Survey Response Details

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Response Details

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1) Country

Saudi Arabia (0)

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

Dr. Khaled Al Wah

3) Telephone:

Please include country code

+966-555098498

4) E-mail:

k_alwah@yahoo.com

5) Date of submission:

Please enter in DD/MM/YYYY format

27/02/2010

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

Data gathered and reported in this report was based on interviews with key informants from the Ministry of Health as well as representatives of Civic society and international organizations.

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

In few instances disagreements arised between the answers of stakeholders. In that case the stakeholder was contacted for further clarification. At some instances the disagreement was resolved by examining reports, white papers and other documents reviewed by the international consultant.

8)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality,

potential misinterpretation of questions and the like):

There was no opportunity to share the reported information with the general public.

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9)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Khaled Al-Wah	Ministry of Health	A.I, A.II, A.III, A.IV, A.V

10)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ziad Memish	Ministry of Health	A.II, A.III, A.IV, A.V
Respondent 3	Abdullah Assiri	Ministry of Health	A.III, A.V
Respondent 4			
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

11)

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

Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]

| Respondent 1 | Sanaa Filimban | Saudi Charity Association for AIDs Patients | B.I, B.II, B.III, B.IV |

12)

	Organization Names/Positions		Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Mayssam Tamim	UNDP	B.I, B.II, B.III, B.IV
Respondent 3	Abdullah AlHokail	The philanthropic organization for AIDS patients in Riyadh	B.I, B.II, B.III, B.IV
Respondent 4	Mohamad AlSaid	Infectious disease specialist	B.IV
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			

Respondent
25

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13)

Part A, Section I: STRATEGIC PLAN

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

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

　Yes (0)

Page 7

14)　**Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:
　2010-2015

15)

1.1 How long has the country had a multisectoral strategy?

Number of Years
　5

16)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	No	No
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*		

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17)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex workers	No
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

18)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

19)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format
2007

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20)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

All of those listed under 1.3, especially, IDUs- people with STIs- Prisoners - TB patients - School children.

21)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

22)

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?	Yes
e. A monitoring and evaluation framework?	Yes

23)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Moderate involvement (0)

Page 12

24)

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

Working with NGOs is a new experience at KSA, there is a need to solidify relationships with NGOs and civil society. Perhaps partnership could be strengthened through establishing formal structures (task forces and committees) and establsihing sustainable communication networks

25)

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

Yes (0)

26)

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

Yes, some partners (0)

Page 13

27)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)
IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

The national strategy has been formulated according to EMRO's framework. Strategy was very recently shared with partners and thus there has not been enough time for partners to reflect on strategy and examine alignment.

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28)

Part A, Section I: STRATEGIC PLAN

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

Yes   (0)

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29)

Part A, Section I: STRATEGIC PLAN

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

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

30)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify	

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31)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

32)

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 (0)

Page 18

33)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	No
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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34)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

For military HIV testing and counselling is mandatory for others it is voluntary and confidential

35)

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

Yes (0)

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36)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

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

37)

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

Complaints are settled in the courts of law and the Office of the Ombudsman They could also be raised to the Saudi human rights Association/commission

38)

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

They are implemented but some individuals might not come forward with a complaint

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39)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 23

40)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 24

41)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

42)

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

Yes (0)

Page 25

43)

Part A, Section I: STRATEGIC PLAN

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

Estimates of current and future needs (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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45)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

46)

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

Yes (0)

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47)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

IDUs - Prisoners - STI patients - TB patients

48)

Briefly explain how this information is used:

To inform planning and policy and guide corrective actions if necessary

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49) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

50)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

The 20 provinces at KSA

51)

Briefly explain how this information is used:

Ensure equal coverage and support services - Monitor incidence and prevalence across provinces

52)

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

Yes   (0)

Page 30

53)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

7 (7)

54)

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

Planning and implementation of the syndromic approach program for STI Establishing of VCT clinics Preparing a 5-years strategic plan for NAP (2010-2015)

55)

