

Lebanon Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 12/01/2012

To date: 12/31/2013

Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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

Postal address: C/O WHO office Beirut, Lebanon

Telephone: 009611566100

Fax: 009611566102

E-mail: wholeb_nap@inco.com.lb

Describe the process used for NCPI data gathering and validation: - desk review of available data -review of previous NCPI reports -direct interview of concerned stake holders -consensus and validation workshop to discuss NCPI collected data

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: direct communication between the parties involved in disagreement and referring to facts and national figures if necessary

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

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

Organization	Names/Positions	Respondents to Part A
MOPH	Dr Mostafa El Nakib- NAP Manager	
MOPH	Marie Tereze Matar-Director of drug unit	
MOPH	Dr Rima Firzli- ART pharmacist	
MOSA	Dr Jomana El Kadi-Dispensaries director	
MOL	Dr Ghassan Awar- HIV focal point	
MOI	Dr Habib Takesh- Prison medical director	
MOE		
MOPH	Dr Hiyam Yaacoub- Director of TB	
MOPH	Dr. Attika Berri	

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

Organization	Names/Positions	Respondents to Part B
WHO	Dr Mostafa El Nakib-HIV focal point	
UNFPA	Mrs Nada Aghar-HIV focal point	
UNICEF	Mrs Amal Obeid-HIV focal point	
UNDP	Mrs Mirna Sabbagh-HIV focal point	
UNODC	Miss Elvire Meraeb-HIV focal point	
UNHCR	Mrs Marie Akiki	
UNIFIL	Mirs Kenana-HIV focal point	
UNESCO	Ms. Rana Abdul Latif	
MENAHRA Int NGO	Mr Elie Aaraj-Director	
Helem NGO	Mr. Rabih Maher-manager	
MARSA NGO	Ms. Diana Abbas-manager	
OUI pou La Vie-NGO	Mr. Rabih Maher- Manager	
Skoun-NGO	Mirs Nadia Mikdashi-Director	
LAS-NGO	Dr Jack Mokhbat	
RANA Int NGO	Mrs Golda Eid- Manager	
American University Of Beirut	Dr Faysal Kak	
Lebanese American University		
SIDC- NGO	Miss Nadia Badran- HIV program director	
MENHARA- NGO	Mr. Elie Araj- Director	
Lebanese Red Cross- NGO	Ms. Jaqueline Nicolas- Director	
AJEM- NGO	Father Hadi Aya- Director	
Anwar El Mahabba- NGO	Mr. Akram Saybeh- Director	
Dar Al Amal- NGO	Ms. Hoda Kara- Director	
Oum El Nour- NGO	Ms. Samira Tanoury- Director	
Vivre Positive- NGO	Ms. Rita Wahab- Director	
AFE- NGO	Mr. George Azzi- Director	

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2013-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: additional activities targeting the Syrian refugees in Lebanon especially in the field of awareness raising, VCT and treatment were added into the strategic planning

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: MOPH (NAP), MOSA ,MOF, MOE,MOI,MOL ,MOD, Prime minister Cabinet: National commission for Lebanese women, Educational center for research and development, High relief commission

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other:

Included in Strategy: No

Earmarked Budget: No

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?: Mainly through resource mobilization or support from external donors, ministries or UN agencies,NGO's

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

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

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: refugees, displaced

: Yes

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

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

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

e) A monitoring and evaluation framework?: Yes

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

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Active involvement of the civil society starts with initial involvement in planning for activities , implementation and execution, training and field working, resource mobilization, coordination and research

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

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

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

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

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: N/A

Other [write in]:

: N/A

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

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

Other [write in]:

: N/A

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: Creation of the ART dispensing center, special budget for HIV medications apart from the essential medication purchasing , a dedicated pharmacist to deliver ART, special forecast for ARV's

5. Are health facilities providing HIV services integrated with other health services?

- a) **HIV Counselling & Testing with Sexual & Reproductive Health:** Many
- b) **HIV Counselling & Testing and Tuberculosis:** Few
- c) **HIV Counselling & Testing and general outpatient care:** Many
- d) **HIV Counselling & Testing and chronic Non-Communicable Diseases:** Many
- e) **ART and Tuberculosis:** Few
- f) **ART and general outpatient care:** Many
- g) **ART and chronic Non-Communicable Diseases:** Few
- h) **PMTCT with Antenatal Care/Maternal & Child Health:** Many
- i) **Other comments on HIV integration:** :

