

Kuwait Report NCPI

NCPI Header

COUNTRY

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

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Describe the process used for NCPI data gathering and validation:

* Data collection for the the NCPI took place through 1) document review (policies, programme reports, statistics, studies); 2) Site visits to key facilities; 3) Interviews with national stakeholders and key informants from government, civil society, and UN agencies; Focus group discussions (IDUs, Youth). * Data validation was done through a roundtable meeting, held to present and discuss the preliminary findings of the data-collection process, whereby all key national stakeholders were invited and were given an opportunity to provide inputs, raise concerns and ask for further clarifications. This roundtable not only served to validate all data with key stakeholders, but also engendered a discussion with stakeholders from all sectors and constituencies with regard to priority issues to be addressed in the next period.

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

All narrative inputs provided by informants were entered; Ratings were averaged, if applicable. Overall, respondents in Parts A and B, respectively, had very similar opinions with regard to sub-components of the NCPI.

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

* Relatively few civil society informants were available * In some cases respondents had no specific knowledge about certain components of the NCPI; or on specific programmatic issues e.g. of the national response * Sometimes respondents tended to give overly positive pictures * Not all relevant informants could be met

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
MOH-Infectious disease hospital	Dr.Sameh AlMasri	No	No	No	No	Yes	No
MOH-Infectious disease hospital	Dr.Osama AlBaksami	No	No	No	No	Yes	No
MOH-Police Health Affairs Dept	Dr. Faisal AlOraifan	No	No	Yes	Yes	No	No
MOH-Prison Dept	Dr.Mahmood AlKhalidi	No	No	Yes	Yes	No	No
Premarital testing centers	Dr.Yagoob AlKandari	Yes	No	No	Yes	No	No
Ministry of Education	Dr.Soud AlHarbi	Yes	No	No	Yes	No	No
Addiction Center in Psychiatry Hospital	Group of Doctors	Yes	No	Yes	Yes	No	No
WHO Collaborating center – Faculty of medicine , Ministry of Education	Dr.Widad AlNageeb Head of the WHO collaborating center and Vice Dean for research	No	No	No	Yes	Yes	No
Public Health Dept	Dr.Yosef Mandakar, Head of Dept	Yes	No	No	No	No	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
UNDP	Mrs .Sahar AlShawwa	Yes	Yes	Yes	Yes	No

UNDP	MMrs.Khadija Almoalla	Yes	Yes	Yes	Yes	No
Kuwaiti lawyers association	Mr.AbdulHadi Aburizq	No	No	Yes	Yes	No
Kuwaiti Women association for community services	Hind AbdulAziz	Yes	No	No	Yes	No
Students organization	Mr.Ahmad AlShammari	Yes	No	No	Yes	No

A - 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):

Yes

IF YES, what was the period covered:

Second half of 1980s

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

A first national policy document to address the HIV/AIDS issue was developed in the 1980s. However, there are no copies of this document, and thus it has no status as an official policy document. The MOH and NAP are fully aware of the need to develop a new National Strategic Plan on HIV/AIDS (NSP), and there is active commitment and support at the highest MOH policy levels to develop a new NSP for the 2012-2017 period. To date, the national response to HIV has mainly been restricted to ARV treatment and massive mandatory HIV screening in various contexts (pre-employment (nationals and foreign workers), pre-marital, military recruits, blood transfusion, major invasive operations and organ transplantations, etc.), and basic HIV education is part of the curriculum in intermediate and secondary schools and in some university colleges. As such, many Governmental sectors are involved, but only in mandatory screening. Hence their role needs to be expanded to ensure a truly multisectoral response in the near future.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	No
Yes	No
Yes	No
Yes	No
No	No
No	No
No	No

Other [write in]:

Mandatory screening of expatriates

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

As explained above, Kuwait has not had an active National Strategic Plan on HIV/AIDS since the 1980s. Whatever HIV-related activities have been implemented since then were financed through existing budgets of the Ministry of Health, such as for ARV treatment of HIV patients or existing measures to ensure blood safety and Universal Precautions (UP). In non-health sectors, mandatory HIV screening was also incorporated in existing, non-HIV-specific budgets. Any future HIV strategic plan will need to have clearly stated objectives, strategies and activities, with specifically assigned budgets to ensure their effective implementation as planned.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No
People who inject drugs:
 Yes
Sex workers:
 No
Transgendered people:
 No
Women and girls:
 No
Young women/young men:
 Yes
Other specific vulnerable subpopulations:
 No
Prisons:
 Yes
Schools:
 Yes
Workplace:
 Yes
Addressing stigma and discrimination:
 Yes
Gender empowerment and/or gender equality:
 Yes
HIV and poverty:
 -
Human rights protection:
 Yes
Involvement of people living with HIV:
 No

