COUNTRY PROGRESS REPORT 2013 YEMEN

ACKNOWLEDGEMENT

This Report was prepared by cooperative efforts between different institution working in the field of HIV/AIDS in Yemen .
It was initiated by NAP who sent an official letter to all governorates requesting them to submit the annual report for AIDS cases and the implemented activities during 2013.
Another request sent to health facilities working in the blood transfusion and doing HIV screening test to sent their reports .
More over the NGOs working in HIV/AIDS have been requested to provide the annual report on the activities implemented in 2013 so NAP can start preparation of country progress report and submit the report in due time .
I extend the words of appreciation, gratitude and gratefulness to all the participant in the consultation meetings conducted to make consensus on the core indicators .
Special thanks to my colleagues from the NAP,NGOs, UN agencies UNAIDS,WHO , international NGOs for their great help and technical support

Glossary

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Treatment
CCM	Country Coordinating Mechanism
CSOs	CIVIL SOCIETY ORGANIZATION
FsW	Female Sex Workers
ARVs	ANTI-RETROVIRAL DRUGS
GF	GLOBAL FUND
HIV	Human Immune Deficiency Virus
M&E	Monitoring and Evaluation
MOI	MINSTERY OF INTERNAL
MENA	Middle East and North Africa Region

MOPH&P	Ministry of Public Health and Population
MSM	Men having Sex with Men
NGOs	NON GOVERNMENTAL ORGANIZATION
NAP	National AIDS Program
NSP	National STRATEGIC PLAN
NTP	NATIONAL T.B PROGRAM
PITC	PROVIDE INTIATING TEST &COUNCELING
PLHIV	People Living with HIV
PMTCT	Prevention mother to child transmission
SOP	Standard operating manual
STD	SEXUAL TRANMMITED DISEASE
UNAIDS	JOINT UNITED NATIONS PROGRAMME ON HIV
UNGASS	UNITED NATIO GENERA ASSEMBLSPECIAL SESSION
UNDP	United Nations Development Fund
WHO	WORLD HEALTH ORGANIZATION

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Background:

Yemen is among the world's least developed countries with estimated population size about 25 million (CSO, 2012). In spite of achieving some economic development over the past decade, poverty among the population is still high 34% of the total population and 18% of population are living in extreme poverty.

Yemen is a low prevalence for HIV which estimated 0.2% of the total population (2011 HIV size estimates/NAP). However the evidence showed that Yemen is having a concentrated HIV epidemic among men who have sex with men (MSM) with prevalence rate 5.9% (2011 study).

It is estimates that at the end of 2013 there are 35,000 people living with HIV in Yemen (NAP Report, 2013).

As a result of the political crisis in the country In 2011 and its significant negative impact on all development programs including HIV/AIDS control programs ,most of the activities stopped.

The available government support was affected due to the changing priorities of the government during the crisis to be more focused on other areas such as internal displaced population (IDP), and emergencies in terms of provision of basic services including water, electricity, food and fuel.

This situation has been aggravated by the end of GF grant ,closing of HIV project supported by UNICEF which resulted ultimately on the scarcity of resources for the NAP.

Fortunately, the Global Fund at this phase supported the continuity of treatment and care services for the period from January 2011 to December 2012 according to the continuation of services policy.

The same thing has been continued in the transitional funding mechanism 2013-2014 which

was very limited for continuation of services for care and treatment for fixed number (631under ARVs,924 under OIs drug)

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The Epidemic status of HIV/AIDS :

Yemen is one of the countries with low prevalence of HIV (0.2%) in the general population according to 2011 HIV size estimates/NAP. Surveys among representative samples from general population e.g pregnant women and T.B patients assure the low prevalence rate,

According to the Annual report from National AIDS Program (NAP 2013) cases increased from 1 in 1990 to the total accumulative number 3763 in 2013, However, the estimated number of HIV cases in Republic of Yemen is 35000 (2013 HIV size estimates/NAP).

The table (1) showed that the number of cases reported in the previous three years is less than the incidence before 2010.

Table (1)Distribution of Reported HIV cases by year from 1987 to 2013

Year	No of cases
1987	1
1988	3
1989	3
1990	6
1991	4
1992	44
1993	25
1994	26
1995	52
1996	96
1997	204

1998	189
1999	111
2000	110
2001	107
2002	151
2003	247
2004	214
2005	228
2006	254
2007	248
2008	241
2009	318
2010	354
2011	266
2012	261
2013	232
Total	3995

The figures indicated that the political security situation and conflict in the country during the year of 2011-2012, may affect the notification of new HIV cases which was low and 232 cases reported.

