selected based on source of funding rather than needs assessment.

Page 14

16)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

Page 15

17)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

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

18)

2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	No
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	Yes

Women's economic empowerment (e.g. access to credit, access to land, training)
Other: Please specify

Yes

Page 16

19)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

No (0)

Page 17

20)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

No (0)

Page 19

21)

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

Yes (0)

Page 20

22)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

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

23)

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

Mechanims are not well established.

24)

Briefly comment on the degree to which these laws are currently implemented:

Laws were passed but implementation and compliance is poor. Knoweldge among general public and most of at risk groups of existing civil rights including right of access to health care and equal job opportunity is limited

Page 21

25)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 22

26)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

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

27)

Briefly comment on how they pose barriers:

At the present, drug use, homosexuality and extramarital sex work is considered illegal and not accepted in the society. This represents a major barrier in reaching these most at risk groups to provide education and HIV test counseling as well prevention. Also, given the conservative makeup of Syrian society, homosexuality and extramarital sex work is not acceptable which constitute a barrier to reach homosexuals and female sex workers for prevention education.

Page 23

28)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 24

29)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

30)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

31)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

32)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

33)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

34)

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

No (0)

Page 28**35) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

36)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

governorates level

37)

Briefly explain how this information is used:

Coverage is monitored based on geographical locations at governorates level and for estimate of medication supplies. Regular report of medication distribution is submitted monthly from each HIV center at governorate level to the National AIDS Center.

38)

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

Yes (0)

Page 30

39)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

5 (5)

40)

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

1-establishment of total of 14 VCT (7 MOH and 6 family planning organization and one Syrian Red Crescent organization) and undergoing planning for 2 VCT in prison of Aleppo and Damascus. 2- Establishment of free STD testing center with HIV test center in Damascus and planning to open STD testing center in Aleppo next year 3-Improvement of HIV referral laboratory by providing CD8, CD4 count and viral load testing 4-Establishment of 4 HIV Centers in Sawida, Qunitara, Hassaka

and AIRaqa 5-development of treatment plan 6-Completeness of study regarding the current emotional and social status of people living with HIV 7-Completeness of SARA report 8-Establishment of national guidelines for peer education and young people education 9-Collaboration with Nongovernmental organizations in area of prevention and counseling

41)

What are remaining challenges in this area:

1-Lack of comprehensive national strategic plan 2-Difficulty in reaching high risk groups given current legislation 3-update of laws and policies that support prevention methods 4-presenceof local medical experts in the field of HIV treatment 5-regular update to treatment and prevention guidelines

Page 31

42)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

43)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

44)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1987

45)

2.2 IF YES, who is the Chair?

Name	Dr. Rida Said
Position/title	Minister of Health

46)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?

Yes

have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	No
include the private sector?	Yes
have an action plan?	No
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

Page 33

47)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

45

48)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

7

Page 34

49)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

Page 35

50)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)**IF YES, briefly describe the main achievements:**

1- Youth education programs and workshops in collaboration with Student society and young people society, family planning and Syrian Red Crescent 2-VCT collaboration among MOH, family planning and Red Crescent 3-Provide peer education to members of nongovernmental partners and private organization partners

51)

Briefly describe the main challenges:

1- Need to expand collaboration with other partners and include more active NGO 2-Support the establishment of new NGO's involved in care and support of people living with HIV 3-Establish a strategy or policy to fight the stigma against HIV in general and people living with HIV in particular 4- Lack of systematic collaboration among all partners 5-Lack of coordination among all partners

52)

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

Please enter the rounded percentage (0-100)

0

53)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

54)

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

No (0)

Page 38

55)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

8 (8)

56)

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

Ministry of Health adaptation to a policy to reach high risk group for AIDS prevention but implementation of this policy has been limited. The participation of Syrian Parliament in one day workshop in 2006 to discuss the current status of AIDS in Syria and current policy and fighting the stigma of HIV

57)

What are remaining challenges in this area:

Challenges are lack of clear regulations and policies for AIDS prevention among high risk groups, current law and regulations that prohibit homosexuality, sex work and drug abuse and lack of clear policy to allow the distribution of condoms in prisons and AIDS centers.