What are remaining challenges in this area:

Need for more technical support on strategic planning and strategy implementation

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56)

Part A, Section II: POLITICAL SUPPORT

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

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

57)

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

Yes (0)

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58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format
1994

59)

2.2 IF YES, who is the Chair?

Name	Dr. Ziad Memish
Position/title	Assistant Deputy Minister for Preventive Mdeicine

60)

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

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	No
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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61)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

   13

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62)

Part A, Section II: POLITICAL SUPPORT

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

   Yes (0)

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63)

Part A, Section II: POLITICAL SUPPORT

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

   Coordination with NGOs for social and economic support - Coorperate on education and awareness campaigns - Help with VCT efforts

64)

Briefly describe the main challenges:

Need to strengthen the role and involvement of NGOs

65)

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

Please enter the rounded percentage (0-100)

0

66)

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

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

67)

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

Yes (0)

Page 36

68)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

69)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
IF YES, name and describe how the policies / laws were amended:

A bylaw protecting the human and civil rights of people living with HIV and AIDS patients is going through formal approval processes and is expected to be approved over the next few months.

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70)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

   8 (8)

71)

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

Drafting a bylaw for the rights of people living with HIV and AIDS patients Support for establishment of NGOs and VCT clinics

72)

What are remaining challenges in this area:

Work on strengthening the relationship with NGOs, educational institutions and international organizations and build a synergistic relationship between various stakeholders

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73)

Part A, Section III: PREVENTION

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

   Yes (0)

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74)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
h. Abstain from injecting drugs (0)

k. Greater acceptance and involvement of people living with HIV (0)

m. Males to get circumcised under medical supervision (0)

n. Know your HIV status (0)

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

75)

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

Yes (0)

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76)

Part A, Section III: PREVENTION

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

Yes (0)

77)

2.1 Is HIV education part of the curriculum in:

primary schools?	
secondary schools?	Yes
teacher training?	Yes

78)

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

Yes (0)

79)

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

No (0)

80)

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

No (0)

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81)

Part A, Section III: PREVENTION

Question 3 (continued)
IF NO, briefly explain:

Efforts are being exerted to identify MARPs and devise IEC programs for education and harm reduction. Note that a new policy has been approved recently to advocate condom use among discordant couples and Married individuals with STDs.

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82)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

8 (8)

83)

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

Establshment of VCT clinics - Integration of STI syndromic approach in primary health care

84)

What are remaining challenges in this area:

Need to enhance IEC programs in schools and work with the general population on stigma reduction

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Page 45

85)

Part A, III. PREVENTION

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

Yes (0)

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86)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

No behavioural studies were carried out but needs were estimated based on program monitoring and consultation with input from stakeholders and international organizations

87)

4.1 To what extent has HIV prevention been implemented?

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

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88)

Part A, III. PREVENTION

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

7 (7)

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89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

   Yes (0)

91)

1.2 IF YES, does it address barriers for most-at-risk populations?

   Yes (0)

92)

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

   Yes (0)

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93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?
   Program monitoring and analysis of incidence trends

94)

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

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

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

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95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

   No (0)

96)

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

   Yes (0)

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97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:

   ARV drugs, HIV Eliza and opportunistic infections treatment

---

Page 53

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

   9 (9)

99)

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

   Comprehensive and unlimited coverage for the treatment and care for Saudi nationals living with HIV and AIDS patients

100)

What are remaining challenges in this area:

Need to enhance home care programs

Page 54

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)

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102)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

103)

1.1 IF YES, years covered:
Please enter the <u>start</u> year in yyyy format below

2005

104)

1.1 IF YES, years covered:
Please enter the <u>end</u> year in yyyy format below

2010

105)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

106)

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

No (0)

107)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements

(including indicators) with the national M&E plan?