Most of the registered cases among male and the cases among female is increasing see the diagram below .

The majority of transmission is attributed to sexual transmission whether hetero- or homo-sexual , Hetero-sexual was the main rout of transmission 85% of the HIV cases, while the next most frequent mode of transmission was homosexual 6%.

Due to low prevalence rate ,the National AIDS Program has altered its planning direction from studies and surveys among general population towards targeting most at risk population, A mapping and size estimation study of MSM and FSW was conducted in 2010 in capital cities of five governorates.

These included Sana'a, Hudeida, Mukalla, Aden and Taiz. The estimated total number of FSWs in all five areas surveyed ranged between 9,084 and 14,134, while that of MSM is between 7,990 and 11,819. Based on the population age 15 – 49 years for females and 10 – 59 years for males, the proportion of FSW and for MSM in each governorate was calculated. Extrapolating from the estimates in the five governorates and based on the total population of females aged between 15 and 49 the estimated number of FSW in Yemen is 58,934. , the median proportion of FSWs in Yemen will range from 1.16% to 2.1%, For MSM the national median proportion is between 0.61% and 1.47% with the estimated number of MSM being 44,320

Bio-behavioural survey was conducted in Hodeida city in 2010 using the respondents driven sampling method targeting 301FSWs and the results revealed 0% HIV. Though no HIV infection, study reveals major behavioural risk factors being low age of sexual debut, low condom use among FSW, 34.88% had used condoms with the most recent client.

The study has shown that the FSW have a very low comprehensive knowledge of HIV and only a small proportion perceive themselves at higher risk of contracting HIV infection.

Also Bio-behavioral survey was conducted in Aden and Hodeida, among 261 MSM in 2011. The mean age of respondents was 23.8 years (95% CI, 17.8-29.8). HIV prevalence was 5.9% (95% CI, 4.8-7.3). 27.8% had comprehensive knowledge about HIV preventive measures and rejected common misconceptions. In 31.4% of cases, either the respondents or their sexual partner(s) have reported STI symptoms in the past 12 months. About 1 % (95% CI, 0.1-9.2) reported injecting drugs in the past 12 months. The reported consistent condom use in past

six months was less than 10% with different partners (including commercial sex). Only 20% (95% CI, 15.8-25) reported condom use in their last anal sex

These implemented surveys indicate that HIV is an epidemic among the studies developed for MSM in Aden and Hodeida. Risk behaviors are frequent, and preventive measures are not utilized.

The previous studies confirmed that, there is a risk of transmission of HIV and other STIs between the members of the MARPs and from them to other vulnerable group and general population .

The need assessment has been conducted by international consultant who collected the data about the MARPs in 5 governorates and then he assessed the community system and the interventions implemented in the field targeting this groups.

The findings of facility and community assessment have been used in concurrence with international best practises to develop **SoP** addressing key functions in Targeted Interventions among MARPs. The **SoP** included steps in community outreach, BCC and VCT services and other interventions necessary for MARPs.

Due to the limitation of resource it was difficult to start comprehensive programs according to the recommendation and standards in the previous 3 years .

UNAIDS has supported one project in 3 governorates which need to be assessed and make recommendation for the future.

No new study have been conducted for MARPs and no more KAB studies for young population so we have used the same figures for most of core indicators based on the report submitted in the 2012 UNGASS report .

Only indicators (20 to 26) have been updated according to new data available from care and treatment services and PMTCT in addition to AIDS spending ,2013 data have been added .

Indicators :

Serial	Indicator	Results	Source	Remarks

	A: General population			
	Indicator 1: Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	5.6% (15-24 Year) 6.3 % (Males 15-24) 4.9 % (Females 15-24)	KABP (2010)	Total number of young women and men respondents (3000) among aged 15–49. 5.6% (Out of those who ever heard about HIV, the percent of young Yemeni (age 15-49), who gave a correct answer on the 4 questions was 5.6 % Among females aged 15-49,the percent was 4.9 % and among males 15-49,it was 6.3 %).
	Indicator 2: Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	No data		No related data on this indicator
3)	Indicator 3: Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	1% aged (15-49)	KABP (2010)	The respondents in this indicator was Male only their Number(1528). (92% of the male respondents reported that they never had extra marital sexual relationships with one or more partners in the past 12 months, 7% refused to answer the question and only 17 recognized that they did (1%).
4)	Indicator 4: Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*	18%	KABP (2010)	Among (17) of the males respondents who reported that they had sexual relationships with one or more partners in the past 12 months , only 3 were reported that they used condom during their last intercourse [15]
5)	Indicator 5: Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	No data		No related data on this indicator
6)	Indicator 6: Percentage of young people aged 15-24 who are living with HIV*	No data		Topic is not relevant to country epidemic status (Low epidemic)