IF NO, explain how key populations were identified?:

As explained above, while there is no active national HIV strategy in place, specific population groups have been identified for HIV screening, ARV treatment, or (basic) education. Beyond this, however, there is currently no specific policy to identify the groups most at risk or particularly vulnerable for HIV. Behaviours of most-at-risk populations, including sex workers, injecting drug users and men who have sex with men, are all criminalised by law, which makes it particularly challenging to actively target them in future policies and plans. Hence people injecting drugs if they seek treatment on their will they will be treated and not considered as a crime but if they are caught by police then this is considered as a crime).

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

To date, HIV programmes have been restricted to the following: 1) Antiretroviral treatment (ART) for eligible PLHIV, but only for Kuwaiti nationals, and in some cases temporary treatment for foreigners, with the aim to stabilise their medical situation before repatriating them to their countries of origin; 2) Basic HIV education in intermediate and secondary schools and university colleges; and primarily 3) Massive mandatory HIV screening of specific populations, including: a) Foreign nationals/expatriates seeking residency in Kuwait; b) Pre-employment screening for nationals; c) Prisoners; d) (Injecting) drug users on admission to drug-treatment facilities; e) Premarital testing of couples; f) Uniformed personnel, including military recruits and for promotions; MOI staff (e.g. police); and National Guard members; g) Blood donors and patients undergoing major invasive operations or organ transplants.

1.5. Does the multisectoral strategy include an operational plan?: No

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

No

b) Clear targets or milestones?:

No

c) Detailed costs for each programmatic area?:

No

d) An indication of funding sources to support programme implementation?:

No

e) A monitoring and evaluation framework?:

No

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

No involvement

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case:

When the old NSP was developed in the 1980s, civil society was weakly developed and there were very few NGOs. Given the low importance given to HIV and the limited level of civil society organisations, their involvement has been minimal, also

due to widespread HIV-related stigma and discrimination, and conservative societal, cultural and religious norms and values. In addition, civil society organisations are monitored by the Ministry of Social Affairs and Labour, which may hamper their active involvement in HIV issues.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

No

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

No

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

As explained above, there is currently no active National HIV Strategy in place. In addition, Kuwait has very few external development partners given its economic status.

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?:

No

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

No

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

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

No

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

5.2. 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

5.3. Is HIV programme coverage being monitored?:

No

5.4. Has the country developed a plan to strengthen health systems?:

No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

The Kuwaiti health system has had very high quality standards since many years. Therefore, while there are no recent specific plans to strengthen health systems, overall, the HIV-related infrastructure is very good, with high standards for providing and monitoring ART; implementation of universal precautions; good laboratory facilities; trained health-care workers and logistical systems. However, challenges remain with regard to training of health-care workers in HIV-specific care, and HIV surveillance and research.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

1

Since 2009, what have been key achievements in this area:

Since 2009, there has been an increased acknowledgement at high policy levels within the MOH of the need to re-establish the National AIDS Committee that has been inactive for many years; as well as of the need to develop a new National Strategic Plan on HIV/AIDS. However, to date, this has not yet resulted in concrete results.

What challenges remain in this area:

As mentioned, the main challenges are: 1) Consolidation of high-level political support to effectively address HIV/AIDS as a national priority; 2) The development of a new 5-year National Strategic Plan on HIV/AIDS, with a costed Operational plan, which will identify the key at-risk groups; priority strategies in the field of HIV prevention, treatment, care and support; specific responsibilities of government sectors and civil society partners; as well as specific budget allocations for HIV interventions. 3) The re-establishment of a functioning multisectoral National AIDS Committee that will provide leadership and oversight of an effective national response to HIV/AIDS; 4) Strengthening of the status, staffing and technical capacity of the National AIDS Programme, which is currently seriously understaffed, has no clear mandates and formal responsibilities; 5) The weak HIV surveillance system: while a lot of data is available from mass HIV screening, the data is scattered and not available to key decision makers. There are no clear data-reporting protocols, no adequate electronic reporting system and central database, and there is an absolute lack of any clinical or behavioural research to provide a basis for an evidence-informed national response. Given this paucity of strategic information, Kuwait has not had a comprehensive National HIV Strategy, weak HIV capacity, and no prioritisation in terms of HIV prevention.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

year

A. Government ministers:

No

B. Other high officials at sub-national level:

No

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

Kuwait sent a delegation to the UN High Level Meeting in New York in June 2011, where the National AIDS Programme Manager delivered a speech. Another example of high-level commitment include a press release about the WHO meeting for the Ministers of Health in May and September in 2011, which specifically mentioned HIV/AIDS. Press release in World AIDS Day (Dec. 2011) .

