

United Arab Emirates Report NCPI

NCPI Header

COUNTRY

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

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Describe the process used for NCPI data gathering and validation:

* Data collection for the the NCPI took place through 1) document review (policies, programme reports, statistics, studies); 2) Site visits to key facilities; 3) Interviews with national stakeholders and key informants from government, civil society, and UN agencies; 4) Focus group discussions. * Data validation was done through a roundtable meeting, held to present and discuss the preliminary findings of the data-collection process, whereby all key national stakeholders were invited and were given an opportunity to provide inputs, raise concerns and ask for further clarifications. This roundtable not only served to validate all data with key stakeholders, but also engendered a discussion with stakeholders from all sectors and constituencies with regard to priority issues to be addressed in the next period.

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

All narrative inputs provided by informants were entered; Ratings were averaged, if applicable. Overall, respondents in Parts A and B, respectively, had very similar opinions with regard to sub-components of the NCPI.

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

* Very few civil society informants were available * In some cases respondents had no specific knowledge about certain components of the NCPI; or on specific programmatic issues e.g. of the national response * Sometimes respondents tended to give overly positive pictures * Not all relevant informants could be met

NCPI - PARTA [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
MOH, NAP	Dr Nada al-Marzouqi	Yes	Yes	Yes	Yes	Yes	Yes
Rashid Hospital, Dubai	Dr. Laila Al-Dabal	Yes	Yes	Yes	No	Yes	Yes
Dubai Health Authority	Dr. Hassan Haji Shurie, Head of Section Medical Fitness Dept.	Yes	Yes	No	Yes	Yes	No
General Dept. of Human Rights in Dubai Police	Colonel Dr. Mohamed Abdalla Al Mur, Director General	No	No	Yes	Yes	No	No
General Dept. of Legal & Disciplinary Control Dubai Police	Lt. Colonel Dr. Ahmed Yousef Almansoori, Director of Grievances Court	No	No	Yes	Yes	No	No
UAE MOH, Central Preventive Medical Dept.	Dr. Ibrahim Ali Al Qadi, Director of Central Preventive Medical Dept.	No	No	No	Yes	Yes	Yes
Health Authority Abu Dhabi	Dr. Farida Al Hosani, Manager of Communicable Diseases Dept., Public Health & Policies	Yes	Yes	Yes	Yes	Yes	Yes
Health Authority Abu Dhabi	Ms. Mona Abd El Gadir El Bingawi, Regional Officer, Communicable Diseases	Yes	Yes	Yes	Yes	Yes	Yes
Health Authority Abu Dhabi	Dr. Ahmed Khudair Abbas, Senior Regional Officer Communicable Disease	Yes	Yes	Yes	Yes	Yes	Yes

Dr. Rayhan Hassan Hashmey, Consultant

Tawam Hospital, Al Ain	Infectious Diseases, Deputy Medical Director for Quality	No	No	Yes	No	Yes	No
Tawam Hospital, Al Ain	Dr. Asad Afroz Khan, Senior Consultant Infectious Disease/Internal Medicine	No	No	Yes	No	Yes	No
Tawam Hospital, Al Ain	Dr. Aqeel A. Saleem, Consultant Infectious Disease	No	No	Yes	No	Yes	No
National Rehabilitation Centre, Emirate of Abu Dhabi	Dr. Ali Hassan Al Marzooqi, Manager Surveillance & Advocacy Section	No	No	Yes	Yes	Yes	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
UAE Red Crescent	Dr. Abdul Rahman Al Azazi, Doctor	Yes	Yes	Yes	Yes	Yes
UNICEF UAE	Dr. Dalia Haroun, Consultant	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No

A - 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

IF YES, what was the period covered:

Jan 2008-Dec 2010

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

The development of the first UAE National Strategic Plan on HIV/AIDS started in 2006 and was finalised at the end of 2007. The NSP covered the period Jan 2008 – Dec 2010, but was not officially endorsed, nor systematically implemented: a limited number of selected interventions was implemented on an ad-hoc basis, but in the absence of a detailed Operational Plan and earmarked budget, implementation of the various components depended on the initiative of the various sectors. This NSP expired in December 2010; while no new NSP has been developed in the 2010-2011 period, the MOH-NAP agreed with UNAIDS to review the old NSP and start developing a new NSP in 2012.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Ministry of Health, National AIDS Programme

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

SECTORS

Included in Strategy	Earmarked Budget
Yes	No
Yes	No
Yes	No
Yes	No
No	No
Yes	No
Yes	No

Other [write in]:

Islamic Affairs; Social Affairs (but no earmarked budgets)

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 NSP was developed as a multisectoral plan, with each Government sector supposed to take responsibility for specific elements of the NSP. As such, no separate HIV/AIDS-specific budget was developed, but all sectors were expected to implement their respective components, using existing budgets within each Ministry. However, the absence of a clearly costed Operational Plan and a specific budget for HIV-related programmes and services resulted in a very limited implementation of the NSP. The decentralised approach did not allow adequate coordination and oversight, and meant an ad-hoc and very selective implementation of NSP components.