	B: Sex workers			
7)	Indicator 7: Percentage of sex workers reached with HIV prevention programmes.	34.22% (age 15-49 Year	BBS -FSW(2010)	NO data disaggregated by age (The percentage of FSW who they know where they can go if they wish to receive an HIV test is 34.55% (104/301) & 33.89% (102/301) for those who had been given condoms in the last twelve months. The Composite indicator 34.219%.
8)	Indicator 8: Percentage of sex workers reporting the use of a condom with their most recent client	34.88%	BIO_BFSW(2010)	NO data disaggregated by age. Based on the survey among 301 FSWs in 2010 in Hodeidah, 105/301 = (34.88%) had used condoms with their most recent client,. [11]
9)	Indicator 9: Percentage of sex workers who have received an HIV test in the past 12 months and know their results	5.98%	BBS -FSW(2010)	The biobehavioral survey among 301 FSWs in 2010 in Hodeidah, carried out, 18/301 (5.98%) had tested for HIV in the past 12 months and know their results.[11]
10)	Indicator 10: Percentage of sex workers who are living with HIV	0%	BBS -FSW(2010)	NO data disaggregated by age. There were no HIV positive cases , among FSW (301) tested for HIV in this study Whereas the bio-behavioral HIV survey in 2008 among 244 FSWs revealed an HIV prevalence of 1.23% (3/244).[17]
	C: Men who have sex with men			
11)	Indicator 11: Percentage of men who have sex with men reached with HIV prevention programmes	For < 25 year: 55% For 25 year +: 49%	*BBS MSM (2011)*	55% of respondents < 25 year reached with HIV prevention programme(know where they can go for HIV test , and they have been given condom) while only 49% for the age 25 years and more bio-Behavioral survey among 261 MSM in 2011 in Aden and, Al-Hodeida,

12)	Indicator 12: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	For < 25 year : 15.9 % For 25 year +: 23.7 %	*BBS MSM (2011)*	23.7% at the age 25 year +: had used condom last time they had anal sex with a male partner. 18.6% had Condom used in anal sex with male partner in the last 6 months (32/172).
13)	Indicator 13: Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	For < 25 year : 19 % For 25 year +: 43%	*BBS MSM (2011)*	Respondents aged less than 25 year have low access to HIV testing (31/163 = 19%) than those who are 25 year old and more (41/95 = 43%)
14)	Indicator 14: Percentage of men who have sex with men who are living with HIV	For < 25 year : 3.1 % For 25 year +: 11.1% All age groups 5.9%	*BBS MSM (2011)*	Percentage among the age group 25 year and more is higher (10/90=11.1%) than those who are less than 25 years old (5/163=3.1%) HIV prevalence in all age groups is (15/252= 5.9%)
15)	Indicator 15: Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	No data		No related data on this indicator
16)	Indicator 16: Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	No data		No data on condom use among IDUs.
17)	Indicator 17: Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	No data		No data available to report on this indicator.
18)	Indicator 18: Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	No data		No related data on this indicator
19)	Indicator 19: Percentage of people who inject drugs who are living with HIV	No data		No related data on this indicator

