

Iran (Islamic Republic of) Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

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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

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Describe the process used for NCPI data gathering and validation: This indicator is based on a standard UNAIDS questionnaire and is designed in the framework of interviews with key informants on HIV/AIDS program. The interviewees included 5 representatives of government organizations, 4 representatives of civil society, international organizations active in AIDS-related issues and a representative of PLWH. Selection of interviewees was based on the opinion of the main committee of the study. This is a qualitative study aiming to find and identify the view points and opinions of officials and key persons. Given the specific goals of the project, an attempt was made to have a wide range of program partners, stakeholders and key persons with experience in HIV/AIDS represented in the study. After receiving completed questioners, data was extracted and analyzed by qualitative methods. The report was generated considering differences and similarities in key informant's responses to each question.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: In some questions key informants were asked to rate the programs between 0-5 (0 the weakest and 5 the strongest) and 0-10 (0 the weakest and 10 the strongest) based on their viewpoints. The mean rate was calculated and reflected in the report. In qualitative question which there was diversity in answers and conclusion was not possible, all different viewpoints were reflected in the report. Onsite data entry was done based on this report.

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
Ministry of health and medical education	Dr.Kianoush Kamali/ Senior HIV and STI officer	A1,A2,A3,A4,A5,A6
Ministry of health and medical education	Dr.Alireza Norouzi/ Head of drug abuse control program	A1,A2,A3,A4,A5,A6
Isfahan University of medical science	Dr.Marjan Meshkati/ HIV and STI officer	A1,A2,A3,A4,A5,A6
Prison organisation	Dr.Marzieh Farnia/ Head of health and treatment office	A1,A2,A3,A4,A5,A6
Welfare organisation	Dr.Majid Rezazadeh/ Head of Drug Prevention Office	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
Non governmental Organization	Dr.Ramin Radfar / head	B1,B2,B3,B4,B5
positive Clubs	Mr.Hamid Sadeghi	B1,B2,B3,B4,B5
Kerman HIV Knowledge hub	Dr.Ali-Akbar Haghdoost	B1,B2,B3,B4,B5
representative of UNAIDS in the country	Dr.Fardad Doroudi	B1,B2,B3,B4,B5

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: 2010-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: The most important advances compared with previous national strategies are in the promotion of inter-sectoral coordination, better communication, and greater public awareness of this illness. Other items: involvement of all partner organisations in NSP implementation – the existence of 5 technical committees – promulgation of the programme by the Ministry of Interior, making the Office of the Governor-General responsible for NSP implementation at provincial level – Monitoring & Evaluation programme – adaptation of strategies based on the prevailing situation – greater focus on care and treatment – delivery of services to key populations

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?: Ministry of health and medical education (center for communicable disease control, drug control office, RH) Ministry of Interior Ministry of Education, Ministry of Science Ministry of Welfare and social affairs Prison organisation Welfare organisation Traffic and Terminals Organisation Armed forces Emdad Committee I.R.I.B

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: Yes

Earmarked Budget: No

Women:

Included in Strategy: No

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other: prison organisation

Included in Strategy: Yes

Earmarked Budget: Yes

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?: The sectors which do not have specific budget line for HIV, have other budget lines for topics like health, education, life skills , ... these budgets are used for HIV related activities. • Additional sources of funding include the Ministry of Interior (at provincial level), Drug Control Headquarters, Welfare Organization, Prisons Organisation, Ministry of Welfare, and international organisations such as the Global Fund.

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]: people on the move and mobile populations such as truck drivers, sailors, not resident workers

: 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?: Moderate involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: NSP development did include “full involvement and participation” of civil society, both through involvement in NSP planning and finalization meetings and through empowerment, educational and outreach activities under the “Positive Clubs” project.

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, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why: Lack of coordination and coherence with the NSP in the non-governmental sector in certain areas, such as financial management and active presence in all provinces, have been given as reasons.

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: N/A

National Social Protection Strategic Plan: N/A

Sector-wide approach: Yes

Other [write in]: Yes. Under the rubric of Health as well as Drug Addiction (in detail).

:

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]: Given the burden of HIV in Iran, it is mentioned in general terms in the National Development Plan. Details of the HIV response are given in the NSP and the Comprehensive Drug Addiction Programme.