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

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations:

No

Prisons:

No

Schools:

No

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

No

HIV and poverty:

No

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

Most of the populations mentioned were not specifically identified in the NSP 2008-2010. E.g., while the term “most-at-risk populations” is used in general, specific MARP groups were not identified, nor were specific interventions for these groups mentioned in the NSP. The evidence-informed prioritisation of specific key populations is hampered by the lack of research in this field, which is largely due to the very sensitive nature of HIV-related topics in UAE. E.g. socio-political barriers make it difficult to conduct research on sex work, drug use and MSM in UAE.

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

While no key populations are specifically mentioned in the NSP 2008-2010, MARP groups are mentioned in generic terms. While women and girls and young women/men also benefit from certain interventions, they are not specifically targeted with services.

1.5. Does the multisectoral strategy include an operational plan?: No

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

No

c) Detailed costs for each programmatic area?:

No

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

No

e) A monitoring and evaluation framework?:

No

1.7

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

Moderate involvement

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

Overall, civil society is weakly developed in UAE: most civil society organisations focus on general charity programmes and activities, but none are directly involved in any health programmes, let alone HIV/AIDS. When the NSP 2008-2010 was developed, several charity organisations were invited at an initial meeting: during this meeting, the Red Crescent was asked to represent civil society in the NSP development process. As such, the UAE Red Crescent was actively involved in developing the national strategy. However, it is not clear to what extent the Red Crescent reported back to the charities regarding the development process.

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

Yes

1.9

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

Yes, some partners

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

There are very few multilateral partners in UAE, and no bilaterals. The only UN agencies in the country are UNDP and UNICEF. UNICEF has aligned its (limited) HIV-related activities with the NSP, while UNDP has an HIV focal person. Furthermore, UNAIDS has been providing technical assistance for the development of the NSP.

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?:

N/A

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

N/A

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

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

Estimates of Current Needs Only

5.3. Is HIV programme coverage being monitored?:

No

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

Efforts to strengthen the health system have not specifically impacted on HIV-related infrastructure, human resources and logistical systems. All HIV-related programmes and services implemented through the health system are fully integrated in existing public health services. UAE has had a strong focus on quality of health care since many years, which has had an overall beneficial impact on the quality of key HIV-related services, such as ART and TB treatment.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

5

Since 2009, what have been key achievements in this area:

By the end of 2011, the MOH-NAP has been in contact with UNAIDS to review and update the old NSP, and look at identifying MARP groups. In this context, UAE has received technical assistance from UNAIDS and UNICEF.

What challenges remain in this area:

The main challenges with regard to strategy planning efforts are related to a lack of systematic operationalisation and implementation of the previous NSP (2008-2010). This was due to the following factors, among others: • An overall lack of specific expertise within the MOH in the field of HIV/AIDS; • Lack of dedicated human resources for HIV/AIDS-related programmes; • Insufficient attention for advocating with other sectors and Ministries to acknowledge their role and responsibility in HIV prevention.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

No

B. Other high officials at sub-national level:

No

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

No

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

N/A

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

No

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

While UAE does not have a specific multisectoral HIV coordination body, there is a multisectoral team consisting of the leadership of the MOH and other key Ministries, as well as other governmental and non-governmental partners, such as the Dubai Police, UNICEF, Red Crescent and others. In addition, the MOH-based NAP works in close collaboration with HIV focal points in the Health Authorities of Abu Dhabi and Dubai. Specific coordination efforts regarding HIV/AIDS are not in place, as all HIV-related services and programmes are an integrated part of existing health and other services.

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

Have terms of reference?:

-

Have active government leadership and participation?:

-

Have an official chair person?:

-

Have a defined membership?:

-

Include civil society representatives?:

-

Include people living with HIV?:

-

Include the private sector?:

-

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

-

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

No

What challenges remain in this area:

The main challenges for improved coordination and collaboration between the government, civil society and private sectors include: 1) A weakly developed civil society sector, which makes it difficult to implement services particularly for MARP groups; 2) The roles, responsibilities and comparative advantages of government, civil society and private sectors need to be clearly identified in the new National HIV Strategy to be developed.