20)	Indicator 20: Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	2013:18/800=2.2% 2011:17/800 = 2.13% 2010: 17 /800 =2.13% 2009: 10/ 800 = 1.25%	(NAP) ART&CARE unit	In 2013(5) antiretroviral therapy for HIV-positive pregnant women eligible for treatment. and (13) maternal triple ARV prophylaxis.
21)	Indicator 21: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	2013:10/18=55% 2011: 2/17 = (11.77%) 2010: 9/17 = (53%) 2009: 8/17 = (47%)	(NAP) ART&CARE unit	10 infants tested from 18 exposed in 2013
22)	Indicator 22: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	2013:0/800=0% 2011: 9/800 = 1.1% 2010: 9/ 800 =1.1% 2009: 15/800 =1.9%	(NAP) (Reports of 2011,2010,2009)	The number of registered cases revealed that no cases infected by mother to child transmission in 2013 ,& the estimated number for infected pregnant women is 800 10 infant tested and the result was negative More data needed
23)	Indicator 23: Percentage of eligible adults and children currently receiving antiretroviral therapy*	2013:901/15000=6% 2011: 625/4500 =13.9% (378/4500=8.4% male 247/4500=5.5% female) 2010: 531/3450 = (15.4%) 2009: 274/3150 = (9%)	(NAP) ART&CARE unit	The denominator of this indicator has been changed from 4500 to 15000 based on new estimation so coverage became low 6%
24)	Indicator 24: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	2012 =152/197=77% 2009: 85/140 = 62% 2010: 257/423 = 61%	(NAP) ART&CARE unit	
25)	Indicator 25: Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	2013 = 27/245=11% 2011: 47/245 = (19%) 2010: 34/245 =(14%) 2009: No data available at NAP	(NAP) ART&CARE unit	As 2009 study among TB patients on sentinel sites, The prevalence of HIV among TB patents was 1.75%. The estimated number of
26)	Indicator 26: Domestic and international AIDS spending by categories and financing sources	2013: (1.100,000)$ Government spent about 350000$ 2011: (1.613.920 $) , the government spent (381.395$) 2010 : (2.210.998$) the government spent (130.233$)		In 2013 :fund grant and support from donors about(1.100,000)$ Government spent about 350000$ In 2011; Fund grant, (1.613.920 $) were received and spent on HIV programs and interventions under the auspices of the government and NAP. In addition, the government spent (381.395$) from its budget. In 2010; Fund grant, (2.210.998$) were received and spent on HIV programs and interventions under the auspices of the government and NAP. In addition, the government spent (130.233$) from its budget.

27)	Indicator 27: National Commitments and Policy Instruments (prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)	Refer to the text		Refer to the text.
28)	Indicator 28: Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	No Data		No related data on this indicator.
29)	Indicator 29: Current school attendance among orphans and non-orphans aged 10–14*	No Data		No related data on this indicator.
30)	Indicator 30: Proportion of the poorest households who received external economic support in the last 3 months	No Data		No related data on this indicator.

Prevention Programs

The NAP with its partners from government and civil society organizations has reached a great achievement during the last period until the end of 2013 in various fields, including the following:

1. ***Awareness Activities***

Although there was still a high level of stigma and discrimination against PLWH in Yemen, awareness in the field of AIDS has been given in 2012 and 2003 great attention and support in Yemen compared to 2008, which has had an impact in educating different groups of society and consequently changing behavior. This was accomplished through the implementation of awareness lectures and seminars and campaigns on AIDS in addition to the services provided in the field of voluntary counseling and testing, medical care and treatment, PMTCT services to a great number of target groups.
In 2013, the number of beneficiaries was 156276 persons from different community segments, school and university students, journalists and employees of the armed forces and security and other target groups.
NAP with support of MSF start the process for improvement of hot line services by updating the information recorded in the automatic reply machine .
General information on AIDS, mode of transmission , ways for prevention have been inserted and enough information on the services available have been recorded .

On the occasions of the World Day to Combat AIDS, numbers of publications and educational materials on AIDS and other sexually transmitted diseases and the services provided in the field of care, treatment, counseling and testing services and prevention of infection services were about (250,000) leaflets and brochures distributed in 2013.
Awareness campaign has targeted youth in schools & universities, general population in Malls & Parks. IEC materials printed & distributed. The campaign was conducted with Yemen Aid association, Field Medical Foundation, Tamkeen for Development & No Stigma Foundations, Youth initiative, Yemen Reproductive Health Association, Faculty of medicine & Faculty of Dentistry in Aden University
Also the establishment of HIV Advocacy Platform in collaboration with MSF-Spain , NAP –MOPHP, CSOs , WHO,UNHCR
More awareness activities have been implemented by different national and international NGOs (see the annyx table about awareness activities in 2013)
TV and radio seminars, interviews, awareness flashes have also been conducted in the Yemen TV ,private channels, and local radio stations about AIDS and the services provided to combat AIDS, treatments and prevention of infection, counseling and testing services.
The workshops and awareness programs and meetings organized by the NAP in cooperation and coordination with civil society organizations and international organizations and donors through various levels have been covered at the central level and governorates media (radio, television and newspapers).

