

Survey Response Details

Response Information

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Response Details

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- 1) **Country**
Oman (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
Dr. Ali Ahmed Salim Baomar Head of the National AIDS Program
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Please enter in DD/MM/YYYY format
28/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**
The process to determine the key stakeholders who would inform the NCPI, took place during a broad consultation meeting for the development of the UNGASS data collection plan. For the administration of Part A, it was agreed that the interviewers would meet with H.E the Head of the National AIDS Technical Committee as well as several of its, in addition to a select number of the

National M&E Committee, all of whom hold key policy and program implementation positions within the major ministries and line departments involved in the national HIV response. The total number of interviews held was 17. For the administration of NCPI Part B, it was agreed that the interviewers would meet all UN agencies currently present in Oman (WHO UNICEF, UNFPA, UNESCO). No CS organizations were identified due to their limited number and role that they currently play in the national AIDS response in Oman.

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

The only issue that was raised in this regard was how the NCPI data is ultimately be analyzed and shared back with all those who gave responses to the questionnaire. The question was not only regarding sharing but how this data would be used to inform program and policy action.

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

Several concerns were raised about the length of the NCPI questionnaires, the repetitiveness of the questions largely because questions seemed to be repeated for policy, prevention and treatment sections with regards to their existence, their quality and their enforcement. Other concerns raised were that some questions were not valid to the national context, and of the requirement that interviewers as well as interviewees have strong background knowledge in all areas covered by the NCPI.

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11)

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

| Organization Names/Positions | | Respondents to Part A [Indicate which parts each respondent was queried on] |
|------------------------------|---|--|
| Respondent 1 | Ministry of Health H.E Dr. Ali Jaffer, Advisor-Health Affairs and Supervising Director General of Health Affairs | A.I, A.II, A.III, A.IV, A.V |

12)

| Organization | Names/Positions | Respondents to Part A [Indicate which parts each respondent was queried on] |
|--------------|---|--|
| Respondent 2 | Ministry of Health Dr. Suleiman Busaidy, | A.I, A.II, A.III, A.IV, A.V |
| Respondent 3 | Ministry of Labor/Manpower Mr. Khalifa Al Wahibi, | A. I, A. II, A. III, A. IV, A. V |
| Respondent 4 | Ministry of Education Mr. Khamis Bin Salem Al Rasbi, Deputy Head of the Educational Programs | A.I, A.II, A.III, A.IV, A.V |
| Respondent 5 | Ministry of Religious Affairs (Awkaf) Mr. Khalid Al Meshrefi | A. I, A. II, A. III, A. IV, A. V |
| Respondent 6 | Ministry of Higher Education Ms. Rahma Bint Said Al Khrousy, Head of Resource Development | A.I, A.II, A.III, A.IV, A.V |
| Respondent 7 | Ministry of Tourism Mr. Said Bin Hareb Al Obedani, Head of the Quality Assurance Department | A. I, A. II, A. III, A. IV, A. V |
| Respondent | Royal Hospital Dr. George Paul, Senior Consultant, | Δ I Δ II Δ III Δ IV Δ V |

| Respondent | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|------------|-----------------------------------|---|---|
| 8 | Royal Hospital | Paediatrics Paed | A.I, A.II, A.III, A.IV, A.V |
| 9 | Al Nahda Hospital | Dr. Mohamed Redha Bin Moussa Al Lawatia, Senior Consultant | A.I, A.II, A.III, A.IV, A.V |
| 10 | Al Nahda Hospital | Ms. Mardhiya Bint Abdulla AlKharousi, Pharmacist | A.I, A.II, A.III, A.IV, A.V |
| 11 | Sultan Qaboos University Hospital | Dr. Ali Al Jabri | A.I, A.II, A.III, A.IV, A.V |
| 12 | Royal Oman Police Hospital | Dr. Ahmad Al Sabri, | A.I, A.II, A.III, A.IV, A.V |
| 13 | Armed Forces | Dr. Ahmad Al Abdali, Infectious Diseases Specialist, Armed Forces | A.I, A.II, A.III, A.IV, A.V |
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13)

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

| Respondent | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|------------|---------------------------|-----------------|---|
| 1 | World Health Organization | Ms. Ruth Mabry | B.I, B.II, B.III, B.IV |