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

0%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

Provision of IEC materials

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

Yes

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

Yes

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

1. Existing policies and legislation with regard to HIV screening and testing were revised to allow anonymous, voluntary counselling and testing. This will allow people to get a voluntary HIV test without being reported. However, actual implementation of VCT services and training of staff are still pending; 2. The legal rights of PLHIV to employment and education were formally ensured through legislation.

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

Existing national laws that criminalise behaviours of MARP groups, such as sex workers, IDUs and MSM hamper effective HIV prevention programmes for these groups.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

A key achievement is the continued high-level political support for HIV/AIDS as a priority health and social issue. A specific achievement that reflects this high-level support has been the official endorsement of the NAP policy to protect the legal rights of PLHIV (employment, education etc.), as well as to protect the community against HIV. This was an important step, since the NSP 2008-2010 was never formally endorsed by Government.

What challenges remain in this area:

While there is high-level political support for the HIV programme, important challenges remain: • The prevailing negative social and cultural attitudes towards HIV/AIDS and PLHIV, as well as stigma and discrimination of PLHIV in society; • Legal and societal obstacles to effectively addressing HIV programmes for MARP groups (sex workers, MSM, IDUs).

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

N/A

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

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

There are general laws that ensure equal rights for all UAE citizens, regardless of gender or age. Human rights are legally protected by the Constitution of the United Arab Emirates, which confers equality, liberty, rule of law, presumption of innocence in legal procedures, inviolability of the home, freedom of movement, freedom of opinion and speech, freedom of communication, freedom of religion, freedom of council and association, freedom of occupation, freedom to be elected to office and others onto all citizens, within the limit of the law.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

A number of mechanisms and policies are in place to improve the protection of human rights at the federal and local level; such as: • Since 2004, the Dubai police has designated departments in all Emirate police stations that are mandated to

protect the human rights of both victims and perpetrators of crime; • Establishment of a national human rights commission is currently being studied; • UAE Actively participates in the Global Initiative to Fight Human Trafficking (UN.GIFT).

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

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

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

Yes

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

N/A

Briefly describe the content of these laws, regulations or policies:

Existing laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups include: 1) Laws criminalising sex work hamper effective community-based HIV-prevention programmes ; 2) Laws criminalising MSM practices hamper effective community-based HIV-prevention programmes ; 3) Laws regarding (injecting) drug use hamper effective community-based HIV-prevention programmes, although drug-treatment services are available and drug users who voluntarily go for drug treatment are not arrested. 4) Laws and policies on routine screening of foreign migrant labourers and repatriation of HIV-infected individuals hamper effective HIV treatment and care for this group

Briefly comment on how they pose barriers:

1-3) Criminalisation of the behaviours of MARP groups makes it hard to reach them with HIV-prevention, care and treatment services, as they will typically avoid being identified by outsiders, especially government staff. In addition, lack of clarity with regard to legal protection makes it difficult for outreach workers and staff to provide services to MARPs, as they may face legal action. Current drug-treatment policies do not endorse opioid substitution treatment for IDUs. 4) Routine testing of foreign migrant workers and the associated repatriation of HIV-infected individuals affect their access to HIV prevention and treatment; some may try to avoid being tested for HIV and stay in the country as illegals, further compromising their access to health and other services. This way, they also present a risk for HIV infection of others.

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

No

Avoid inter-generational sex:

No

Be faithful:

Yes

Be sexually abstinent:

Yes
Delay sexual debut:
 No
Engage in safe(r) sex:
 Yes
Fight against violence against women:
 No
Greater acceptance and involvement of people living with HIV:
 Yes
Greater involvement of men in reproductive health programmes:
 Yes
Know your HIV status:
 Yes
Males to get circumcised under medical supervision:
 -
Prevent mother-to-child transmission of HIV:
 No
Promote greater equality between men and women:
 No
Reduce the number of sexual partners:
 No
Use clean needles and syringes:
 No
Use condoms consistently:
 No
Other [write in below]:
 Information on modes of HIV transmission

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

No
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

No
 2.1. Is HIV education part of the curriculum in _____
Primary schools?:
 No
Secondary schools?:
 Yes
Teacher training?:
 No

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

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

No
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes
Briefly describe the content of this policy or strategy:

* IEC materials on HIV/AIDS are available at HIV testing centres for expatriates in their local languages, including Chinese, English, Russian, Tagalog, Urdu and other languages. * In addition, a collaborative effort between the Dubai Police and UNICEF involved health education campaigns for IDUs, in which various Ministries were involved (Health, Defence, Interior, Labour).