No (0)

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108)

Part A, Section V: MONITORING AND EVALUATION

Question 1.4 (continued)
IF YES, but only some partners or IF NO, briefly describe what the issues are:

HIV/AIDS NGOs are newly established there role and involvement is being clarified and strengthened

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109)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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110)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include <u>a data collection strategy</u>, then does this <u>data collection strategy</u> address:

routine programme monitoring	Yes
behavioural surveys	No
HIV surveillance	Yes
Evaluation / research studies	No

111)

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

In progress (0)

Page 64

112)

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

No (0)

Page 65

113)

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

Based on prevalence estimates for different risk group

114)

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

Yes (0)

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115)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? No

in the Ministry of Health?   Yes

Elsewhere? (please specify)

116) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

4

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117)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of __all__ the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Program officer	Full time	1999
Permanent staff 2	program officer	Full time	2010
Permanent staff 3	STI M & E officer	Full time	2008

Permanent staff 4	NAP Manager	Full time	2007
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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118)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

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119)   **Part A, Section V: MONITORING AND EVALUATION**

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

Periodic exchange of information

120)

What are the major challenges?

strengthen coordination and collaboration

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121)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

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122)

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

Yes (0)

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123)

Part A, Section V: MONITORING AND EVALUATION

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

The department of central statistics at the MOH

124)

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

No, none of the above (0)

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125)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	No

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126)

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

No (0)

127)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

128)

Provide a specific example:

Increased HIV incidence was detected among IDUs in previous years. Prevention and treatment programs for IDUs was incorporated as a priority in the HIV national strategic plan

129)

What are the main challenges, if any?

Need to enahnce the technical expertise of NAP staff and promote HIS at the sub-national level

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130) ### Part A, Section V: MONITORING AND EVALUATION

9.2 To what extent are M&E data used for resource allocation?

4 (4)

Page 76

131)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

4 (4)

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132) ### Part A, Section V: MONITORING AND EVALUATION

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, but only addressing some levels (0)

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133) ### Part A, Section V: MONITORING AND EVALUATION

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at subnational level (0)
at service delivery level (0)

134)

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

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

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135) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)
Please enter the number of people trained <u>at national level.</u>

Please enter an integer greater than 0

  4

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136)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

  No (0)

Page 82

137) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

  6 (6)

138)

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

Addition of staff - Establishment of monitoring forms for STI surveillance

139)

What are remaining challenges in this area:

Capacity building - Standardizing M&E forms - Establishing an M&E sub-committee

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140)

Part B, Section I: HUMAN RIGHTS

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

Yes (0)

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141)

Part B, Section I. HUMAN RIGHTS

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

There is currently a general non-discrimination provision protecting the human and civil rights of people living in Saudi Arabia. There is also a draft bylaw specifically drafted to protect the rights of AIDS patients at KSA. This bylaw is going through formal approval processes and is expected to be approved and enforced over the next few months.

142)

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

Yes (0)

Page 85

143)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

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

144)

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

There is a human rights body in the country that accept complaints from any individual living at KSA. Complaints are investigated and pursued in courts if necessary. There is also a human rights association protecting the human and civil rights of individuals living in KSA

145)

Briefly describe the content of these laws:

Protection of all human and civil rights of People living with HIV and AIDS patients, including the

rights for appropriate medical treatment, education and employment. It also reinforces the right for privacy and confidentiality. Note that non-Saudi citizens are usually deported out of the country upon their diagniosis with HIV. The new draft bylaw, mandates offering treatment to expatriates until the time they leave the country. It also mandates that the spouse of an individual diagnosed with HIV should be notified immediately. Worth noting that the new bylaw does not allow employers to request HIV status as a precondition for employment except if they work for the military or the health care sector.

146)

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

They are implemented as a general human right and part of Islamic jurisprudence.

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147)

Part B, Section I. HUMAN RIGHTS

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

No   (0)

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

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

Yes   (0)

Page 89

149)

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

Yes   (0)

Page 90

150)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

Islamic jurisprodance mandates the protection of human rights for every individual. Complaints could be raised to the human rights association and organization. A lawyer could be asked to represent individuals whom human/civil rights have been violated. The court of law will look into the complaint. Discriminators and violators of rights will be penalized and/or prosecuted. The issue though is that many individuals, due to fear of stigma, might not come forward to voice their complaints.