14)

| Respondent | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|------------|--------------|------------------------|---|
| 2 | UNESCO | Mr. Mohamed Al Yaqoubi | B.I, B.II, B.III, B.IV |
| 3 | UNICEF | Ms. Nashia Nasib | B.I, B.II, B.III, B.IV |

Respondent 4 UNFPA Mr. Salah El Saleh B.I, B.II, B.III, B.IV
Respondent 5
Respondent 6
Respondent 7
Respondent 8
Respondent 9
Respondent
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Respondent
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15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

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

Yes (0)

Page 7**16) Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2008-2011

17)

1.1 How long has the country had a multisectoral strategy?**Number of Years**

3

18)

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

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

Page 8**19) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Min Awkaf & Religious Affairs, Min Tourism, Min Higher Education, Min Social Development, Min Information and Universities

20)

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 majority of funding for HIV and AIDS is made available from the general Ministry of Health Budget as well as by other participating Ministry budgets (e.g. from Ministry of Education Budget for Peer Education Program), based on need.

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21)

Part A, Section I: STRATEGIC PLAN

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

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

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2006

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24)

Part A, Section I: STRATEGIC PLAN

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

According to the National Strategy, the general population is the primary target, with focus on adolescents, pregnant women, PLHIV, IDUs, prison inmates, and sex workers.

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

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? | No |
| d. An indication of funding sources to support programme? | No |
| e. A monitoring and evaluation framework? | No |

27)

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

Moderate involvement (0)

Page 12

28)

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

There are few operational NGOs in the Sultanate of Oman, with limited capacities, most of which are closely affiliated to government. None of the current NGOs, where they exist, have or are engaged in the national HIV/AIDS reponse.

29)

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

Yes (0)

30)

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

Yes, all partners (0)

Page 14

31)

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

Yes (0)

Page 15

32)

Part A, Section I: STRATEGIC PLAN

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

| | |
|---|-----|
| a. National Development Plan | Yes |
| b. Common Country Assessment / UN Development Assistance Framework | N/A |
| c. Poverty Reduction Strategy | N/A |
| d. Sector-wide approach | N/A |
| e. Oman's Seventh Five Year Plan for Health Development (2006-2010) | Yes |

33)

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

| HIV-related area included in development plan(s) | |
|---|-----|
| HIV prevention | Yes |
| Treatment for opportunistic infections | Yes |
| Antiretroviral treatment | Yes |
| Care and support (including social security or other schemes) | Yes |
| HIV impact alleviation | Yes |
| Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support | No |
| Reduction of stigma and discrimination | Yes |
| Women's economic empowerment (e.g. access to credit, access to land, training) | No |
| Other: National Awareness raising campaigns, Development of a system of home based care, Training of Health Care Providers. | Yes |

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34)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

35)

4. Does the country have a strategy for addressing HIV issues among its national

uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

36)

Part A, Section I: STRATEGIC PLAN

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

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

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37)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

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

HIV testing is a mandatory practice for all those joining the service.

38)

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

No (0)

Page 21

39)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 23

40)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

41)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

42)

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

Yes (0)

Page 25

43)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

45)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

46)

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

Yes (0)

Page 27

47)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

Monitoring of program coverage is primarily of PLHIV, pregnant HIV infected mothers and children infected with HIV, HIV infected IDUs and TB patients.

48)

Briefly explain how this information is used:

This information is shared with the HIV program, National AIDS technical committee and Monitoring & Evaluation committee. Adults and children who require ART are monitored regularly by a clinician. The information is used to extend additional care and services for those populations who requires the service.

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

50)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)

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

This information is primarily obtained at the provincial level.

51)

Briefly explain how this information is used:

In terms of information generated, it is used to justify the medical requirements and set bases for medical supplies. Through a comprehensive pictures of requirements by province, it makes it easier to determine which of the regions has the largest need in terms of treatment. This information is compiled and transferred to the central drug registry at the Ministry of Health.

52)

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

Yes (0)

Page 30

53)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8 (8)

54)

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

Successes in strategy planning efforts have been the inclusion of the key sectors in developing and launching the national strategy. Additional successes include policy level commitment to ensuring availability of ARTs, providing awareness to the general population through a strong IEC campaign, launching the PMTCT program and maintaining the commitment to the peer education program.