HIV Testing and Counseling

Counseling and testing (T&C) formed the priority number 6 in the "National Strategy Framework". The support of WHO consultant has updated the National testing and counseling guideline and training manuals to ensure general confidential testing for all in need groups in the community. Moreover, there was initiation of the provider initiative testing and counseling services (PITC) which was integrated with in a number of public health facilities and NGOs to strengthen and encourage access to this preventive measure. Thus a PITC operational manual and training guide has been developed for both public and non-governmental organizations providing HIV testing and counseling services.
During the period of 2013 the testing and counseling centers that have been established 32 centers. With the support of WHO, several training workshops for counselors were conducted as well as mentoring of health providers in 3 governorates (Sana'a, Aden and Al-Hodeidah) and mentoring of the newly established testing and counseling sites in Haja, Al-mokalah, Lahj, Al-Mahra and Syooun by NAP.
A growing access to T&C services was observed but still limited reaching a cumulative number of **5378** clients tested through VCT and PITC sites in addition to out reach programs.

Positive cases	**male**	**Female**	**Total**	**Type of services**
182	**1377**	**1141**	**2518**	**From fixed sites**
0	**1172**	**1688**	**2860**	**Out reach campaigns in sanaa ,ADEN ,Haja**
182	**2549**	**2829**	**5378**	**Total**

The table above indicated that the Number of males is (2829) equals to 53%, while the males are (2549) equals to 47% which mean the percent is close between the two categories.
The counseling and testing services are provided for Yemenis, as well as for foreigners who want to get those services, especially the refugees from the African horn so the accessibility is ensured without any discrimination based on gender or nationality
Total number of the people infected with HIV during 2013 in all centers is (182 persons), all positive cases discovered in fixed sites which give good indicator about the implantation strategy which mixing between VCT and PITC.
Its noted that the cases discovered in counseling and testing sites represent more than (70%) of total cases reported in 2013 .

Tent used for Counseling and testing campaigns in some governorates

Condoms Use

The distribution of condoms is mainly channeled through the reproductive health and family planning programs. According to the biobehavior survey conducted in 2011 among 261 MSM in Aden and Al-Hudaydah, 80% indicated that they do not use condoms With the most recent client, condom was used by only 20% of respondants, most of respondents do not use condoms because they didn't think of it and others said they don't like them.[9] Moreover, the survey among 301 FSWs in 2010 in Hodeidah, 34.1% had used condoms with the most recent client, and 65.1% they do not use condom.[11] The bio-behavioral among 261 MSM in 2011 in Aden and Al-Hudaydah 67.6% have been obtained condoms every time whenever they need, 16% sometimes and 16% rare/not at all the information gathered indicated that there is high risk behavior which need innovative approach to create the needs of condom by social marketing and to provide them for those in need for free .
The condom promotion and availability was one concern of the comprehensive programs implemented by few NGOs targeting MARPs .
By end of December 2013 1,111 MSM were reached represent 79.4% of the targeted population by the program , of which 594 (53.4%) MSM benefited from the comprehensive services and around 12 (4.2%) of them are new identified as HIV positive. In spite of the huge challenges in Aden& Hodeida, the project team showed good skills to manage the project and reach to the beneficiaries.
The project of comprehensive prevention programs has been launched in Aden on June 2012 In collaboration with NAP-MOPHP and implemented by local NGO "Social Services Association-Aden ". Over 30 stakeholders advocated to support implementation of the project

Six key staff from the NGOs had been visited /exposed to similar project and been trained in Cairo in collaboration with UNAIDS Egypt & RST to enable government organizations to implement the project in better quality manner.
In 2013 Two additional NGOs Yemen AID and Abu-Mousa Associations in Sana'a & Hodeida respectively have been supported to conduct similar program
The programs conducted need programmatic assessment to see the strengthening and weakening areas which can help in designing of new project in the future.

2. *Prevention of Mother-to-Child HIV Transmission (PMTCT)*

Prevention of mother to child transmission is priority number 7 in the National Strategy Framework. The established in 2009 is currently provided through 4 sites integrated within ANC clinics in Sana'a city and Aden.
The expanded coverage through additional 4 new site in Al-Sabeen hospital in Sana'a, Al-Mokala hospital for MCH, Al-Salakhana hospital in Al- Hodeida and Al-Gumhoury hospital in Taiz. Site assessments, furnishing and training of health care providers conducted for the new sites.and the services in new sites haven't started yet.
In order to prevent infection in the next generations in accordance with the national strategy by 2015. Care and preventive medicine are provided to the pregnant woman infected with the HIV through treatment centers and hospitals.
According to the data reported from PMTCT sites to NAP, there were total of 4253 women who were attended the PMTCT sites in 2013.
3232 were tested for HIV/AIDS and 5 of them were positive for HIV .
15 positive cases have been referred from the ART sites so the total number of pregnant women infected receiving PMTCT services were 20 cases.
13 received prophylaxis therapy and 5 receive ARVs treatment .
From the table below we can discovered the importance of PMTCT services if we noted that the number of children /infant who born for infected women who was infected which was 0 among 10 tested infants .
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	attendees	Pregnant women tested	Pregnant women HIV positive	Infected pregnant women refereed from ART sites	Number of pregnant women received the prophylaxis	Number received ARVs	Number of children exposed to infection	Number of children receive prophylaxis	Number of children tested for HIV	Number of children negative for HIV	Number of children negative for HIV
	4253	**3232**	**5**	**15**	**13**	**5**	**18**	**18**	**10**	**10**	**0**

