



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

**Middle East and North Africa**

**Iran (Islamic Republic of)**

**COUNTRY:**

Iran (Islamic Republic of)

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

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1/30/2008

:	Organisation	MOH - Centre for Disease Control and Management - AIDS and STI Office
:	Name/Position	Head/ Dr. Abbas Sedaghat
:	<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	MOH - Centre for Disease Control and Management - AIDS and STI Office
:	Name/Position	Senior Programme Officer / Dr Kianoosh Kamali
:	<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	Prisons Organisation - Prisons Health Office
:	Name/Position	Director General / Dr Marzieh Farnia

:	<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	President's Office - Planning and Strategic Monitoring Undersecretariat - Office of Health Affairs
:	Name/Position	Senior Programme Officer / Dr Ghodsi Yazdian
:	<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	Drug Control Headquarters - Treatment and Rehabilitation Office
:	Name/Position	Director General / Dr Saeed Sefatian
:	<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	State Welfare Organisation - Prevention Department
:	Name/Position	Head / Dr Abdoos
:	<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	MOH - Psycho-social Health Department
:	Name/Position	Director General / Dr Mohammad-Bagher Saberi
:	<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	Health and Culture NGO
:	Name/Position	Head / Dr Ramin Radfar
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNAIDS Country Office
:	Name/Position	UCO / Dr HamidReza Setayesh
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Iranian Research Centre on HIV and AIDS
:	Name/Position	Head / Dr Minoo Mohraz
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Hamdelan Khamoosh NGO
:	Name/Position	Head / AliReza Kavooosi

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Unit Secretariat
Position:	Full time/Part time	Full time
Position:	Since when?	2007

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

Yes

**IF YES, period covered:**

2007 - 2009

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

6

**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>	No
Labour:	<b>Strategy/Action framework</b>	Yes
Labour:	<b>Earmarked budget</b>	No
Transportation:	<b>Strategy/Action framework</b>	Yes
Transportation:	<b>Earmarked budget</b>	No
Military/Police:	<b>Strategy/Action framework</b>	Yes
Military/Police:	<b>Earmarked budget</b>	No
Women:	<b>Strategy/Action framework</b>	Yes
Women:	<b>Earmarked budget</b>	No
Young people:	<b>Strategy/Action framework</b>	Yes
Young people:	<b>Earmarked budget</b>	No
Justice:	<b>Strategy/Action framework</b>	Yes
Justice:	<b>Earmarked budget</b>	Yes

**IF NO earmarked budget, how is the money allocated?**

- 1 - For those sectors which a specific HIV budget have not been earmarked, HIV activities are financed through specific "Health" budgets for their personnel.
- 2 - Women and Young people issues have been financed through other sectors.
- 3 - Prisons are covered through justice system.

**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
l. Gender empowerment and/or gender equality:	Yes

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

No

**IF NO, how were target populations identified?**

- 1 - Review of current evidences
- 2 - Consensus among experts based review of similar epidemics and local evidences

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

- 1 - Injecting Drug Users and their spouses
- 2 - Prisoners and their spouses
- 3 - Sex Workers (Male and Female)
- 4 - Street Children
- 5 - People Living with HIV and their spouses
- 6 - Men having Sex with Men
- 7 - People on the Move (Drivers and seamen, Overseas Passengers, Refugees)
- 8 - Non-injecting drug users
- 9- Health Care Workers
- 10 - STI patients and their partners
- 11 - Blood Products Receipients
- 12 - Youths and young adults
- 13 - General Population

**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? : | Yes |
| d. Indications of funding sources?:                  | Yes |
| e. Monitoring and Evaluation framework? :            | No  |

**1.8 Has the country ensured “full involvement and participation” of civil society<font size=0.4>[4]</font> in the development of the multisectoral strategy/action framework?**

Moderate involvement

**IF NO or MODERATE involvement, briefly explain:**

There were peoples from different types of NGO's and CSO's involved in the development of the framework; however, neither all types of CSO's were involved nor those present in the process were "elected" representatives from active NGO's and CSO's.