55)

What are remaining challenges in this area:

Some of the sectors involved in implementation have not conducted their activities for the national response and there is no follow-up mechanisms to ensure that what was committed to in the planning of the HIV strategy is adequately implemented. The challenge remains that there is no M&E framework to monitor and assess whether the strategy is addressing the right groups, including most-at-risk groups, and what are the outcomes of implementation. Another challenge includes the availability of the required budget and funds to carry out the planned activities. There is also a need to identify places/centers/persons for better understanding of HIV and AIDS in Oman, through an exploratory study and accurate description of the epidemic and its drivers.

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56)

Part A, Section II: POLITICAL SUPPORT

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

| | |
|---|-----|
| President/Head of government | No |
| Other high officials | Yes |
| Other officials in regions and/or districts | Yes |

57)

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

Yes (0)

Page 32

58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1987

59)

2.2 IF YES, who is the Chair?

| | |
|----------------|--|
| Name | H.E Dr. Ali Jaffer |
| Position/title | Advisor, Health Affairs and Supervising Director General of Health Affairs |

60)

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

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

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61)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

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

Please enter an integer greater than or equal to 1

Page 34

62)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

63)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Among the achievements cited were there spirit of collaboration and interaction between the different ministries but also the interaction between the National AIDS Committee and the World Health Organization in Oman.

64)

Briefly describe the main challenges:

Some of the challenges includes to have adequate representation of civil society organizations or PLHIV at this policy level. Another important challenge is that the mechanism for ensuring that such coordination between the different stakeholders takes place requires greater strengthening, especially in terms of collaboration on work involving vulnerable populations in Oman.

65)

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

Please enter the rounded percentage (0-100)

0

66)

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

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

67)

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

Yes (0)

Page 36

68)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

69)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

Screening of pregnant women made mandatory nation-wide in 2009. Policy for ensuring that all HIV infected pregnant mothers receive appropriate treatment as well as monitoring, treatment and support for children of HIV infected mothers.

70)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

In process.

Page 38

71)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

72)

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

Key achievements that are cited include greater focus at the political level on ensuring broad involvement of all stakeholders in the response, creating an environment of acceptability amongst

the general population of HIV as a disease, and as such less stigma and discrimination associated with it.

73)

What are remaining challenges in this area:

Greater policy support is needed to review policies that relate to IDUs, MSM, sex workers and other vulnerable groups. There is a need to review existing policies and make them aligned with the strategies of the national AIDS Program. More can be done in terms of political support for engagement of international agencies and civil society organizations.

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74)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

75)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

c. Be faithful (0)

d. Reduce the number of sexual partners (0)

e. Use condoms consistently (0)

g. Avoid commercial sex (0)

h. Abstain from injecting drugs (0)

i. Use clean needles and syringes (0)

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

n. Know your HIV status (0)

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

76)

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

Yes (0)

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77)

Part A, Section III: PREVENTION

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

Yes (0)

78)

2.1 Is HIV education part of the curriculum in:

primary schools? No
secondary schools? Yes
teacher training? Yes

79)

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

Yes (0)

80)

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

No (0)

81)

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

Yes (0)

Page 42

82)

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

Check which specific populations and elements are included in the policy/strategy

Injecting drug users Men having sex with men

| | |
|---|---|
| Targeted information on risk reduction and HIV education | Injecting drug user, men having sex with men, Sex workers, Prison inmates |
| Stigma and discrimination reduction | Injecting drug user, Prison inmates |
| Condom promotion | |
| HIV testing and counselling | Injecting drug user, Prison inmates |
| Reproductive health, including sexually transmitted infections prevention and treatment | Injecting drug user, Prison inmates |
| Vulnerability reduction (e.g. income generation) | |
| Drug substitution therapy | |
| Needle & syringe exchange | |

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83)

Part A, III. PREVENTION**Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

7 (7)

84)

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

The IEC campaign "Lets Talk AIDS" to raise awareness amongst the general population.