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

No

IF NO, briefly explain why not and how HIV programmes are being managed:

The establishment of a multisectoral National AIDS Committee has been discussed in the past, but these plans have never materialised into the establishment of a functioning multisectoral coordination body, mainly due to the lack of political support and lack of prioritisation of HIV as a national problem. In the absence of a National Strategic Plan, no earmarked funds for HIV interventions, and a seriously understaffed National AIDS Programme as part of the Public Health Directorate, there is no real national HIV programme. NAP activities are scattered and ad hoc: the development of an NSP is a top priority.

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

-

Have active government leadership and participation?:

-

Have an official chair person?:

-

Have a defined membership?:

-

Include civil society representatives?:

-

Include people living with HIV?:

-

Include the private sector?:

-

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

-

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

IF YES, briefly describe the main achievements:

The NAP actively tries to build partnerships with NGOs and the media, albeit on a limited scale.

What challenges remain in this area:

Despite efforts by the NAP to establish and strengthen partnerships with civil society organisations and the private sector, to date these efforts have had limited impact, since there are very few NGOs with an interest in HIV/AIDS, due to its low profile, conservative societal norms, and high stigma associated with HIV. The main challenge is to actively involve civil society, and build a national alliance of NGOs/CBOs in the field of HIV/AIDS. Sustainable public-private partnerships will also require more sustained political support for the national response to HIV, including the development of a multisectoral NSP and National AIDS Committee.

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

0%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

-

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

No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

2

Since 2009, what have been key achievements in this area:

* New leadership in MOH has pledged full support for the development of a National Strategic Plan, and the (re) establishment of a National AIDS Committee. * Participation in the UN High Level Meeting in June 2011 in New York and delivery of a speech by the NAP manager

What challenges remain in this area:

* Pledged political support has yet to materialise in tangible results that will strengthen the national response to HIV/AIDS, such as the development of an NSP, strengthening of the NAP, and the establishment of a functional NAC; * Active involvement and commitment of Cabinet Ministers, members of Parliament and other high-level decision-makers; * Bureaucratic procedures and lack of support hamper the NAP's effectiveness, which is understaffed and under-resourced; NAP does not have access to all HIV-related data, which makes it difficult to develop an evidence-based response to HIV.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

no

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Constitution of Kuwait in 1962: Article 7: "Justice, liberty and equality are the pillars of society; co-operation and mutual help are the firmest bonds between citizens". Article 29: "All people are equal in human dignity, and in public rights and duties before the law, without distinction as to race, origin, language or religion"

Briefly explain what mechanisms are in place to ensure these laws are implemented:

Human rights are enshrined in the Constitution and effectively protected as such.

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

The general laws on non-discrimination, which are incorporated in the Kuwaiti Constitution, are fully observed and implemented.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:
No

Men who have sex with men:
Yes

Migrants/mobile populations:
Yes

Orphans and other vulnerable children:
No

People with disabilities:
No

People who inject drugs :
Yes

Prison inmates:
Yes

Sex workers:
Yes

Transgendered people:
Yes

Women and girls:
No

Young women/young men:
No

Other specific vulnerable subpopulations [write in below]:
None

Briefly describe the content of these laws, regulations or policies:

* Criminalisation of MSM, SWs, IDUs (if caught by police) . * Deportation laws for HIV positive expatriates * Mandatory pre-employment screening * Laws restricting the extent of HIV-prevention programmes for prison inmates, such as needle-exchange programmes or condom promotion

Briefly comment on how they pose barriers:

* As a result of the criminalisation of MARP groups such as sex workers, MSM and IDUs (if caught by police) , it is difficult to identify these groups in society, as they will avoid publicity or contact with Government institutions; in addition, criminalisation of these groups makes it risky for professionals and especially for peer educators to reach out and provide services to these groups, as they may face arrest or legal action themselves (not for IDUs). * Deportation laws for HIV-infected foreign nationals will drive expatriates with high-risk behaviours 'underground', as they will avoid being tested or screened for HIV, if a positive test result means immediate deportation and loss of employment; this hampers effective HIV prevention among this group. * Mandatory pre-employment screening for Kuwaiti nationals will often result in PLHV losing their jobs if in military or some companies : while their employment rights are protected by law, in practice, heavy stigma and discrimination(but this is protected by law and enhancing privacy of information and confidentiality). * Laws and policies with regard to prisons hamper effective HIV-prevention programmes for inmates who may be injecting drugs and/or engage in same-sex behaviour, as they do not allow needle-and-syringe exchange programmes (NSEP), condom promotion or explicit, targeted HIV-prevention messages.

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes

Avoid commercial sex:
No

Avoid inter-generational sex:
No

Be faithful:
Yes

Be sexually abstinent:
Yes

Delay sexual debut:

No

Engage in safe(r) sex:

No

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

No

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

No

Use clean needles and syringes:

Yes

Use condoms consistently:

No

Other [write in below]:

General IEC messages are given to the whole general population. However, there are certain issues that are taboo, especially regarding sex and condoms.

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 to promote life-skills based HIV education for young people?:

No

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

No

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

No

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 and other preventive health interventions for key or other vulnerable sub-populations?:

No

Briefly describe the content of this policy or strategy:

While there is no actual IEC policy or strategy for key or vulnerable subpopulations, there has been increased attention for the need to develop more targeted IEC messages and programmes for MARP groups such as young sexually active people, sex workers, MSM and IDUs. So far, however, this has not led to concrete programmes given the lack of support, high societal stigma and prevailing cultural and religious norms, which hamper the implementation of such targeted IEC programmes.

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

3

Since 2009, what have been key achievements in this area:

* Basic education in schools * Massive mandatory screening

What challenges remain in this area:

* Very strong taboos on discussing HIV related risk behaviors especially sexual behavior of young people , or MARPs . *

Prevention of HIV (low priority) * Limited political policy and financial support * Deportation policy for HIV positive expatriates

4. Has the country identified specific needs for HIV prevention programmes?:

No

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

In the absence of a National HIV Strategy, particularly with regard to HIV prevention, Kuwait's response has been mainly limited to massive mandatory screening and ART for Kuwaiti citizens. In the absence of effective HIV-prevention strategies or

efforts, these programmes cannot be scaled up. This presents the major challenge for Kuwait's national response to HIV.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Disagree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

N/A

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Disagree

IEC on risk reduction:

Strongly Disagree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Disagree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Strongly Disagree

Risk reduction for men who have sex with men:

Strongly Disagree

Risk reduction for sex workers:

Strongly Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

none

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

5

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

There is full access to ART and other HIV treatment for all Kuwaiti citizens. CD4 and viral-load tests as well as overall medical examinations are conducted every 3-4 months. Treatment is confidential, and special attention has been given to ensure there is no discrimination toward HIV patients at the treatment facility, and that their human rights are fully respected. In addition to medical care and treatment, ART patients are also given some psychological and social support as needed. Foreigners do not have access to ART on regular basis but if they get treatment to improve their health so to be able to leave the country, and all foreign PLHIV are repatriated to their country of origin.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

To date, all eligible Kuwaiti citizens have access to free-of-charge ART, in accordance with WHO protocols and guidelines. As a result of massive HIV screening through different mechanisms, it is expected that a large proportion of eligible HIV-infected persons are enrolled in ART; therefore, no additional measures are needed to further scale up, although there are still some cases that are diagnosed at a (very) late stage.

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Strongly Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Neutral

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

N/A

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Retirement on medical grounds is allowed by law for nationals who are HIV-positive (full medical retirement). However, PLHIV are allowed to continue working in jobs that are not related to clinical health care or military.