:

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

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: All respondents agree that the country does have a plan to strengthen its health system. Its impact on HIV-related infrastructure can be seen in the strengthening of primary healthcare, the launch of electronic health records, and improvement of the referral system.

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

a) HIV Counselling & Testing with Sexual & Reproductive Health: Few

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) ART and Tuberculosis: Many

f) ART and general outpatient care: None

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: : In terms of integration into routine healthcare services, respondents cited triangular clinics, which are designated as reference centres for HIV prevention, diagnosis, care and treatment within the national healthcare system. At more peripheral levels, HIV is being integrated into both TB and MCH services at district and urban/rural level health centres.

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?: 6

Since 2011, what have been key achievements in this area: The key achievements of the NSP have been in the promotion of inter-sectoral coordination, better communication, and greater public awareness of this illness.

What challenges remain in this area: Remaining challenges include further strengthening inter-sectoral collaboration, creating political and organisational focus on the need for transparent IEC programmes on sexual transmission (unsafe sex, how to prevent it...).

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: Some respondents believe that senior officials at provincial and district level have spoken more

prominently in support of HIV programmes than cabinet ministers. Also the senior consultant of the president has been involved in HIV program and this year he lectured on WAD ceremony . With regards to the support of high-level officials, the only specific instance mentioned by respondents was that of the Minister of Health at the World AIDS Day official event.

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?: Health minister if head of national committee and Head of CDC is the secretariat of this committee

Have a defined membership?: Yes

IF YES, how many members?: 26

Include civil society representatives?: Yes

IF YES, how many?: 6

Include people living with HIV?: Yes

IF YES, how many?: 2

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 majority of respondents believe that the country does have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes. Examples include in the delivery of harm reduction services, such as needle-syringe distribution by NGOs or MMT by the private sector. The non-governmental sector is thus seen to act as a strong implementation arm of the national response.

What challenges remain in this area:: The challenges faced in this area include the limited number of NGOs and the cumbersome rules and regulations that need to be negotiated before NGOs are certified to provide services to key populations. The importance of involving the non-governmental sector in the areas of diagnosis and treatment was also noted.

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

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]: The majority of respondents listed the following as the main areas where the National AIDS Committee supports CSOs in implementing HIV-related programmes: Capacity development; coordination with other implementing partners; communication regarding programme priorities; and technical/scientific support.

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: No

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

IF YES, name and describe how the policies / laws were amended: Nearly all respondents agreed that the country had a mechanism to review national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: With regards to any inconsistencies that remain between any policies/laws and the National AIDS Control policies, respondents mentioned difficulties accessing people with high-risk or unconventional sexual behaviour, as well as Article 16 of the Narcotic Drugs Control Act in relation to the arrest of street addicts.

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:: The most important achievements in this area were legal reforms, with an emphasis on the official promulgation of the NSP by the Ministry of Interior, and the role of provincial governorate-generals in the M&E committee [at provincial level]. The involvement of religious figures in educational activities and the greater involvement of more key people in HIV control programmes were further examples given by respondents.

What challenges remain in this area::

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: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: Regarding the existence of non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups, all respondents stated that supportive laws do exist for PLHIV, migrants and mobile populations, people with disabilities, OVC, PWIDs, prison inmates, women and girls, and young people.

: No

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

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: The majority of respondents attested to the existence of general (i.e., not specific to HIV-related discrimination) law on non-discrimination. Article [of the Constitution] that secures the rights of all people, women as well as men, and creates legal safeguards and equality for all the people; Article [of the Constitution] stipulating that all men and women enjoy equal protection under the law as well as all human, political and social rights, within the framework of Islamic laws. Article [of the Constitution] guaranteeing the rights of women across the world within the framework of Islamic law. Laws emphasising the right to health care and education. Drug users seeking treatment are thus not considered criminals and "vulnerable women centres" thus cater for sex workers.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: No specific answers have been provided. Respondents claim to have no information in this regard.

Briefly comment on the degree to which they are currently implemented:: Respondents gave an average score to the degree to which these laws are implemented. Examples include the right to vote for women and the right of women to work outside the home.

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: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: Yes

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: illegality of sex work and out of marriage sex

Briefly comment on how they pose barriers::

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: No

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: Yes

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?: No

Secondary schools?: Yes

Teacher training?: Yes

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?: No

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

Briefly describe the content of this policy or strategy:: All respondents confirmed the existence of a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations. The specific elements included in the strategy are VCT for both the general public and key populations; IEC for prison inmates inside prison and after release; IEC through maternal and child health and family planning services; IEC for hard-to-reach young people and key populations, through outreach teams and drop-in centres, peer educators as well as in overnight shelters.