Page 39

58)

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

Yes (0)

Page 40

59)

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

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)

o. Prevent mother-to-child transmission of HIV (0)

60)

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

Yes (0)

Page 41

61)

Part A, Section III: PREVENTION

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

Yes (0)

62)

2.1 Is HIV education part of the curriculum in:

primary schools?

secondary schools? Yes

teacher training? Yes

63)

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

Yes (0)

64)

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

Yes (0)

65)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

No (0)

Page 42

66)

Part A, Section III: PREVENTION

Question 3 (continued)**IF NO, briefly explain:**

National AIDS program has no comprehensive strategy to reach high risk groups but had conducted multiple educational activities and educational workshops that focus on youth but not high risk groups.

Page 44

67)

Part A, III. PREVENTION**Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

5 (5)

68)

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

1-The increase number of people visiting VCT centers and voluntarily requesting free testing 2-The increase number of VCT centers 3- Collaboration with private sector with workshop educational activities and VCT centers

69)

What are remaining challenges in this area:

Challenges are lack of comprehensive strategy to reach and educate most at risk groups and presence of stigma, policy and regulations that constitute barriers to reach high risk groups and distribute condoms.

Page 45

70)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

No (0)

Page 46

71)

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

Currently the ministry of health in general and NAP in particular are expanding prevention education to larger segment of the community which includes high risk groups

72)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

Page 47

73)

Part A, III. PREVENTION

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

6 (6)

74)

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

Secure blood safety from HIV infection, increase awareness of HIV disease among youth, the inclusion of HIV education and STI education in middle and upper learning curriculum, educational workshops for youth and women in general.

75)

What are remaining challenges in this area:

Challenges are difficulty in reaching high risk groups including sex workers and MSM to provide prevention and education given the current policy and regulations. Also, lack of harm reduction programs such as clean needle distribution to IVDA since current legislation is not very clear regarding clean needle distribution policy.

Page 48

76)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

No (0)

Page 49

77)

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

Yes (0)

Page 50

78)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

The needs assessment for HIV treatment is limited only to medication supply since HIV treatment is provided free of charge to all HIV patients. The need for following year medication supply is usually estimated by assessing the current year consumption in addition to arbitrary increase of 15%. Traditionally, the ministry also receives 20% of medication excess supply free of charge from the pharmaceutical company. Furthermore, ministry of health had invested in upgrading the main referral laboratory center and opened more AIDS centers in different governorates since year 2007 that provide treatment and counseling to general population.

79)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access	
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree

TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

Page 51

80)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

81)

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

Yes (0)

Page 52

82)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

For medications only. Condoms are only provided through ministry of health at family and pregnancy planning clinics for birth control and pregnancy prevention.

Page 53

83)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

6 (6)

84)

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

Ministry of health in general and National Aids Program is committed to provide HIV treatment free of charge to all HIV infected patients without discrimination.

85)

What are remaining challenges in this area:

1)Lack of medical committee and national guidelines for treatment 2)Lack of national guidelines for prevention and treatment of opportunistic infection 3)Availability of only one second line HIV treatment through ministry of health and absence of medication alternative in case of resistance or intolerance 4)Lack of medical and nutritional care plan

Page 54

86)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)

Page 57

87)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

No (0)

Page 58**88) Part A, Section V: MONITORING AND EVALUATION****Question 1 (continued)****IF NO, briefly describe the challenges:**

1-Lack of comprehensive national strategy that includes monitoring and evaluation plan 2-Lack of budget allocation for monitoring and evaluation 3-Lack of national experts in monitoring and evaluation

Page 64

89)

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

No (0)

Page 65

90)

IF NO, briefly describe how priorities for M&E are determined:

HIV surveillance is done through passive surveillance for selected groups of population.