In addition distributing of guide manuals to the pregnant women and conducting practical training for the health cadres at PMTCT sites and also for 48 midwives and doctors with support from WHO.

3. *Care and Treatment*

Yemen is facing a serious challenge in meeting the need for health care as a result of the increase in population and the spread of various diseases, including HIV / AIDS. Coverage with health services is realized in urban areas and concentrated in major cities. With support from Global Fund, five centers for treatment and care of PLHIV were opened in 5 governorates that have highest prevalence rates.

Care and Treatment for PLHIV

Treatment and care for PLHIV formed priority number 9 in the "National Strategy Framework". Using funds from the current GF grant under TFM and from government support , ARVs procured and provided for free to PLHIV..

The cumulative total number of 1571 PLHIV is enrolled under the care and receiving OI's treatment and 901 are on ARVs treatment as end of December 2013 in the 5 ART sites.

During the year 2013, NAP distributed 4CD4 and 4PCR machines to support ART sites for diagnosis and follow up of patients.

The reagent also distributed to the ART sites and the installation and operationalization of machines have been done for CD4 and will be done for PCR soon .

The table below give the summary for the cases under care and treatmen

Summary of ART Report for the period 2007-Dec 2013

	Age	Males	Females	Total
HIV Care (Pre ART + ART)	**>14**		531	1475
	0-14	52	44	96
	Total	**996**	**575**	**1571**

	Age	Males	Females	Total
ART	**>14**	514	328	842
	0-14	28	31	59
	Total	**542**	**359**	**901**

I. BEST PRACTICES

A) *The political commitment*

There is a political commitment and support for HIV / AIDS response in Yemen, as result of spreading awareness among leaders and officials in the government and due to continuous call for attending the various activities related to HIV / AIDS.
The commitment is becoming more obvious through the increased National Funding allocated to HIV program through the MoPH&P for the year 2011 which aim to sustain the achievements done.
It was reflected also in the discussion session between the members of country dialogue which lead to the final statement approved by all parties .
The final statement mentioned clearly the importance of HIV /AIDS and request to work hard in order to fight and control HIV spread
This commitment need to be used and reflected also in the current services provided for people living with HIV/AIDS (care and treatment ,PMTCT) which integrated within existed health services which is very important for continuation of the services in case of shrinkage of funds from international donors .

B) *Civil Society Organizations*

The establishment of PLWH associations in the main 5 governorates was a great achievement during the last 5 years as well as a networking of PLWH.
Subsequently, NAP engaged PLWH in the several training and workshops as stigma and discrimination reduction, expert patients, psycho-social support and others, and lately the associations were able to develop their own yearly plan and integrated with in the National HIV programs plan.

C) *Involvement of PLWHIV*

Although there is still a high level of stigma and discrimination against people living with HIV (PLWH) in Yemen, the national Aids program continues its interests to involve the people living with HIV in the various activities, in addition to ensuring their rights and informing them of their duties entrusted to them in accordance with the constitution and laws, in order to keep them away from the stigma and discrimination against them. Furthermore, the NAP is calling to accept them in the community and rehabilitating them as active persons in the meetings with effective leaderships in the country, governmental institutions, health leaders and members of local and security authorities, and to take their hands and stand by their sides. The most important participations for the people living with HIV are as follows:

- Involving the PLHIV as implementer for the training courses, workshops and local and regional meetings about aspects of AIDS, behavior-change initiatives , providing them with information and data and epidemiological indicators, and encouraging them to present work-papers and interventions about the services provided to them , the rights and duties.

- Letting the PLHIV representatives attend regular meetings of the country coordinating mechanism (CCM).

- Involving the PLHIV in development of plans, technical and financial reports at the NAP and civil society organizations.