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, 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, 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]: people on the move (truck drivers , sailors , not resident workers,) armed forces, university students

: 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)

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?: 6

Since 2011, what have been key achievements in this area?: Key achievements, according to respondents, include strengthening of harm reduction programmes, strengthening of programmes to prevent sexual transmission, strengthening of vulnerable women centres, greater cooperation of the media in IEC programmes, strengthening of life-skills based programmes, and greater participation of the non-governmental sector.

What challenges remain in this area?: Key remaining challenges include the need for broader participation; focus on behaviour change programmes, addressing the issue of dependence on stimulant drugs, and the creation of shelters for homeless addicts and sex workers.

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

IF YES, how were these specific needs determined?: Methods used to identify specific HIV prevention needs included bio-behavioural surveys, KAP studies among different groups, seeking expert opinion, and conducting rapid assessments, especially in the case of PWID.

IF YES, what are these specific needs? : The specific needs or groups identified in this way include PWID and their spouses/sexual partners, people who use stimulant drugs, women with high-risk sexual behaviour and MSM, PMTCT and STI services. These are the measures that have altogether been implemented to identify key populations, strengthen surveillance, promote IEC and reduce stigma and discrimination.

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: Strongly agree

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

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: 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 disagree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

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?: 7

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:: All respondents confirmed that the country had identified a comprehensive package of HIV treatment, care and support services. The elements of this package include adult ART, ART for children, treatment of opportunistic infections, PMTCT, HIV/TB co-management, post-exposure prophylaxis (occupational and non-occupational), and VCT.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Respondents believed that these services are being scaled up through an increase in the number of counselling centres and Positive Clubs as well as strengthening of laboratory services.

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: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Disagree

Family based care and support: Disagree

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: Agree

Post-delivery ART provision to women: Agree

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

Post-exposure prophylaxis for occupational exposures to HIV: 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: Disagree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: 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?: Yes

Please clarify which social and economic support is provided: People eligible under such support policies have been referred for support to Positive Clubs, the (Imam Khomeini) Relief Committee, and the Welfare Organisation. Treatment and counselling subsidies, social work, nutritional and vocational counselling are some of the other services offered.

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?: The majority of respondents confirmed the existence of such mechanisms, which govern the procurement of, for example, ARVs and condoms.

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?: 6

Since 2011, what have been key achievements in this area?: Key achievements in the area of treatment, care and support include wider use of rapid tests, distribution of prophylactic drugs and, in general, quantitative scale-up of programmes.

What challenges remain in this area?: Remaining challenges include HIV screening in antenatal settings and among TB patients, stigma reduction, the use of methamphetamine-type stimulants, and the shortage of viral load testing facilities. In the area of support, the key challenges are funding and changing the attitude of senior officials.

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

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

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?: 5

Since 2011, what have been key achievements in this area?: The State Welfare Organisation is preparing a comprehensive prevention and control programme for street / working children.

What challenges remain in this area?: The most important challenges are a lack of inter-sectoral and inter-departmental coordination as well as the absence of a specific programme.

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:: The plan has been in place since 2007, over the duration of the second and third NSPs.

1.1. IF YES, years covered: 2010-2015

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

Briefly describe what the issues are:: All respondents believe that key partners have aligned their M&E requirements. The significant participation of key partners such as the Prisons Organisation, the Welfare Organisation and the Ministry of Education was noted by the respondents.

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: No

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?:

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

Briefly describe any obstacles:: The majority of respondents confirmed the existence of a functional M&E unit. The main obstacles facing this unit are budget allocation issues and weak inter-departmental cooperation as well as a shortage of skilled personnel.

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

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: Yes

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?
Senior HIV officer in charge of M&E	Full-time	2006
Officer in charge of patient registry	Full-time	2001
Officer in charge of monitoring and evaluation	Full-time	2006
Senior officer in charge of surveillance	Full-time	2006

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
contractees for specific surveys	Temps plein	2001

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: No

Briefly describe the data-sharing mechanisms:: for national reports the secretariat of national committee is responsible for collecting information and viewpoints of all stakeholders before submission.