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	Youth
No	No	No	No	No	-
No	No	No	No	No	-

No	No	No	No	No	-
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3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

7

Since 2009, what have been key achievements in this area:

Formal endorsement of 2010 policy to protect community against HIV/AIDS (this is the first time this has been formally endorsed at the highest policy level)

What challenges remain in this area:

Key challenges regarding policy support for HIV prevention include: 1) Actual implementation of policies; 2) Dedicated staff for HIV/AIDS programmes, including capacity building 3) Prioritisation of HIV prevention among most-at-risk and other vulnerable populations, specifically sex workers, MSM, IDUs, and migrant workers 4) Implementation of VCT services, based on recently endorsed legal framework for VCT

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

No

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

The main issue is not scaling up of HIV prevention programmes, but the prioritisation of more targeted, community-based interventions for most-at-risk and vulnerable groups. Currently, most efforts focus on large-scale screening (pre-marital, antenatal women, pre-employment, residency, admittance of university etc.), while limited attention is given to awareness-raising and specific risk-reduction programmes. Furthermore, the shortage in the number of health staff is a problem for the health-care sector as a whole, and for HIV in particular.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

N/A

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

N/A

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Disagree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

N/A

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

5

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Priority elements of treatment, care and support include: 1) ART provision 2) Regular CD4 and viral load testing of ART patients 3) Prophylaxis and treatment of OIs

Briefly identify how HIV treatment, care and support services are being scaled-up?:

There is no need for further scale-up of treatment, care and support services, as all eligible (UAE nationals) persons are enrolled in ART and related HIV treatment and care.

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Strongly Agree

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

Neutral

HIV testing and counselling for people with TB:

Strongly Agree

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

Strongly Disagree

Nutritional care:

N/A

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

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

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

N/A

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

* Economic support: the Ministry of Social Affairs allows PLHIV to enrol in medical retirement if needed; although not all PLHIV choose to retire for HIV-related reasons; * Social support is not systematically provided; if people need social support, it can be provided, but it is not part of the standard treatment-and-support package for PLHIV.

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

N/A

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

Yes

IF YES, for which commodities?:

UAE uses the joint procurement mechanism for Gulf Cooperation Countries (GCC) for some ARV drugs (mainly first-line)

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

Since 2009, what have been key achievements in this area:

There are no major new achievements in the field of HIV treatment, care and support compared to the previous period: all UAE nationals still have free access to comprehensive, high-quality ART and related treatment and care, with quarterly follow-up (CD4, viral load, physical examination).

What challenges remain in this area:

* There is still a strong focus on ART, while associated care and support mechanisms are less well-developed. A comprehensive, multi-disciplinary treatment-care-and-support model has been developed and operational at Tawam Hospital in Al Ain (Abu Dhabi), but in other sites implementation of this comprehensive model still needs to be strengthened. The model builds on a multidisciplinary team with medical specialists, nurses, social workers, counsellors, nutritionists, clinical pharmacists and a psychiatrist. * There continue to be problems with retention in treatment for some HIV patients: Adequate follow-up of these patients is hampered by the lack of an effective follow-up system, also because patients may go to other Emirates and lost * (related to the above) There is a need to improve statistics and surveillance: while data is available at the level of individual Emirates, it is difficult to get national statistics from the whole country (all 7 emirates); Hence a National HIV database is needed to effectively follow up patients; * PLHIV support groups and/or associations do not exist, but are needed: stigma prevents PLHIV from organising themselves. * Stigma towards PLHIV remains very high at the community level, as well as among PLHIV themselves (it is very hard to get PLHIV support groups organised)

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

N/A
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

Since 2009, what have been key achievements in this area:

OVCs in relation to HIV/AIDS are not an issue in UAE.

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

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

In Progress

Briefly describe any challenges in development or implementation:

* Development: Understaffing of NAP: there is only 1 part-time MOH officer; this does not allow the development of a National M&E plan and system for HIV; * Implementation: current weaknesses include compartmentalisation of databases and reporting systems: the Health Authorities of Dubai and Abu Dhabi have their own systems, while the remaining 5 Emirates are under the responsibility of the MOH. * While there is good patient monitoring at the health-facility level, M&E is weak at the national and policy levels.