D) *Involvement of Most at risk Population*

Under the r3 GF grant, NAP with the assistant of WHO and UNAIDS consultants conducted mapping and size estimates of FSW''s, MSM in 5 major governorates in Yemen.
Also, a Bio-behavioral surveys among FSW's in Al-Hodeidah governorate and among MSM in Aden & Al-Hodeidah governorate have been conducted.
Assessment of the available services targeting MARPs also conducted and based on that the guideline for the intervention needed for them has been prepared .
The Involvement of targeted groups in the implementation of these studies was the most important factors of success of this issue.

II. MAJOR CHALLENGES AND REMEDIAL ACTIONS

A) *Challenges*

1. ***Limitation of Strategic Information****:* **Limitation** of epidemiological and behavioral strategic information regarding identified most at risk population groups, including knowledge, attitudes , practices and behavior (KAPB) survey, bio-behavior surveys (BBS) including demographic and health surveys. In spite have conducted mapping and size estimates for three of the MARP's (FSW's, MSM and IDU's) which was conducted in 2010, there is still lack of strategic data information on other groups of MARP's as prisoners, people on move (Migrant, refugees, and internal mobilization).

2. ***Limited Programme Coverage****:* With approximately 75% of the population living in rural areas (CSO, 2004) the coverage of testing and counseling and ART services and other prevention, programs are located in urban areas. .
Where services do exist there is weak coordination, integration and referral systems which has been identified and planned to be addressed.

3. ***Address Needs of Most at Risk Populations****:* Delay initiation of intervention programs towards MARP's and limitation of programs implemented for them in 2013
4. ***Stigma/Discrimination:*** Stigma and discrimination continues against MARPs and PLHIV and efforts are continues to be addressed.

5. ***Weak integrated HIV services with in TB services:*** Although HIV sero-prevalence among TB patients was conducted twice to detect prevalence, the coordination among the two programs and delivery standards need strengthening

6. ***Weak Monitoring and Evaluation Systems and Capacities*****:** Both national M&E systems and program evaluation capacities remain weak with scanty M&E expertise in Yemen. Although National M&E on HIV/AIDS plan was developed there is a need to implement it in the ground using reporting forms, tools and training programs. There is also a significant need to strengthen National M&E

systems, supervision and monitoring, as well as the capacities of program partners in monitoring and evaluation.

7. ***Centralization of Coordination Structure****:* Whilst focal points are supported in the majority of Governorates, there is very weak multi-sectoral coordination at the Governorate level.

8. ***National AIDS Program Capacity****:* There is a need to continue strengthening the technical and operational capacity of national level coordination structures, including human resource capacity, M&E, and coordination and technical oversight.

Civil Society Response

Yemen has limited number of NGO's and CSO's addressing HIV/AIDS in a comprehensive manner, due to the fact that low prevalence HIV/AIDS remains strongly tied to the stigma and discrimination and un-acceptance by community as well as by the national and private authorities.

Few number of NGO's and CSO's addresses HIV/AIDS issues but their role is confine to the raising awareness and peer-education programs.

In the last 5 years setting up policies as well as building capacities of governmental and non-governmental institutions has built up the capacity of a number of NGO's and CSO's to focus more in HIV matters an area which has been neglected in the past.

Consequently, HIV/AIDS topics has started to be raised and discussed in the community although there is limitation and constrains.

Community Systems

Main weaknesses and gaps in the community system that affect HIV outcomes are:

- Limited number of CSO's and NGO's working and addressing HIV issues in general and targeting MARP's in specific.

- Limited capacities (institutional and human resources) of available CSO's and NGO's to address HIV/AIDS and PLWH.

- Lack of coordination between different NGO's and CSO's in terms of planning and implementation of activities.

- Lack of coordination between the available NGO's and the National AIDS Program.

- High stigma and discrimination for staff working in the field of HIV.

- The high stigma on NGO's targeting and working with MARP's mainly FSW's and MSM.

- Limited internal and external funds supporting NGO's and CSO's limits their targets to a very specific, more acceptable and needed demands by the community.

- Lack of community out-reach programs at the level of all public and private health sectors limits the expansion of the services, determining community demands and strengthening the collaboration and coordination between the public, private and CSO's.

B) ***Remedial measures***

The approach needs to institutionalize public private partnerships, where the public sector should assume its stewardship role, including provision of standardized guidelines, availability of treatment facilities, provision of financial resources and oversight in monitoring and evaluation.

The NGO / academic sector should be engaged to be made be responsible for ensuring availability and delivery of services.

The Ministry of Public Health and Population needs to mobilize resources for provision of availability of services including on interrupted supply of ARVs and to do more efforts for health system strengthening.
The building capacity for the workers in HIV/AIDS programme should continue in the coming years focusing in new subjects related to HIV/AIDS prevention and control.