What are the major challenges in this area?: respondents stressed the need for a specific budget, inter-sectoral collaboration and a specialist M&E team.

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

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

IF YES, briefly describe the national database and who manages it.: The majority of respondents confirmed the existence of a central national database with HIV- related data, managed by the Ministry of Health's HIV Bureau. The database includes demographic information, information about key populations and geographical coverage of HIV services, including treatment, as well as their implementing organizations. Most respondents believed that only part of the information needed (as per Q.6.1.) was available in the database.

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: Yes

IF YES, at what level(s): Most respondents confirmed the existence of an HIS at national and (on a smaller scale) subnational level.

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?: Yes

IF YES, for which population groups?: All respondents confirmed that HIV programme coverage is monitored by population groups. The population groups for which it is monitored are vulnerable women, PWID and people who use amphetamine-type stimulants. Respondents believed that the most important use of this information is in the formulation of strategies, programmes and activities. BSS monitor coverage of services among IDUs, FSWs, and prisoners

Briefly explain how this information is used.: Reports are shared with related key partners to be used for better planning

(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:: All respondents were of the opinion that the most important uses of M&E data are in improving subsequent programmes, expansion and reform of the National AIDS Programme, and to improve budget allocation.

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

At national level?: Yes

IF YES, what was the number trained::

At subnational level?: Yes

IF YES, what was the number trained: 120

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: M&E training was conducted two years ago at national level for the Ministry of Health, Prisons Organisation, Ministry of Education, and the Ministry of Interior. In addition, the HIV surveillance programmes conducted 4 training events last year to roll out the case registry software. Every round of bio-behavioural surveillance is preceded by orientation and training workshops for members of the survey team.

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?: 6

Since 2011, what have been key achievements in this area:: Key achievements in the area of M&E are launch of the M&E sub-committee. improving quality of data. Increasing number of researches, access to qualified information for planning.

What challenges remain in this area:: The biggest challenge is the absence of specialist personnel and the shortage of documentation, the lack of dedicated funding, and the lack of alignment between the NSP and the M&E plan.

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?: 2

Comments and examples:: all respondents gave below-average scores to the item on civil society contribution to strengthening the political commitment of top leaders and national strategy/policy formulations

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)?: 1

Comments and examples: Respondents believed that civil society representatives had limited involvement in the planning and budgeting process for the National Strategic Plan on HIV.

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?: 3

b. The national HIV budget?: 3

c. The national HIV reports?: 4

Comments and examples: respondents believe that the services provided by civil society in areas of HIV prevention, treatment, care and support are included to only an average (or less-than-average) degree in national HIV plans. The ratings given were somewhat higher for national HIV budgets and national HIV reports. However, given that under the current structure, all service provision is supervised by a government entity, NGO services included under the NSP are in fact all outsourced from the government.

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?: 2

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?: 3

Comments and examples: Respondents rated civil society inclusion in the monitoring and evaluation (M&E) of the HIV response as average, and did not believe that the mere attendance of M&E meetings by CSOs was necessarily associated with either quality or influence. Specific reference was made to the minor role of CSOs in the development of the national M&E plan, although a slightly higher score was given regarding CSO participation in the national M&E committee / working group responsible for coordination of M&E activities.

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)?: 3

Comments and examples: Respondents believe that there is average civil society representation in HIV efforts inclusive of diverse organizations.

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?: 2

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples: Respondents believe that access by CSOs to technical and financial support is average or below. Respondents also believe that funding has not kept up with inflation in recent years.

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: 25-50%

Men who have sex with men: <25%

People who inject drugs: 51-75%

Sex workers: 51-75%

Transgender people: <25%

Palliative care : <25%

Testing and Counselling: <25%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: <25%

Clinical services (ART/OI): <25%

Home-based care: <25%

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?: 3

Since 2011, what have been key achievements in this area:: involvement of non governmental organisations remain stable during this time period.

What challenges remain in this area:: Average score given by respondents equals 3, which is below par on a scale of zero to ten. No achievement of note has been reported under this section, and the most important challenge is that we have regressed to the point where we started 6 years ago.

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:: at the level of Minister. Usual settings include World AIDS Day events, meetings with Parliament, and related WHO events. Some respondents believe that senior officials at provincial and district level have spoken more prominently in support of HIV programmes than cabinet ministers.