91)

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

No (0)

Page 66

92)

Part A, Section V: MONITORING AND EVALUATION**Question 5 (continued)****IF NO, what are the main obstacles to establishing a functional M&E Unit?**

main obstacles are lack of national experts in monitoring and evaluation field and lack of established electronic surveillance system

Page 69

93)

What are the major challenges?

main obstacles are lack of national experts in monitoring and evaluation field and lack of established electronic surveillance system

Page 70

94)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No (0)

95)

6.1 Does it include representation from civil society?

No (0)

Page 71

96)

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

Yes (0)

Page 72

97)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

The data are collected from all peripheral AIDS center at 14 governorates and data tabulation and analysis are done at the National AIDS center at the ministry of health. Data are monitored and managed by National AIDS Program director and National AIDS center director.

98)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

99)

7.3 Is there a functional* Health Information System?

At national level	No
At subnational level	No

Page 74

100)

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

Yes (0)

101)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

3 (3)

102)

Provide a specific example:

data are used to monitor total number of HIV infected people and rate of HIV infection among general population for resource allocation.

103)

What are the main challenges, if any?

1- to develop surveillance system among high risk group 2- establish an integrated electronic surveillance system that will link all AIDS centers 3- establish routine data quality evaluation and monitoring

Page 75**104) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

3 (3)

105)

Provide a specific example:

data obtained from current surveillance system is used for medication need estimate and distribution among governorates based on number of people infected with HIV

106)

What are the main challenges, if any?

Low prevalence of HIV infection in Syria results in limited national financial resource

Page 76

107)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

1 (1)

108)

Provide a specific example:

collaboration with private sector in opening VCT centers

109)

What are the main challenges, if any?

Lack of budget allocation for program development given limited budget received from ministry of health

Page 77**110) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

Page 78

111)

10.1 In the last year, was training in M&E conducted

At national level?	Yes
At subnational level?	No
At service delivery level including civil society?	No

Page 79112) **Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

1

Page 80

113)

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

Yes (0)

Page 81114) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

opening additional VCT centers that conduct voluntarily HIV testing

Page 82115) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

5 (5)

116)

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

Opening AIDS centers and laboratories in all governorates and increase number of VCT centers that conducts rapid HIV test which allow access to HIV test to all Syrians at all governorates

117)

What are remaining challenges in this area:

Lack of active surveillance among high risk groups, lack of active HIV surveillance among patients infected with TB and lack of active HIV surveillance among patients with active sexually transmitted diseases. All of above does not provide accurate assessment of HIV infection in Syria.

Page 83

118)

Part B, Section I: HUMAN RIGHTS

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

Yes (0)

Page 84

119)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

Ministry of Health had passed a regulation (Regulation N0 38, Ministry of Health) for HIV to regulate HIV test and HIV prevention in Syria and requested all governmental and non governmental agencies to comply with regulation 38. The regulation specifically mention that civil rights of all Syrian Citizens infected with HIV are protected including their rights of access to medical care, social care, education and employment

120)

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

Yes (0)

Page 85

121)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

122)

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

Syria had passed a constitutional law to assure equal rights of women and men including equal job opportunity and compensation, equal civil rights and equal treatment in criminal law. The constitutional law mandates compliance by all governmental and non governmental agencies.

123)

Briefly describe the content of these laws:

The legislation (legislation No 7) for communicable disease stated in its second paragraph that all Syrian citizens and residents have equal right for prevention and treatment of all communicable diseases without exclusion.

124)

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

The legislation protects all Syrian Citizens from discrimination but individual cases of discrimination had occurred for patients with specific communicable diseases rather than discrimination based on gender, sex or employment.

Page 86

125)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 87

126)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

127)

IF YES, briefly describe the content of these laws, regulations or policies:

The current law prohibits use of intravenous drug use, homosexuality and sex work.