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

No

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

Yes

IF YES, for which commodities?:

ARV drugs are procured by MOH or through the joint GCC procurement mechanism. Condoms are not provided for free by the government

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

* All eligible Kuwaiti nationals have access to free-of-charge, high-quality HIV treatment and care, including pre-ART, ART, and regular follow-up. * Social and psychological support is given to those in need. * PLHIV are entitled to full retirement on medical grounds, although they can choose to continue working (except in military and clinical health care)

What challenges remain in this area:

* A major challenge is the fact that foreign HIV-infected individuals do not have access to treatment, and are subject to mandatory repatriation to their home countries. A limited proportion of foreign patients have access to basic HIV treatment to stabilise their medical condition before repatriation. * There are some problems with adherence to ART for a small number of patients. * While PLHIV enjoy legal protection in terms of their right to health-care, employment etc., in practice, severe stigma and discrimination in society, health care and the workplace seriously hampers their quality of life. * Despite massive screening programmes, there are still patients who present in a very late stage, and who cannot always be successfully enrolled in ART. This is partly due to the lack of capacity among general practitioners for early recognition of HIV-related symptoms; hence more specific attention for HIV/AIDS, including for stigma and discrimination, is required in the media for all people in society. * The absence of voluntary counselling and testing services does not allow people who suspect they may be HIV-infected to get tested in an early stage. VCT services are also important to bridge the gap for those individuals who are not tested for HIV through the existing mandatory screening programmes, which are restricted to certain groups, according to

age, nationality or profession. This further compounds the problem of late detection of HIV cases.

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

N/A

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

This is not applicable in the Kuwaiti context, as there are no orphans or vulnerable children in relation to HIV/AIDS.

What challenges remain in this area:

N/A

A - VI. MONITORING AND EVALUATION

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

No

Briefly describe any challenges in development or implementation:

* As mentioned, Kuwait has been without a National HIV strategy since the 1980s. Hence there is no national M&E plan for HIV either. The main challenges for developing a national M&E plan and system are related to the need to develop a National Strategic Plan, which is foreseen for 2012. In that context, M&E and surveillance will be a priority component. * Implementation of a future National M&E plan and system will face a number of hurdles, including: * Lack of trained and dedicated staff for HIV/AIDS surveillance and M&E; There is no M&E Unit, and overall, the NAP is understaffed and lacks adequate technical capacity in the M&E field; * Lack of clear and unified data-collection and –reporting protocols and guidelines; * Lack of a central HIV/AIDS database and scattering of available HIV (screening) statistics, which makes it difficult to use the available data for evidence-informed decision-making in programming and policy; * Compartmentalisation of HIV data across different units and departments within the MOH; * Due to extremely low HIV rates, HIV/AIDS continues to be seen as a non-priority: as a result, there are no studies, and as a result of the lack of interventions in the prevention field there is no experience or systems for monitoring of interventions in this field.

Briefly describe what the issues are:

See above

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

-

A data analysis strategy:

-

A data dissemination and use strategy:

-

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

-

Guidelines on tools for data collection:

-

3. Is there a budget for implementation of the M&E plan?:

No

4. Is there a functional national M&E Unit?:

No

Briefly describe any obstacles:

* Overall low prioritisation of HIV/AIDS as a national health concern * Overall lack of HIV-related surveillance, M&E and research data; * Ineffective and compartmentalised systems for data collection, reporting and storage (e.g. no central database) * Lack of technical expertise in M&E field for HIV/AIDS * Weak institutional support for NAP, which has a negative impact on the establishment of an M&E unit

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

-

In the National HIV Commission (or equivalent)?:

-

Elsewhere [write in]?:

N/A: see above, there is no M&E Unit

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
N/A	N/A	N/A	N/A

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

N/A

N/A

N/A

N/A

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

No

Briefly describe the data-sharing mechanisms:

There is no unified data-sharing mechanism.

What are the major challenges in this area:

* There is no M&E unit or dedicated M&E staff for HIV/AIDS * Limited available HIV data is scattered across different MOH departments and other Ministries * Even basic data on new HIV cases is not available at one location; NAP does not have access to all data.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

No

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

No

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

No, none of the above

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

* Central level (MOH): Health Information Department at the central MOH; * Sub-national level: Government hospitals

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

No

8. How are M&E data used?

For programme improvement?:

No

In developing / revising the national HIV response?:

No

For resource allocation?:

No

Other [write in]:

N/A

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

As mentioned, there are many challenges in the field of M&E: * Limited M&E data collection or research in HIV/AIDS field * Limited HIV statistics and data on new cases is not adequately reported or shared, even with the NAP * No central database; * Available data is not accessible or published; overall, HIV data is often considered sensitive, which hampers basic research on the drivers of the HIV epidemic (mobility, labour migration, changing sexual patterns among young people, mapping and size estimation of MARP groups, bio-behavioural research among vulnerable and most-at-risk groups) * No financial resources for establishing adequate surveillance and M&E systems; * Policy decisions on HIV/AIDS are mainly ad hoc and lack an evidence base; * Lack of capacity building for utilisation of data for programmes and policies.