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: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: Yes

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:: The content of the general laws on non-discrimination were described by respondents as follows: Article [of the Constitution] that secures the rights of all people, women as well as men, and creates legal safeguards and equality for all the people; |Article [of the Constitution] stipulating that all men and women enjoy equal protection under the law as well as all human, political and social rights, within the framework of Islamic laws. Article [of the Constitution] guaranteeing the rights of women across the world within the framework of Islamic law. Laws emphasising the right to health care and education. Drug users seeking treatment are thus not considered criminals and “vulnerable women centres” thus cater for sex workers.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: No specific answers have been provided. Respondents claim to have no information in this regard.

Briefly comment on the degree to which they are currently implemented:: Respondents gave an average score to the degree to which these laws are implemented. Examples include the right to vote for women and the right of women to work outside the home.

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: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: Yes

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]: Laws exist that remove barriers for drug users and prison inmates to access prevention, care and treatment services.

: No

Briefly describe the content of these laws, regulations or policies: illegal sex work and any other kind of sex out of marriage including same sex

Briefly comment on how they pose barriers:

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.: there is a specific guideline for post exposure in non-occupational setting including rape. Article [of the Constitution] that secures the rights of all people, women as well as men, and creates legal safeguards and equality for all the people;

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: Article [of the Constitution] that secures the rights of all people, women as well as men, and creates legal safeguards and equality for all the people;

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?: No

IF YES, briefly describe this mechanism:

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: Yes

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

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: Yes

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

Provided, but only at a cost: No

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:: Respondents believed that specific provisions exist for key/vulnerable populations to access prevention, treatment, care and support services, including, for example, drop-in centres and counselling services especially for vulnerable women.

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:: The response to this question was negative, meaning that there are approaches to enable access among key populations that have not been explored or adopted yet.

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

IF YES, briefly describe the content of the policy or law:: HIV policy have been developed in the country and directly mentioned to the 3Cs principles of testing including consent. this policy is distributed nationwide.

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: No

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

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?: No

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?: 5

Since 2011, what have been key achievements in this area:: The average score given was 4.5, with the key remaining challenges give as expansion of existing services, increasing the coverage of programmes, and greater focus on rural areas.

What challenges remain in this area::

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?:

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

What challenges remain in this area::

B.IV Prevention

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

IF YES, how were these specific needs determined?: based on situation analysis study. and triangulation of all available data

IF YES, what are these specific needs? : budget allocation, capacity building, greater involvement of NGOs.

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: Strongly agree

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

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: 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 disagree

Risk reduction for sex workers: Agree

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?: 6

Since 2011, what have been key achievements in this area: Key achievements, according to respondents, include strengthening of harm reduction programmes, strengthening of programmes to prevent sexual transmission, strengthening of vulnerable women centres, greater cooperation of the media in IEC programmes, strengthening of life-skills based programmes, and greater participation of the non-governmental sector.

What challenges remain in this area: Key remaining challenges include the need for broader participation; focus on behaviour change programmes, addressing the issue of dependence on stimulant drugs, and the creation of shelters for homeless addicts and sex workers.

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:: The elements of this package include adult ART, ART for children, treatment of opportunistic infections, PMTCT, HIV/TB co-management, post-exposure prophylaxis (occupational and non-occupational), and VCT.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Respondents believed that these services are being scale up through an increase in the number of counselling centres and Positive Clubs as well as strengthening of laboratory services.

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: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: 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

Post-delivery ART provision to women: Agree

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

Post-exposure prophylaxis for occupational exposures to HIV: 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: Disagree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: 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?: 6

Since 2011, what have been key achievements in this area: Key achievements in the area of treatment, care and support include wider use of rapid tests, distribution of prophylactic drugs and, in general, quantitative scale-up of programmes.

What challenges remain in this area: Remaining challenges include high number of drug dependent cases with poor motivation, HIV screening in antenatal settings and among TB patients, stigma reduction, the use of methamphetamine-type stimulants, and the shortage of viral load testing facilities. In the area of support, the key challenges are funding and changing the attitude of senior officials.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

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?: 5

Since 2011, what have been key achievements in this area: The State Welfare Organisation is preparing a comprehensive prevention and control programme for street / working children.

What challenges remain in this area: The most important challenges are a lack of inter-sectoral and inter-departmental coordination as well as the absence of a specific programme.