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 your country's HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: - Development of the new short term NSP 2013-2015 - Modification of the strategy to include refugees to greater extent - Expanding the scope of VCT planning to involve greater areas in Lebanon - integration of VCT services within primary health care centers - KABP and stigma index studies around HIV -Improved access to vulnerable population

What challenges remain in this area: -Misplacement in skilled and/or trained personnel - lack of proper or sustained funding - insufficient human and financial resources at the NAP - HIV remains low priority for a government in crisis in almost every field - Lack of proper mechanism for follow up and monitoring -

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: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: - Speech of the MOPH minister at the WAC in favor of treatment and PLWHA rights for care and support. - Parliamentarians speaking on TV talk shows on Human rights , MARPS and other vulnerable groups rights and obligations in civic society

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

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

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

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Dr Walid Ammar Diector General of MOPH

Have a defined membership?: Yes

IF YES, how many members?: twenty eight

Include civil society representatives?: Yes

IF YES, how many?: 16 sixteen

Include people living with HIV?: No

IF YES, how many?:

Include the private sector?: Yes

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

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

IF YES, briefly describe the main achievements:: The MOPH and other ministries partner with thematic NGO's and other civil society organization in planning and executing activities especially when targeting the MARPS

What challenges remain in this area:: - High mobility of NGO staff makes sustainability of activities at risk - Insufficient or lack of funding for planned activities and/or poor incentives for staff and field workers plays a negative role in the success of implementation - Insufficient coordination among all players

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 10

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

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]: Financial support

: Yes

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

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: -punitive laws concerning some MARPS groups -Laws concerning employment -Laws governing medical and life insurance for HIV patients -Labor laws

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 2013?: 6

Since 2011, what have been key achievements in this area:: -Adoption and legalization of the OST program in Lebanon -progress in the preparation of the HIV law intended to promote HIV and MARPS rights and obligations -increased support for the HIV activities in support for the Syrian refugees in Lebanon

What challenges remain in this area:: -Sustainability of activities and plans -Financial and technical support -putting HIV at higher priority level for the government

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: No

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: Stateless population

: Yes

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:: Available Laws in general speak about human rights and non discrimination for gender , equality among citizens and protection of women and children, rights of migrants as far as rights for work, medical care and social protection

Briefly explain what mechanisms are in place to ensure these laws are implemented:: judiciary system is the body responsible for the right implementation of the laws

Briefly comment on the degree to which they are currently implemented:: The implementation of these laws vary to high extent from very poor or suboptimal to high depending on case by case scenarios

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

IF YES, for which key populations and vulnerable groups?:

People living with HIV: Yes

Elderly persons: Yes

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

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable populations [write in]:: Stateless population

: Yes

Briefly describe the content of these laws, regulations or policies: these laws in general pose legal, social and sometimes financial barriers to rights for work, treatment and support or seeking legal advices, and this is dependent on the nature of the population in concern, gender, social status and age. For MSM, Article 534 of the Lebanese Penal Code prohibits having sexual relations that are "contradicting the laws of nature", and which is punishable by up to a year in prison. For SW, laws dating back to 1920, and 1931 regulated and somewhat "generally" protected sex workers, especially the registered prostitutes working in brothels, public houses and night clubs. However, these same texts were later on neglected after public houses destruction during the civil war. These "neglected" texts issued during the French mandate have not been amended after the Lebanese independency, which makes them in total contradiction with modern times. In 1962, some texts were amended. Today, the policy is that it is the General Directorate of the General Security that deals with Sex Workers and who sets regulating laws that are a type of internal regulations that organize the status of artists, which increases the isolation and discrimination measures. Examples of such measures includes putting the SW under detention, limit the freedom of SW, prevent social integration, basically deprive them from basic civil rights like right to defend themselves or protest, and have a medical diagnosis even if against their will to determine "the accused" of sexual activity.