**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)
Care and support (including social security or other schemes):	<b>Development Plans</b>	a) / b)
AIDS impact alleviation:	<b>Development Plans</b>	a)
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 <b>income</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)
Women's economic empowerment (e.g. access to credit, access to land, training):	<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?**

N/A

**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

**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?**

No

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

Estimates and projected needs

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

Yes

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

No

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

Yes

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

1 - IDU

2 - PLHIV

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

No

**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: 8

2005: 6

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

1 - More emphasis on Most-at-risk populations

2 - Involvement of more partners, including NGO's

3 - Utilisation of better information

4 - More emphasis on access to services

5 - Emphasis on better production of strategic information

**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:**

1988

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

Name: Dr. Kamran Bagheri Lankarani

Title/Function: Minister of Health and Medical Education

### 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? (*):	No
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?:	No
actively promote policy decisions?:	No
provide opportunity for civil society to influence decision-making?:	No
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	Yes

### 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 :	No
Functional Secretariat :	No
Regular meetings (*):	No

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

- 1 - Implementation of many programmes and projects, especially for most-at-risk populations and PLHIV are coordinated through this mechanism.
- 2 - Development of provincial action plans, based on need and capacity analyses at provincial level.

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

- 1 - This mechanism works at the provincial level, not at a national level, as the majority of CSO's and organisations of PLHIV are not active at a national level.
- 2 - The mechanism is not active in all provinces.
- 3 - This mechanism does not include all the NGO's and CSO's, or sometimes the member partners are not fully observing the mechanism.



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

7

**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?**

Yes

**6.2 IF YES, which policies and legislation were amended and when?**

:	<b>Policy/Law</b>	Harm reduction considered as a kind of treatment and IDU receiving those services became exempt from prosecution
:	<b>Year</b>	2004
:	<b>Policy/Law</b>	Nobody will be imprisoned only because of drug use
:	<b>Year</b>	2007
:	<b>Policy/Law</b>	Prohibition of mandatory testing at workplace or before hiring workforce
:	<b>Year</b>	2002
:	<b>Policy/Law</b>	Prohibition of mandatory pre-marrige HIV testing
:	<b>Year</b>	2002

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

2007:	7
2005:	5

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

- 1 - Facilitation of access to IDU's through law changes
- 2 - Decrease in the prsions populations
- 3 - Facilitation of the CSO involvement

**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:

Abstain from injecting drugs:

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? : Yes

**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?**

No

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

**(\*)If Other sub-populations, indicate which sub-populations**

Wives of IDU's and Prisoners

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

2007: 7  
2005: 4

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

- 1 - Inclusion of more groups into the prevention programmes, including SW's and Spouses of IDU's and Prsioners.
- 2 - preparation of AIDS Policy Draft

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

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

2007: 7  
2005: 4  
2007: 6  
2005: 3

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

- 1 - Increased coverage for IDU's on both needle and syring and substitution programmes
- 2 - Inclusion of more groups into the prevention programmes, including SW's and Spouses of IDU's and Prisoners.
- 3 - Scaled up prevention programmes for prisoners

### 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?

Yes

### 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>	N/A
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>all</b> districts* in need
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>	<b>some</b> districts* in need
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>some</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>some</b> districts* in need
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>	<b>some</b> districts* in need
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>	N/A
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>all</b> districts* in need
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>most</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>all</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>all</b> districts* in need
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>all</b> districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	<b>some</b> districts* in need

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

Yes

**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?:**

For ARV drugs

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

2007:	8
2005:	6

**Comments on progress made since 2005:**

- 1 - Increased coverage for ART
- 2 - Increased availability of different ART regimens, and updating treatment guidelines
- 3 - Increased coverage of psychosocial support programmes
- 4 - Increased access to CD4 counting
- 5 - Starting home care

**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)?**

Yes

**5.1 IF YES, is there an operational definition for OVC in the country?**

No

**5.2 IF YES, does the country have a national action plan specifically for OVC?**

No

**5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?**

No

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

2007: 2

2005: 2

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

In Progress

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

No

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

Yes, most 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)? : 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:**

1

**Number of temporary staff:**

14

**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?**

- 1 - Insufficient participation of all partners.
- 2 - Incomplete data quality assurance.
- 3 - The unit is very new and has established after development of the National Strategic Plan.

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

2

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

Yes, but meets irregularly

**IF YES, Date last meeting:**

Sep 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 : No

Sub-national level (\*): No



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

No

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

3

**What are examples of data use?**

Using UNGASS report for National Strategic Plan and GFATM proposal.