85)

What are remaining challenges in this area:

A stronger IEC strategy needs to be in place for at risk populations at large, so that messages are more targeted and tackle the behavioral change. To date, "there is no formal communication or contact between those currently overseeing HIV related interventions and at-risk-groups."

Page 45

86)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

87)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

Through research and studies, initial consultative process while developing the national strategy.

88)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

HIV prevention component

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

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89)

Part A, III. PREVENTION

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

7 (7)

90)

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

The main achievements cited include the social communication campaign "Lets Talk AIDS", for the general population, a general increase in testing practice, policies in place for screening of pregnant women, as well as the continued support for HIV related information within schools.

91)

What are remaining challenges in this area:

Challenges that were cited revolved largely around better targeting of vulnerable and at risk groups, establishing contact and providing needed services so as to ensure that messages and services provided to these populations are well targeted, and that they promote behavioral change.

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92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

94)

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

No (0)

95)

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

Yes (0)

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96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

The Strategy for comprehensive treatment, care and support was formulated based on national data, statistics of current and future needs, as well as clinical evaluations.

97)

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

The majority of people in need
have access

HIV treatment, care and support service

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

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98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

99)

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

Yes (0)

Page 52

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

Commodities include antiretroviral drugs, condoms and substitution drugs.

Page 53

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

8 (8)

102)

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

The key achievement most commonly cited is the increased awareness amongst populations who are in need of and can access treatment. As such, all known cases in Oman are receiving care, treatment and support.

103)

What are remaining challenges in this area:

The challenge is to identify places/centers/persons on the need to address issues of stigma and discrimination amongst the general population, as well as put in place stronger voluntary counseling and testing protocols. Additional areas of strengthening include review of the case management guidelines in accordance with WHO recommendations, and ensuring that a framework is in place to ensure that the guidelines are being adhered to.

Page 54

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

Page 57

105)

Part A, Section V: MONITORING AND EVALUATION

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

In progress (0)

Page 64

106)

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

No (0)

Page 65

107)

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

Through a consultative process with members of the National AIDS Program, several M&E priorities were determined through consultants recommendations.

108)

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

No (0)

Page 66

109)

Part A, Section V: MONITORING AND EVALUATION**Question 5 (continued)****IF NO, what are the main obstacles to establishing a functional M&E Unit?**

Planning and resource constraints.

Page 69

110)

What are the major challenges?

The absence of a Monitoring and Evaluation Framework as guidance for all stakeholders involved in the national response effort, and the fact that M&E functions are yet to be institutionalized within the NAP to monitor and report on achievement of targets. Other challenges include the need to strengthen surveillance systems and the need for more accurate research and analysis regarding drivers of the epidemic in Oman.

Page 70

111)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, but meets irregularly (0)

112)

6.1 Does it include representation from civil society?

No (0)

Page 71

113)

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

Yes (0)

Page 72

114)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

Yes, the national database is housed in the NAP program and managed by the Program Epidemiologist and statistician. The database provides details of each diagnosed patient, it monitors treatment, and ANC clients, as well as patients who are less than 15 years of age. The database also monitors in line with the vital registry to ensure that no HIV-related deaths are missed. This data is regularly updated by following the patients personally, by HIV counsellors and/or treating physicians.

115)

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

Yes, all of the above (0)

Page 73

116)

7.3 Is there a functional* Health Information System?

| | |
|----------------------|-----|
| At national level | Yes |
| At subnational level | Yes |

Page 74

117)

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

Yes (0)

118)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

3 (3)

119)

Provide a specific example:

No examples of strategy revision were provided.

120)

What are the main challenges, if any?

No challenges were cited.

Page 75121) **Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

2 (2)

122)

Provide a specific example:

Purchase of Lab machines for measurement of CD4/CD8 Count.

Page 76

123)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

3 (3)

124)

Provide a specific example:

Revision of PMTCT registry.

125)

What are the main challenges, if any?

There is no clear mechanism or capacity for M&E and so information is not adequately available regarding which populations should be targeted or which geographic locations.

Page 77126) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

No (0)

Page 78

127)

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

At national level?

At subnational level?

No

At service delivery level including civil society? No

Page 80

128)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

Page 81**129) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Support was provided on surveillance systems strengthening and for special research on MARPs.