VI. SUPPORT FROM THE COUNTRY'S DEVELOPMENT PARTNERS

The UN agencies supported collectively the development of the National Strategic Plan on HIV/AIDS and sexually transmitted diseases, 2009-2015, including plan costing, and making a framework for monitoring and evaluation.

With the support of UN agencies ,international NGOs NAP with NGOs has been able to significantly mobilize an effective health response towards AIDS and strengthen the existing HIV related systems in the country.
Total funding in support of the national response on AIDS for 2013 amounted to almost 1100000 USD in the following main areas:

- Health care and treatment for PLHV (GF, WHO).
- Providing testing and counseling services (ucha ,unaids ,unhcr ,).
- Strategic partnership with media to ensure constant, appropriate and targeted messages on HIV/AIDS in the public domain established (UNAIDS).
- Capacity building and greater involvement of PLHV in the design, implementation and evaluation of HIV/AIDS national policies and programs (UNAIDS).
- HIV/AIDS prevention in the community of men who have sex with men in Aden (, UNAIDS).
- National and local communication campaigns implemented and advocacy and educational materials distributed (GF, , UNAIDS, WHO,MSF,PROGRESSEO,UNHCR).
- Strategic partnership with media to ensure constant, appropriate and targeted messages on HIV/AIDS in the public domain established (GF, UNDP, UNAIDS, UNICEF).
- Development of new multi-sector National AIDS Strategy and National AIDS Strategic Plan (2009-2015) and mid term review ,assessment of top ten targets (,WHO,UNAIDS).

VII. MONITORING AND EVALUATION ENVIRONMENT

The report outlines a range of strategies to strengthen M&E systems, capacities and processes and these include the following:

- ***Enhancing the Capacity of the NAP Monitoring and Evaluation Unit:***

There are currently M&E Officer within the NAP and this has improved the system to a certain extent. However, this has proved inadequate to maintain the level and quality that is required to maintain and sustain the monitoring and evaluation systems.
Within the NAP, a small unit for M&E have been established comprising of One Senior M&E Officer, 1 Surveillance Officer and 2 Monitoring and Supervision Teams.
M&E Officer need capacity building through specific training on M&E, participation in National and Regional workshops focused on M&E.

- ***Strengthening Monitoring and Supervision:***

To strengthen the HIV Implementing Partners capacity for M&E, 2 M&E and supervision teams established within the NAP with one M&E Officer and two supervisors. The role of the team will be to work with partners to assess capacities, identify weaknesses, and strengthen systems and processes at the implementation level.

- ***Building National and Program M&E Technical Capacity:***

Two levels of capacity building have been conducted, firstly with National M&E Personnel to strengthen overall capacity to manage M&E systems and processes and support partners. The second

level of capacity building will be through the supportive supervision and ongoing training programs to be offered through the NAP on programmatic monitoring and evaluation

Strengthening HMIS:

Efforts will be also be put in place to integrate HIV reporting within the overall HMIS systems which is currently being strengthened through health system reform initiatives and health system strengthening.

- ***Strengthening M&E Plans:***

To date there is no coordinated HIV M&E system in place in Yemen. Following the review of the NOP proposed for two years2012-213 with new targets and indicators developed in UA workshop which held in 19-20 December 2011, a revised National M&E Plan have been developed to accompany the NSP.

- ***Creating Standardised M&E Tools:***

Technical assistance from UNAID recruited in 2010 to develop M&E tools and records in consultation with program partners.

Following to the adoption of the tools, it has been included in ongoing M&E training and again it will be reviewed by the Supervision teams during their visits and adapted accordingly.

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VIII.ANNEXES

ANNEX 1: National Composite Policy Index questionnaire
ANNEX 2: NCPI- PART (A) Respondents
ANNEX 3: NCPI- PART (B) Respondents
ANNEX 4: Participations of the Introductory Workshop of Report
ANNEX 4: Participations of Validation Workshop of Report
ANNEX 5: Domestic and international AIDS spending

NCPI Data Gathering and Validation Process

Describe the process used for NCPI data gathering and validation:

In Workshop Card the first that have been implemented at 6 March, 2012 in University of Sana'a

In 24 March 2012 the invitations were circulated to all entities have been integrated in the data collection step for validation and reach consents about the indicators and the Narrative report. Participation from civil society PLWHV, UN Agencies, Government draft report have been presented by Dr.Abdulhameed al sahypi and the comments from participant included in the report.

The final report entered to Aids reporting tool on 31 March 2013 at final version.