**What are the main challenges to data use?**

- 1 - Insufficient information.
- 2 - The current M&E systems are not unified

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

At national level? :		Yes
At national level? :	IF YES, Number of individuals trained:	12
At sub-national level? :		Yes
At sub-national level? :	IF YES, Number of individuals trained:	40
Including civil society? :		No

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

2007:	7
2005:	3

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

- 1 - Establishment of a National-Multisectorial Committee with a definite TOR.
- 2 - Establishment of Bio-BSS among IDU's in 10 provinces.
- 3 - Behavioural survey among sex workers.
- 4 - Formative survey among MSM.
- 5 - Preparing the first M&E report of the national response.

**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:**

Beside the constitution and civil laws where equal access to all services is insured for all people, there is one circular by the Minister of Education on mandating all schools for admission of children with HIV or having parents with HIV. There is also a regulation on banning mandatory HIV testing before recruitment.

**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:	No
Young people :	No
IDU:	Yes
MSM:	No
Sex Workers :	No
Prison inmates :	Yes

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

In the National AIDS Policy, drafted but yet not approved, protecting vulnerable groups is mentioned. There are specific regulations on ensuring IDU's to be exempt from prosecution while on harm reduction services. Harm reduction activities for prisoners are encouraged.

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

Circular by the head of judiciary system for IDU's and banning imprisonment of people only because of drug use.

## 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:	Yes
Sex Workers:	Yes
Prison inmates :	No
Migrants/mobile populations :	No

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

- 1 - Sex between men is outlawed and in the law it is punishable by death, however this law is rarely, if ever, executed.
- 2 - Sex outside marriage is outlawed and adultery is again punishable by death, however proving adultery is very complicated.
- 3 - There is no specific law against sex work.

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

No

## 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**

- 1 - Inclusion of representatives from these groups in CCM, UNGASS report preparatio team.
- 2 - Endorsing organisations of PLHIV
- 3 - Supporting peer groups of drug users in harm reduction and rehabilitation projects.

**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

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:**

- 1 - DIC's and outreach programmes for harm reduction.
- 2 - MMT and other harm reduction services inside prisons
- 3 - Free VCT inside and outside prisons
- 4 - Free ART

**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?**

No

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

Yes

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

Yes

**IF YES, briefly explain the differences:**

The access is much easier for IDU's, Prisoners, and their spouses that Sex Workers and MSM.

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

Yes

**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?**

No

**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: No

- 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: Yes

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

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

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

1 - Many HIV officers inside MOH and Medical Universities oversea and report violations of protective laws and regulation and respond withing and outside health system to those incidences, however they are dedicated human rights monitors.

**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: No

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

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 :	No
Personalities regularly speaking out :	Yes

**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:	3

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

- 1 - Better laws for IDU's
- 2 - Sensitizations of some policy makers and some government officials on human rights issues.

**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:	5
2005:	2

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

- 1 - The regulations on IDU's is much better utilised for harm reduction services

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

1

**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)**

3

**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?:	3
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b. in the national budget?:	2
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**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?**

2

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

- 1 - Groups of PLHIV
- 2 - Support NGO's
- 3 - Harm reduction NGO's
- 4 - Technical NGO's

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

- a. adequate financial support to implement its HIV activities?: 2
- b. adequate technical support to implement its HIV activities?: 3

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

- 2007: 5
- 2005: 3

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

- 1 - Better recognition of their role in access to marginalised populations
- 2 - Moving toward including their role in policy development.

**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>all</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The service is available in</b>	<b>most</b> districts* in need
IEC on risk reduction:	<b>The service is available in</b>	<b>all</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The service is available in</b>	<b>most</b> districts* in need
Condom promotion:	<b>The service is available in</b>	<b>most</b> districts* in need
HIV testing & counselling:	<b>The service is available in</b>	<b>all</b> districts* in need
Harm reduction for injecting drug users:	<b>The service is available in</b>	<b>all</b> districts* in need
Risk reduction for men who have sex with men:	<b>The service is available in</b>	N/A
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>most</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The service is available in</b>	<b>all</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>some</b> districts* in need
HIV prevention in the workplace:	<b>The service is available in</b>	<b>some</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:	3

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

- 1 - Access to a variety of ARV's
- 2 - Better management of OI

**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 :	<25%
Prevention for sex workers :	25-50%
Counselling and Testing :	<25%
Clinical services (OI/ART)* :	<25%
Home-based care :	<25%
Programmes for OVC** :	<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:	2
2005:	2

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