Page 82**130) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

4 (4)

131)

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

No examples of key achievements were cited (incomplete)

132)

What are remaining challenges in this area:

No challenges were cited (incomplete)

Page 83

133)

Part B, Section I: HUMAN RIGHTS

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

Yes (0)

Page 84

134)

Part B, Section I. HUMAN RIGHTS

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

While there are no laws, specific to HIV, there are general non-discrimination provisions in all aspects of access and opportunity in service sectors in Oman. It is the national response strategy that places emphasis that there people living with HIV should not be discriminated against. Aspects of non-discrimination are also also highlighted in Oman's 7th National Health Care Strategy (2006-2010).

135)

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

Yes (0)

Page 85

136)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

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

137)

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

implemented:

There is general consensus that non-discrimination provisions and regulations do exist, largely within the framework of the National Health Strategy and the National AIDS Strategy, but that the mechanisms for implementation and enforcement are unclear/not-known.

138)

Briefly describe the content of these laws:

The content of these Laws is also not widely known.

Page 88139) **Part B, Section I. HUMAN RIGHTS****4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes (0)

Page 89

140)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)****IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

The National Strategy outlines the importance of a supportive policy and program environment for the protection and promotion of human rights. As such, one of the strategic interventions outlined in the strategy seeks the "Issuance of Laws that aim at encouraging a non-discriminatory environment against PLHIV, the participation of PLHIV in all aspects of life, and the legal protection against expulsion from work as long as their health conditions allow them to perform their jobs." The National Strategy also seeks to address issues of stigma and discrimination, recognizing that this can hamper national response efforts to HIV, emphasis is being placed on "assuring that PLHIV will not be deprived of any of their basic human rights because of their contraction of HIV".

141)

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

Yes (0)

Page 90

142)

Part B, Section I. HUMAN RIGHTS

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

The existing mechanisms are through the National AIDS Program, within health centers and by the treating doctors.

Page 91

143)

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

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

Page 92

144)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

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

Equitable access to health services is an enforced policy for nationals of Oman. The most recent national campaign, included within its messages, the general situation in Oman, best prevention methods, issues of non-discrimination and also promoted the utilization of available services for detection and treatment. However, some examples of barriers to access include levels of stigma and discrimination that are preventing people from accessing prevention and treatment services, greater targeting of messages for PLHIV to know of their treatment options and that it is free, and that there are certain aspects of prevention (e.g. condom distribution and promotion) that are yet to be in place, especially for the benefit of most at risk populations.

145)

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

Yes (0)

Page 93

146)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

147)

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

Yes (0)

Page 94

148)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

Awareness of an actual policy and its contents is not widespread.

Page 95

149)

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

No (0)

150)

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

Yes (0)

Page 96

151)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

152)

IF YES, describe the approach and effectiveness of this review committee:

This is a general ethical committee for all diseases, including HIV. The ethical committee meets as and when required, and depending on the urgency of the issue at hand.

Page 97

153)

– **Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work**

Yes (0)

154)

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

No (0)

155)

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

No (0)

Page 98

156)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)**

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

A Royal Decree has recently been issued for the establishment of a national human rights commission. Due to its recent formation, it has yet to set benchmarks for compliance with human rights standards.

Page 99

157)

– **Legal aid systems for HIV casework**

No (0)

158)

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

No (0)

159)

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

Yes (0)

Page 100

160)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

| | |
|--------------------------------------|-----|
| Media | Yes |
| School education | Yes |
| Personalities regularly speaking out | Yes |
| Other: IEC Materials | Yes |

Page 101

161)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

6 (6)

162)

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

Successes include the translation of these policies into action, namely the development of a National AIDS Strategy, broad policy support for information and communication campaigns on HIV/AIDS, as well as commitment to partner with a number of UN agencies that promote aspects of human rights related to HIV/AIDS.

163)

What are remaining challenges in this area:

Challenges in promoting and protecting human rights include addressing stigma and discrimination, reaching and promoting greater awareness among PLHIV of their rights, ensuring general awareness of equity in access to services as well as protection of rights takes place throughout the country.

Page 102

164)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the efforts to enforce the existing policies, laws and**

regulations in 2009?