128)

Briefly comment on how they pose barriers:

The presence of the current law creates a barrier for above groups to communicate with any governmental agencies regarding education and prevention. Also, the current policy disallows distribution of clean needles program to IVD to discourage from drug abuse.

Page 88

129) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

130)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The current National AIDS program policy clearly stated that patients infected with HIV have all the civil rights as Syrian Citizen or Residents without any discrimination as in Syrian constitution that protects all Syrians people and communities.

131)

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

No (0)

Page 90

132)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

133)

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

An example is presence of an individual representing people living with HIV group on the board of Country Coordination Mechanism organization that coordinate financial support for HIV and TB programs.

134)

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

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	No

Page 92

135)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Given limited financial and human resources in Syria, Ministry of Health collaborated with non governmental agencies in providing HIV prevention through VCT centers that include HIV rapid test free of charge to individuals seeking HIV test in addition to providing HIV test in AIDS centers in each governorate free of charge. Ministry of health had long standing commitment to provide anti retroviral treatment to all individuals infected with HIV free of charge through National AIDS program.

136)

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

Yes (0)

Page 93

137)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

138)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

139)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

Ministry of Health with collaboration of other non governmental agencies had provided free VCT and HIV test to all Syrian Citizen and Residents. Individuals seeking counseling and test can obtain these services without mandatory background personal information or infection risk to ensure equal access for HIV test and education to all individuals regardless of sexual behavior, gender or employment

140)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

No (0)

Page 95

141)

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

No (0)

142)

11.Does the country have a policy to ensure that HIV research protocols involving

human subjects are reviewed and approved by a national/local ethical review committee?

No (0)

Page 97

143)

– 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

No (0)

144)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

145)

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

Yes (0)

Page 98

146)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

Syria had commitment with human rights international guidelines and had passed national legislation (legislation No 7) and internal regulation (Ministry of Health, regulation No 38) to protect individuals infected with HIV.

Page 99

147)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

148) – **Legal aid systems for HIV casework**

Yes (0)

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

No (0)

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

No (0)

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

Yes (0)

Page 100

152)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	

Page 101

153)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

5 (5)

154)

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

Syria had passed the needed legislation and regulation to protect civil rights of patients living with HIV and their right of access to counseling and treatment per International guidelines.

155)

What are remaining challenges in this area:

Further legal work is needed regarding current policy that prohibits activities of certain high risk group since the current policy presents a barrier to reach high risk groups.

Page 102

156)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

5 (5)

157)

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

Despite the current legislation and regulation protecting civil rights of patients, implementation of these laws is satisfactory but further work is needed especially in area of patient education and knowledge of their right of access to medical care and treatment. Also, further education of is needed for law makers and law enforcement regarding the current legislation and law and patient right of access to care.

158)

What are remaining challenges in this area:

There have been some efforts in patient and community education through theater plays (4 plays between 2008-2009), performed by volunteers from a nongovernmental agency and subject of the play is to educate patients of their rights and battle discrimination against patients living with HIV in the community.

Page 103

159)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

4 (4)

160)

Comments and examples:

civil society from different organizations is strongly present in the National AIDS Committee and many NGO collaborates continuously with National AIDS program in activities and workshops. Furthermore, many VCT centers are opened and managed by NGOs with collaboration of National AIDS Program.

Page 104

161)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

4 (4)

162)

Comments and examples:

There is strong collaboration between civil society organizations and National AIDS program in peer education and patient counseling and education. Most of activities are also reviewed by the National AIDS Committee where representatives of civil society can participate in decision making process and approval of activities.

Page 105

163)

b. the national AIDS budget?

2 (2)

164)

c. national AIDS reports?