Briefly comment on how they pose barriers: They pose barriers by prohibiting individuals from seeking legal advice or by putting conditions and regulations like age or sex limitations to certain situations so as some groups cannot reach their proper rights if they fall in these categories example: right for treatment or work for refugees. Harm reduction methods like Needle exchange programs for IVDU's. Seeking testing and counseling for youngsters, decision on sexual protection for married women, etc

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?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

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: Yes

Use clean needles and syringes: No

Use condoms consistently: Yes

Other [write in]:

: No

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?: Yes

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

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

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

Briefly describe the content of this policy or strategy:: The NAP (MOPH) and MOSA partner with thematic NGO's in reaching for specific population so as to implement activities using the peer education and reach out methods to spread education and information on awareness and prevention methods to those populations The MOE is committed to the integration of HIV/AIDS education within curricular and extra curricular activity by a ministerial decree

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Sex workers: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Prison inmates: Condom promotion, Drug substitution therapy, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Other populations [write in]:

:

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 2013?: 7

Since 2011, what have been key achievements in this area?: -Expanding VCT services into a wide geographical area of Lebanon -targeting the Syrian refugees in all VCT services, and other prevention activities -Abolition of the anal testing practice at the police stations for some vulnerable groups

What challenges remain in this area?: -Reaching out for the Syrian refugees with more awareness activities -Direct involvement of the refugees with training on awareness spreading activities and peer to peer education

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

IF YES, how were these specific needs determined?: -Direct requisition by people working on the ground -studies on specific populations -annual epidemiological report showing data on trends

IF YES, what are these specific needs? : -production of new IEC tools targeting specific populations -More training workshops on prevention and awareness for NGO's staff -financial support to sustain activities executed by NGO's -population size estimation for specific groups

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Economic support e.g. cash transfers: Disagree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

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: Disagree

Risk reduction for men who have sex with men: Strongly agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Disagree

Universal precautions in health care settings: Agree

Other [write in]:

:

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 2013?: 8

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:: -Setting guidelines for treatment -identification of people at need for treatment -make available ART -make available testing -make available laboratory investigations -make available drug resistance testing -make available follow up support

Briefly identify how HIV treatment, care and support services are being scaled-up?: - ART guidelines in place and updated -ARD needed available -dispensing center upgraded -VCT available and wide spread -Testing for drug resistance planned

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

Economic support: Disagree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Disagree

Post-delivery ART provision to women: Strongly agree

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

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: No

Please clarify which social and economic support is provided:

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

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?: ART

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 2013?: 9

Since 2011, what have been key achievements in this area?: putting national guidelines in line with WHO 2013 guidelines Making available ART medications Increasing the number of VCT service centers

What challenges remain in this area?: Bringing in additional ARV medications sustain the ART at the dispensing center accommodate for the new expected increase in the number of people receiving ART make operable the plan for testing for DR

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

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 2013?: 4

Since 2011, what have been key achievements in this area?: NA

What challenges remain in this area?: - Situation assessment of the orphans in Lebanon -putting an action plan after situation assessment to responds for the needs

A.VI Monitoring and evaluation

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

Briefly describe any challenges in development or implementation:: Lack of an M&E and surveillance officer at the NAP

1.1. IF YES, years covered: 2013-2015

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

Briefly describe what the issues are:: lack of M&E officers or focal points at many partners sites

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

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

Guidelines on tools for data collection: Yes

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

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 10

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

Briefly describe any obstacles:: lack of M&E officer

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

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M&E and Surveillance officer last year	Full-time	2012-2013

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

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?: Yes

Briefly describe the data-sharing mechanisms:: Active collection of data and information from partners concerned with the National response

What are the major challenges in this area:: Reporting is not uniform from all partners

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?: Yes

IF YES, briefly describe the national database and who manages it.: National data base located at the NAP

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?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: No

IF YES, at what level(s)?: Located at the MOPH web site

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current Needs Only

7.2. Is HIV programme coverage being monitored?: Yes

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

(b) IF YES, is coverage monitored by population groups?: No

IF YES, for which population groups?:

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: No

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

Briefly explain how this information is used::

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

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: observing trends in HIV so as to put more emphasis on specific groups putting estimates and projections for ART Challenges in disseminating information at the National level to review programs and to attract donors

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. 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 2013?: 5

Since 2011, what have been key achievements in this area?: - minimal achievement

What challenges remain in this area?: Essential need for a stable M&E and surveillance officer at the NAP

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?: 4

Comments and examples:: Direct involvement of civil society in advocacy among political leaders, direct civil society pressure through media and other means exerted at high political level to achieve specific goals , planning and design of activities to be implemented later by government bodies

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)?: 4

Comments and examples:: NGO's and other civil society bodies like universities were involved all through the design, planning and to some extent budgeting the NSP

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 3

c. The national HIV reports?: 4

Comments and examples:: Civil society work , support and reporting are integral parts of the NSP, the NAP works in close partnership with NGO's and most of the field work designed by the NAP and/or put in the NSP is implemented by the civil society on the ground