6 (6)

165)

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

Information regarding enforcement mechanisms of polices and regulations are not widely known. However, there is recognition that the newly established national commission/committee on human rights, will be the mechanism to ensure enforcement.

166)

What are remaining challenges in this area:

The challenge is mainly around the level of current knowledge among concerned stakeholders, whether they be the general population, PLHIV or the UN agencies, of existing policies and what their enforcement mechanisms actually are. Another challenge mentioned is the need for the identification and prioritization of specific human rights issues that must to be tackled and to focus on formulating a human rights framework for people living with HIV as well as most-at-risk and vulnerable populations. The framework should include protective and promotion of human rights especially for most-at-risk groups.

Page 103

167)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

0

168)

Comments and examples:

There are no civil society organizations in Oman working specifically on this issue.

Page 104

169)

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

1 (1)

170)

Comments and examples:

There are no civil society organizations in Oman working specifically on this issue. However, Oman's National Response Strategy for HIV/AIDS makes specific mention of the involvement of NGOs in initial consultations during strategy development and that one of its strategic interventions under promoting a supportive working environment is to " facilitate the participation of different key stakeholders in the national response to HIV/AIDS".

Page 105

171)

a. the national AIDS strategy?

1 (1)

172)

b. the national AIDS budget?

0

173)

c. national AIDS reports?

0

174)

Comments and examples:

Civil Society does not currently engage in any aspects of the national response effort in Oman.

Page 106

175)

a. developing the national M&E plan?

0

176)

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

0

177)

c. M&E efforts at local level?

0

178)

Comments and examples:

The Sultanate of Oman will focus its efforts in 2010 on developing a national M&E Plan. A national M&E committee is in place but its current role and membership require review and support.

Page 107**179) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

0

Page 108

180)

a. adequate financial support to implement its HIV activities?

3 (3)

181)

b. adequate technical support to implement its HIV activities?

3 (3)

182)

Comments and examples:

The space for civil society engagement on issues of HIV/AIDS is open and welcomed by government. However, the existing NGOs focus on other social issues. There is agreement that CSOs just have to contact the Ministry of Health (National AIDS Program) or other UN agencies, in order to receive adequate funding and technical assistance.

Page 109**183) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

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

Page 110

184)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

6 (6)

185)

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

Efforts were made this year to involve organizations, particularly, youth and women's associations in HIV/AIDS awareness and prevention related efforts.

186)

What are remaining challenges in this area:

To formulate a strategy for civil society engagement in particular aspects of the national response effort, to promote and build the capacity of the few existing NGOs to work on HIV programming and to ensure that there is a budget specifically for their involvement in this work.

Page 111

187)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

188)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

Based on the National Communication Campaign "Lets Talk AIDS", which is an integral part of the national response strategy to HIV/AIDS, a focus was set on addressing the needs of Oman's youth population, since according to survey's 50% of newly infected people are between the ages of 20-35 and almost 13% are under the age of 20. An additional focus is on women, to ensure that they are aware of their rights.

189)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

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

Page 113

190)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

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

8 (8)

191)

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

A key success has been the launch of the "Lets Talk AIDS" campaign, with strong focus and extensive media coverage on prevention amongst Oman's youth population. Other successes include the existence of education curriculum on HIV prevention in public schools in Oman, taking place in collaboration between the Ministries of Health and Education, as well as the growing involvement of the Ministry of Religious Affairs in information, education and communication throughout Oman.

192)

What are remaining challenges in this area:

Challenges include ensuring that there is a Monitoring and Evaluation system in place that allows Oman to monitor progress and good practices of its prevention programs.

Page 114

193)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 115

194)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

The specific needs were determined according to existing program monitoring and reporting tools, available statistics and based on information obtained through the broad consultations that took place for the development of the National Response Strategy for HIV/AIDS in Oman.

195)

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

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

Page 116

196)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

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

6 (6)

197)

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

Successes mentioned include increased coverage of testing and equitable access to anti-retroviral therapy for those who need it.

198)

What are remaining challenges in this area:

Challenges remain over providing PLHIV and their families with the needed psycho-social support, addressing issues of stigma and discrimination, as well as ensuring better counseling practices (not making testing the focus), but rather stronger systems for pre/post counseling.

Page 117

199)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)