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

At national level?:

No

At subnational level?:

No

At service delivery level including civil society?:

No

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

0

Since 2009, what have been key achievements in this area:

None

What challenges remain in this area:

See challenges mentioned above. Overall, M&E in relation to HIV/AIDS is an extremely weak area due to the lack of prioritisation and political and financial support. HIV-related data is often treated as sensitive information, which should not be openly accessible.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

1

Comments and examples:

* Overall, civil society involvement in HIV activities is very limited: there are relatively few NGOs, their activities are restricted and controlled by the Ministry of Social Affairs and Labour, and few have an interest in working in HIV. * As such, civil society has had very little impact on strengthening the political commitment of top leaders or on the development of national HIV policies. * Some of the very few examples of civil society involvement in strengthening political commitment include activities of the Arab League with regard to the role of the media in HIV education.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) 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)?:

0

Comments and examples:

To date, civil society has not been involved at all in planning and budgeting processes for the NSP, as Kuwait has not had an updated NSP since the 1980s. However, there are plans for (re) establishing the National AIDS Committee and to include NGOs and civil society as permanent members.

3.

a. The national HIV strategy?:

0

b. The national HIV budget?:

0

c. The national HIV reports?:

0

Comments and examples:

To date, NGOs have not been involved in any kind of service delivery in the field of HIV prevention, treatment, care or support. All treatment, care and support services are provided by Government by Ministry of Health. However, civil society has an important role to play in future HIV intervention, especially in the field of HIV prevention among most-at-risk and other vulnerable groups.

4.

a. Developing the national M&E plan?:

0

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

:

0

c. Participate in using data for decision-making?:

0

Comments and examples:

Overall, the national response is weak, as it lacks political prioritisation and financial support; the NAP is seriously understaffed, while a National AIDS Committee has not been active for many years. In the absence of a National HIV Strategy, HIV interventions are scarce and ad hoc. In this context, there is a very limited role for M&E, and civil society, which has so far shown very limited involvement in HIV, has played no role in this.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

0

Comments and examples:

As mentioned above, to date, the national HIV response has been restricted, and civil society has played a very limited role in it. There are no PLHIV groups or Association due to severe stigma; similarly, MARP groups are criminalised, which makes it very difficult for NGOs to provide HIV services within the current legal framework. Furthermore, NGOs and CSOs are restricted with regard to the activities they can undertake, and they under control of the Ministry of Social Affairs and Labour.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

0

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

a. Access to adequate financial support for NGOs is hampered by the fact that they are not allowed to receive donations outside the amount donated to them by Government. This amount is the same for all NGOs, regardless of the size, their nature or scope of their activities. However, few NGOs are interested in working in the HIV field (as education only). b. Technical support is available from the NAP, but to date NGO interest and involvement in the HIV field has been very limited, as they have other priorities.

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

People living with HIV:

-

Men who have sex with men:

-

People who inject drugs:

-

Sex workers:

-

Transgendered people:

-

Testing and Counselling:

-

Reduction of Stigma and Discrimination:

<25%

Clinical services (ART/OI)*:

-

Home-based care:

-

Programmes for OVC:**

-

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

2

Since 2009, what have been key achievements in this area:

* NAP has been working with a limited number of interested NGOs to try and increase their involvement in specific aspects of the national response to HIV; this includes women's organisations and University students, who could do educational talks and peer education. Peer education for young people is a promising area, given the widespread risk behaviours, including sexual and injecting drug use behaviours, especially among young men. * NGOs have been involved in World AIDS Day activities

What challenges remain in this area:

* Partnerships with civil society and NGOs are still in an early stage. To date, there has been insufficient institutional support by the MOH for these efforts by NAP. More support will be needed to systematise these partnerships, and they need to be formally incorporated in the National HIV Strategy that is planned for 2012. * There are still few NGOs, and they are controlled and restricted in what they can do (see above)

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

No

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

None

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

The 1962 Constitution of Kuwait provides overall protection against discrimination. Article 7 states: "Justice, liberty and equality are the pillars of society; co-operation and mutual help are the firmest bonds between citizens". Article 29 states: "All people are equal in human dignity and in public rights and duties before the law, without distinction as to race, origin, language or religion".

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Human rights are enshrined in the Constitution and effectively protected as such.