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 3

c. Participate in using data for decision-making?: 4

Comments and examples:: The NAP regularly collects data from NGO's government and UN agencies working on the ground , all data are fed into the M&E system at the NAP

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

Comments and examples: all thematic NGO's are involved in the HIV response, a network of more than 20 NGO are regularly meeting with the NAP or bilaterally and share information ,work together and coordinate activities in line with the HIV national response

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?: 3

b. Adequate technical support to implement its HIV activities?: 4

Comments and examples: financial support might be scarce but NGO's in Lebanon succeed frequently in mobilizing resources specially from UN agencies and international donors Technical support can be mostly available and ready when asked for , the NAP ,UN agencies and other resources can respond adequately to technical needs

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

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: >75%

People who inject drugs: 51-75%

Sex workers: >75%

Transgender people: >75%

Palliative care : <25%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): <25%

Home-based care: 51-75%

Programmes for OVC: 51-75%

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 2013?: 8

Since 2011, what have been key achievements in this area: - increase involvement in activities implementation especially in the field of awareness prevention. - increase in the rate of provision of VCT services - Training of NGO's staff on delivery of prevention services -Increased psychosocial services in support of PLWHA

What challenges remain in this area: -Sustainability of activities -Sustainability and retention of skilled staff - Availability of sufficient funds - Modification of related laws posing barriers to service delivery - Stigmatization of some thematic NGO's

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?:

Yes

IF YES, describe some examples of when and how this has happened:: - People belonging to some MARPS population integrated in several NAP's committees. -NAP partnering with PLWHA, MSM , and IDU's in design , implementation and follow up of activities targeting specific population groups

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

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

Transgender 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 contents of these laws:: Lebanon signed the Human rights convention

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

Briefly comment on the degree to which they are currently implemented:: Extent of implementation not well monitored

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?

KEY POPULATIONS and VULNERABLE 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

Transgender people: Yes

Women and girls: Yes

Young women/young men: No

Other specific vulnerable populations [write in]:: Stateless populations

: Yes

Briefly describe the content of these laws, regulations or policies:: Laws discriminating against MSM (article 534), and laws against SW which specifically increase discrimination and sometimes violate basic human rights. Contents of many discriminatory laws have not been amended for a long time and need to be revised.

Briefly comment on how they pose barriers:: Not able to access basic services due lack of official identity(for stateless)

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.:

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: Rights for care treatment and support Rights to work Rights to protect against discrimination

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism:: -Direct reporting to the concerned authorities

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

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

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?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: Relate to NSP

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

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

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: Yes

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

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

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

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

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

a. Legal aid systems for HIV casework: Yes

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

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

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]::

: 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 2013?: 6

Since 2011, what have been key achievements in this area:: - Draft law in favor of human rights and non discrimination focusing on specific populations

What challenges remain in this area:: - Resistance for change from some key decision makers

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 2013?: 8

Since 2011, what have been key achievements in this area?: - progress in the development of the HIV anti discrimination law- progress in the development of the rights of women protection - progress in endorsement of laws against domestic violence - inclusion of the refugees groups within the beneficiaries of the NAP activities

What challenges remain in this area?: -Development or modification of laws governing the rights of the MARPS -Resistance for change from some key decision makers-

B.IV Prevention

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

IF YES, how were these specific needs determined?: - Multi sectorial meetings - needs assessment on the ground - epidemiological reports and trend analysis

IF YES, what are these specific needs? : -Advocacy -Political commitment -Technical support -Financial support -M&E

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Strongly agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Disagree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]:

:

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 2013?: 8

Since 2011, what have been key achievements in this area:: - increasing the number of VCT service centers that serves as well as a place to spread awareness

What challenges remain in this area:: - increasing awareness among out of school and young people. -Scaling up of youth friendly services centers -increase awareness among MARPs -support for awareness planned activities

B.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:: -Testing/VCT - Provision of ART -care

Briefly identify how HIV treatment, care and support services are being scaled-up?: - ART guidelines are updated -ART regimen improved -VCT services up scale -NGO's provision for care

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

The majority of people in need have access to...:

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): N/A

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: 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]:

:

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 2013?: 9

Since 2011, what have been key achievements in this area:: ART provision and coverage now involves Lebanese , Palestinian refugees, Syrian refugees and other specific refugees who are in need for treatment Bringing in high quality medications developing the new ART guidelines

What challenges remain in this area:: - increasing ART coverage as much as possible -Ensuring the continuity of flow of ART medications - developing the National drug resistance testing

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and 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 in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area::

What challenges remain in this area::