4 (4)

165)

Comments and examples:

There is no national AIDS strategy, rather there are activities in the field of AIDS prevention, testing and counseling where civil society participates. Most of financial funding of civil society participation is provided from international donors rather than National AIDS Program given the limited budget of ministry of health. National AIDS Program is working at the present on integrating all data and reports from NGO into their national AIDS report. In previous years, there has been insufficient collaboration of sharing information and data among all parties.

Page 106

166)

a. developing the national M&E plan?

1 (1)

167)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

1 (1)

168)

c. M&E efforts at local level?

1 (1)

169)

Comments and examples:

No previous monitoring and evaluation has been done in Syria

Page 107

170) Part B, Section II. CIVIL SOCIETY PARTICIPATION

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

2 (2)

171)

Comments and examples:

Groups of civil society participate in AIDS activities are limited to youth and women in general. Religious ministry is present only in National AIDS Committee and participates in decision making process and activities approval.

Page 108

172)

a. adequate financial support to implement its HIV activities?

4 (4)

173)

b. adequate technical support to implement its HIV activities?

4 (4)

174)

Comments and examples:

Civil society organizations have been very well able to fund their activities through international donors with the assistance of National AIDS program. Most of technical support is provided by National AIDS program free of charge to the organizations.

Page 109

175) Part B, Section II. CIVIL SOCIETY PARTICIPATION

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sexworkers	<25%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

Page 110

176)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

7 (7)

177)

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

Most important achievement is strengthening the collaboration between National AIDS program Civil society in many activities and workshops and partnering with civil society including International Planned Parenthood Federation Organization and Syrian Red Crescent in opening VCT centers in different governorates.

178)

What are remaining challenges in this area:

Many challenges still exist including inclusion of other civil society organizations in AIDS education, prevention and care especially organizations that are involved with vulnerable children and orphans. Also, further support for civil society is needed to initiate new organizations involved in the care of high risk population such as female sex workers. Finally, additional strengthening of data sharing and integration is needed to improve the partnership between National AIDS Program and civil society organizations involved in AIDS.

Page 111

179)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

180)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

A situational analysis study for HIV/AIDS program in Syria was completed in year 2007 and based on the report certain preventive programs were adopted. Other preventive programs are based on yearly surveillance data and UNAIDS recommendations.

181)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	

Page 113

182)

Part B, Section III: PREVENTION

Question 1.1 (continued)

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

6 (6)

183)

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

The most important achievement in this field is the development of VCT centers in 10 governorates. Also National AIDS program had completed multiple workshops with the assistance of youth organization for youth education on HIV and peer education. National AIDS program had published guidelines for youth HIV education programs and continuously working with youth organization to complete more education programs.

184)

What are remaining challenges in this area:

The most important remaining challenges are to have a strategy to reach high risk groups and establish prevention education programs, workshops or literatures for education and prevention.

Page 114

185)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 115

186)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)**

IF YES, how were these specific needs determined?

The country had determined only the needs for treatment and to provide adequate antiretroviral medications based on arbitrary addition of 15% every year to previous year. No study or data analysis had been done to accurately estimate the future needs for treatment.

187)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

Page 116

188)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

5 (5)

189)

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

The most important achievement is the presence of AIDS center in each governorate in Syria that provides antiretroviral therapy and treatment free of charge to all people infected with AIDS. TB screening is done periodically every 6 months through sputum examination on all HIV infected patients.

190)

What are remaining challenges in this area:

National AIDS Program does not have at the present any guideline for opportunistic infection prevention and treatment and palliative therapy. The country lacks experts in HIV treatment and care and the ministry of health provides only one type of antiretroviral medication. Other type of medications are needed in case of resistance or intolerance. HIV test is done routinely only on TB patients resistant to traditional TB medications rather than on all TB patients and further collaboration between HIV program and TB program is needed to establish clear guidelines for HIV and TB screen in patients with TB or HIV. Further guidelines are also needed for post exposure prophylaxis and to secure medications for post exposure in all health facilities. Syria also in need for care programs for HIV infected patients.

Page 117

191)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

No (0)