151)

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

No (0)

Page 91

152)

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

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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153)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

There are currently no restictions or barriers on access for Saudi citizens. Note that treatment services are only offered to Saudi citizens.

154)

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

Yes (0)

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155)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

156)

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

Yes (0)

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157)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

All citizens, irrespective of their behaviour, are considered part of the society and thus have equal right for treatment, care and support.

158)

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

Yes (0)

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159)

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

No (0)

160)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No (0)

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161)

– 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 (0)

162)

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

Yes (0)

163)

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

No (0)

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164)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

There is an Office of the Ombudsman that could receive complaints from any individual in the society. A judge will look into these complaints and take the necessary decision to ensure the protection of human and civil rights of citizens.

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165)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

166)

– Legal aid systems for HIV casework

Yes (0)

167)

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

No (0)

168)

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

Yes (0)

169)

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

Yes (0)

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170)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

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

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171)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

6 (6)

172)

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

Establishment of NGOs - Drafting a bylaw

173)

What are remaining challenges in this area:

Need to approve and enforce policies reinforcing the human/ civil rights of people living with HIV and AIDS patients More work is needed to protect the confidentiality of patients. Need to pass laws encouraging the establishment of more VCT clinics Need to examine the problem of HIV positive illegal migrants Much more effort are needed to increase awareness and decrease stigma among the general population

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174)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

   7 (7)

175)

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

Collaboration between human rights society/ organization, NGOs and the MOH

176)

What are remaining challenges in this area:

Need to build capacity and increase awareness

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177)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

   3 (3)

178)

Comments and examples:

Media training Session to educate people living with HIV on their rights Public awareness campaigns

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179)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

   0

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180)

    a. the national AIDS strategy?

      0

181)

    b. the national AIDS budget?

      0

182)

    c. national AIDS reports?

      0

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183)

    a. developing the national M&E plan?

      0

184)

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

      1 (1)

185)

    c. M&E efforts at local level?

      1 (1)

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186) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

      3 (3)

187)

    Comments and examples:

    Empowerement of women - promoting civil rights - working on raising awareness and decreasing stigma

Page 108

188)

a. adequate financial support to implement its HIV activities?

    4 (4)

189)

b. adequate technical support to implement its HIV activities?

    5 (5)

190)

Comments and examples:

Ministry of Social Affairs has contributed significantly to the funding of the Saudi Charity Association for AIDS patients. Generous private contribution has also been received. UNAIDS has provided valuable support and training to the civil society. Technical support is also provided from academic institutions.

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191)   **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

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

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192)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

    7 (7)

193)

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

Innauguration of NGOs supporting people living with HIV and AIDS patients

194)

What are remaining challenges in this area:

Need to further acknowledge and endorse NGOs and enhance their participation

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195)

Part B, Section III: PREVENTION

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

No   (0)

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196)

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

All stakeholders acknowledge the need for special, MARPs and general population surveys to guide programmatic priorities and policy making

197)

1.1 To what extent has HIV prevention been implemented?

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

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198)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

   7 (7)

199)

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

Establishment of NGOs - Establishment of VCT clinics and a mobile clinic Pratnership between governments and NGOs on organizing conference and workshops for raising awareness and decreasing stigma

200)

What are remaining challenges in this area:

More eudcation and awareness efforts need to be dedicated especially with youth Need to enhance IEC effort to combat stigma

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201)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

   Yes (0)

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202)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

Build capacity to provide unlimited free treatment and care to Saudi individuals living with HIV and AIDS patients

203)

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

The majority of people in need

have access

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

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204)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

205)

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

Establishment of four new ARV treatment centers in AL-Madinah, Aseer, Al-Ahsa and AlJouf

206)

What are remaining challenges in this area:

Need to carry out needs assesment studies to guide the enhancement of home based care for AIDS patients

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207)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)