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

The general laws on non-discrimination, which are incorporated in the Kuwaiti Constitution, are fully observed and implemented.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?**People living with HIV:**

No

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

none

Briefly describe the content of these laws, regulations or policies:

* Criminalisation of MSM, SWs, IDUs * Mandatory screening of foreign residents and deportation of HIV-positive expatriates * Mandatory pre-employment screening, with forced retirement on medical grounds in the military, health-care and oil sectors; * Laws restricting the extent of HIV-prevention programmes for prison inmates, such as needle-exchange programmes or condom promotion.

Briefly comment on how they pose barriers:

* As a result of the criminalisation of MARP groups such as sex workers, MSM and IDUs(only if caught by police), it is difficult to identify these groups in society, as they will avoid publicity or contact with Government institutions(for IDUs they can go to addiction center on their will); in addition, criminalisation of these groups makes it risky for professionals and especially for peer educators to reach out and provide services to these groups, as they may face arrest or legal action themselves. *

Deportation laws for HIV-infected foreigners will drive expatriates with high-risk behaviours 'underground', as they will avoid being tested or screened for HIV, if a positive test result means immediate deportation and loss of employment; this hampers effective HIV prevention among this group. * Mandatory pre-employment screening for Kuwaiti nationals will often result in PLHIV losing their jobs(some jobs not all and they get full medical retirement): while their employment rights are protected by

law, in practice, heavy stigma and discrimination is protected by law so ensuring privacy and confidentiality . * Laws and policies with regard to prisons hamper effective HIV-prevention programmes for inmates who may be injecting drugs and/or engage in same-sex behaviour, as they do not allow needle-and-syringe exchange programmes (NSEP), condom promotion or explicit, targeted HIV-prevention messages.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

It is a general law but the procedures can be explained according to the case.

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, key populations and/or other vulnerable sub-populations?:

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
No	Yes	No
No	Yes	No
No	Yes	No

If applicable, which populations have been identified as priority, and for which services?:

1. ART is only available free-of-charge to Kuwaiti citizens; non-Kuwaiti HIV-infected persons are not allowed to stay in the country and will be repatriated (but they get treatment to stabilise their health); 2. HIV-prevention services are very limited, mainly general awareness-raising for the general population, and basic HIV education in schools. There are no targeted HIV-prevention programmes for MARP groups or other vulnerable populations, such as young people, despite anecdotal evidence of considerable high-risk sexual and drug-use behaviours. 3. HIV-related care and support is provided in the context of ART for Kuwaiti patients only and to a limited extent for expatriates before they leave the country.

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

Yes

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

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

No

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

No

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

<p>a. 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:</p> <p>No</p>
<p>b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:</p> <p>No</p> <p>IF YES on any of the above questions, describe some examples: By the Constitution of the country in 1962 and the Law of HIV Prevention No. 62 in 1992, Kuwaiti PLHIV enjoy the same rights as other citizens.</p>

11. In the last 2 years, have there been the following training and/or capacity-building activities?

<p>a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:</p> <p>No</p>
<p>b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:</p> <p>No</p>

12. Are the following legal support services available in the country?

<p>a. Legal aid systems for HIV casework:</p>
--

No
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

5

Since 2009, what have been key achievements in this area:

No new achievements in the last 2 years. In general the human rights, including in the field of free HIV treatment and care, and employment of Kuwaiti PLHIV are protected by law.

What challenges remain in this area:

* Mandatory screening for different groups (e.g. labor migrants, pre-employment, premarital) may infringe upon their rights and privacy. In addition, positive test results usually have negative consequences for a person's employment and social position; * Military personnel and those working in the oil sector are regularly tested for HIV and sent on forced retirement if found HIV-positive, without being offered alternative employment but they can seek another job in the government and will be accepted and his health information will not be delivered to them; * Major challenges remain with regard to the rights of HIV-infected expatriates who live and work in Kuwait: there is mandatory screening before they get a work permit; regular screening is done on contract renewal (every 2-3 years) and positive HIV status will result in mandatory repatriation, without access to health or other care and support. This also applies in cases when foreign staff may have been infected through work, e.g. in the health sector.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

8

Since 2009, what have been key achievements in this area:

Although there are many challenges with regard to existing legislation and policies (see above), those laws that are in place to protect the human rights of (Kuwaiti) PLHIV are implemented, and (Kuwaiti) PLHIV can successfully claim their rights.

What challenges remain in this area:

Although existing laws are implemented, in practice severe stigma and discrimination may keep PLHIV from actively claiming their rights, e.g. to employment. Thus, despite laws, policies and regulations that protect PLHIV, stigma and discrimination have a major impact on the actual human rights position of HIV-infected individuals.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

No

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

While the overall national response to HIV lacks prioritisation and support, HIV prevention programmes are particularly limited. Thus, there are no efforts to scale up HIV-prevention programmes. The absence of an updated National Strategic plan since the 1980s makes it impossible to systematically address HIV prevention among most-at-risk groups or the n=general population

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Disagree

Harm reduction for people who inject drugs:

Strongly Disagree

HIV prevention for out-of-school young people:

Strongly Disagree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Disagree

IEC on risk reduction:

Strongly Disagree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Disagree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Strongly Disagree

Risk reduction for men who have sex with men:

Strongly Disagree

Risk reduction for sex workers:

Strongly Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

None

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

3

Since 2009, what have been key achievements in this area:

There have been very few achievements in HIV prevention: the national response mainly comprises massive mandating screening of wide range of groups, and HIV treatment and care (including ART). However, in terms of actual HIV prevention, no programmes or services are in place. HIV-prevention activities are limited to very general HIV education in primary and secondary schools, without any clear or targeted messages; as well as ad-hoc activities for World AIDs Day. Civil society has played a very limited role in all of this.

What challenges remain in this area:

Many challenges remain for effective HIV prevention: * Political support and prioritisation of HIV prevention is needed to allow the development and implementation of effective HIV prevention programmes; * Legal restrictions, social and religious norms and values, as well as stigma and discrimination hamper the implementation of targeted interventions for most-at-risk groups, including sex workers, IDUs and MSM; as well as for other vulnerable groups, especially young men and women. HIV/AIDS remains a very sensitive issue, as it is associated with illegal and morally unaccepted behaviours in Kuwaiti society, especially extramarital sex, multiple sex partners and drug use: these topics are very hard to discuss in public. * There is currently no political, legal or societal support for interventions such as condom promotion, explicit HIV education for youth and MARP groups, opioid substitution treatment or needle-and-syringe-exchange programmes. * The role of civil society in HIV prevention has been very limited to date, However, civil society has a key role to play in the implementation of effective HIV-prevention interventions for MARP groups and young people.

B - V. TREATMENT, CARE AND SUPPORT**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**

Yes

IF YES, Briefly identify the elements and what has been prioritized:

* Antiretroviral treatment and associated care and support for Kuwaiti nationals and to a very limited extent to expatriates . * Adequate patient follow-up (CD4, viral load etc.) * Preservation of confidentiality of HIV status and avoidance of discrimination

Briefly identify how HIV treatment, care and support services are being scaled-up?:

* Full access to HIV therapy for all Kuwaiti citizens and very sick expatriates and free of charge * ART is according to WHO protocols * There is no specific strategy to scale up coverage beyond those currently on HIV treatment: most patients are identified through mass screening programmes, but there are no active policies/strategies to identify additional persons in need of HIV treatment, such as through voluntary counselling and testing.

1.1. To what extent have the following HIV treatment, care and support services been implemented?**Antiretroviral therapy:**

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Disagree

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

None

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

* All HIV patients (nationals and very sick expatriates) get treatment free of charge * Social and psychological support free of charge * All eligible Kuwaiti nationals have access to free-of-charge, high-quality HIV treatment and care, including pre-ART, ART, and regular follow-up. * Social and psychological support is given to those in need. * PLHIV are entitled to full retirement on medical grounds, although they can choose to continue working (except in military and clinical health care)

What challenges remain in this area:

* Mandatory deportation of HIV-infected expatriates as soon as their health condition allows: they don't have access to ART and other HIV treatment, care and support (only if their condition does not allow them to travel they get treatment till they are able to travel); * There are some challenges with non-adherence among some HIV patients (very few), and it is sometimes difficult to follow up on them; * There have been cases of false positives and mixed tests results between different laboratories: in a few cases this has led to deportation of HIV-negative expatriates as a result of inadequate laboratory results (especially if the results are not confirmed in the WHO collaborating centre in the university); * The lack of VOLUNTARY counselling and testing services does not allow persons to know their HIV status if they have specific reasons to believe they might be at risk: this leads to late detection of some HIV cases and ineffective treatment 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

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

Given the absence of orphans and other vulnerable children with HIV-related needs, there is no specific need for such a policy

What challenges remain in this area:

See above.

Source URL: <http://aidsreportingtool.unaids.org/110/kuwait-report-ncpi>