Briefly describe what the issues are:

* The national M&E plan is yet to be developed; therefore harmonisation of M&E requirements will be discussed as part of the development; * No central national database

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

No

A data analysis strategy:

No

A data dissemination and use strategy:

No

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

No

Guidelines on tools for data collection:

No

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

No

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

No

Briefly describe any obstacles:

* The major obstacle is the weak support for the NAP, which is seriously understaffed, reflecting the low priority given to HIV/AIDS on the national health agenda * The National M&E system will be developed in the course of 2012 and is expected to be operational in 2013

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

In the Ministry of Health?:

-

In the National HIV Commission (or equivalent)?:

-

Elsewhere [write in]?:

There is no National M&E Unit

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

N/A (SEE ABOVE)

-

-

-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

N/A

-

-

-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

-

Briefly describe the data-sharing mechanisms:

Not operational as yet

What are the major challenges in this area:

The national M&E Plan and System will be developed in 2012-13, including an M&E Unit, but it won't be operational till 2013

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

No

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

Yes

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

The database contains aggregated demographic and some clinical data of HIV patients (e.g. stage of HIV and some treatment details) and is managed by MOH. However, as indicated above, the National database is not comprehensive and does not contain sufficient data, e.g. it is not possible to disaggregate the data. Different authorities have their own databases (e.g. Dubai and Abu Dhabi Health Authority, MOH), which makes it difficult to access all data in once comprehensive central database.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, but only some of the above

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

* Data is primarily health-facility based data on ART and other clinical treatment * Geographic coverage * Implementing organisations * NO data on key populations

6.2. Is there a functional Health Information System?

At national level:

No

At subnational level:

Yes

IF YES, at what level(s)?:

UAE consists of 7 emirates. The two largest ones in terms of population, Abu Dhabi and Dubai, have their own Health Authorities. The MOH covers health data of the other 5 emirates.

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

No

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

N/A

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

* Data Use: Data is used to update and improve prevention, treatment and care activities and as the basis for budget allocations * Main challenges: Lack of adequate allocation of financial and human resources: there is no fully committed staff for HIV activities, and no earmarked, separate budget for HIV in the NAP.

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

At national level?:

No

At subnational level?:

No

At service delivery level including civil society?:

No

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

3

Since 2009, what have been key achievements in this area:

* The development of electronic systems to collect HIV data at Sub-national level, mainly in Dubai and Abu Dhabi Health Authorities * MOH has started developing an electronic surveillance system for the other 5 emirates * Agreement to start developing a National M&E Plan and System

What challenges remain in this area:

* The 3 electronic systems (Abu Dhabi, Dubai, MOH) will need to be integrated at some point, to allow access to national data.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

1

Comments and examples:

Overall, civil society in UAE is weakly developed. While some of the limited number of civil society organisations (CSOs) were actively involved in the development of the previous NSP (which expired in 2011), none have participated in the actual implementation of that National HIV Strategy, as the overall implementation – especially of HIV-prevention components – has been minimal. Very few CSOs have a specific interest in HIV/AIDS, as it is not considered to be a major health problem, while addressing HIV/AIDS and its underlying risk factors involves discussing sensitive issues, many of which are taboo in UAE society. Instead, most CSOs focus on general charity activities. In this context, CSOs have played a marginal role in strengthening political commitment of top leaders and national policies: HIV/AIDS remains low on the priority list.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

1

Comments and examples:

Currently there is no active National HIV Strategy in UAE: the previous NSP expired 2 years ago, and an updated plan is not there. However, a number of CSOs was actively involved in the development of the old National Strategic Plan, including the Red Crescent and the Women's Union

3.

a. The national HIV strategy?:

0

b. The national HIV budget?:

0

c. The national HIV reports?:

0

Comments and examples:

To date, civil society involvement in actual HIV/AIDS service delivery has been non-existent. Overall, Government has given low priority to HIV/AIDS, and the national response has mainly focused on massive routine HIV screening, and treatment of HIV patients. NGOs have very little added value to offer in these areas, while HIV prevention, where they could play a key role, has been neglected in the national response to date.

4.

a. Developing the national M&E plan?:

0

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

:

0

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

0

Comments and examples:

Overall, the national response to HIV/AIDS is limited, with insufficient attention for HIV prevention. In addition, M&E systems in the HIV field are weak. In this context, and given the extremely limited involvement of civil society organisations in HIV/AIDS, the role of CSOs in M&E of HIV has been non-existent.

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

workers, and faith-based organizations)?:

0

Comments and examples:

See previous comments on weak civil society sector: there are no PLHIV associations or groups, no NGOs working with MARPs, nor any other NGOs that are involved in HIV prevention or treatment and care. Only two CSOs, the Red Crescent and Women's Union, were involved in the development of the previous NSP, but they don't represent a wide variety of civil society organisations.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

2

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

1

Comments and examples:

* While there are very few NGOs in general, and particularly few working in the HIV field, if NGOs were interested in working in the HIV/AIDS field, they could mobilise resources from the local business community or regional donor organisations. * In principle, technical support is available from regional multilateral agencies, such as WHO, UNFPA, UNICEF, ILO, UNESCO and IOM, but in practice NGOs have very little interest in this field, and linkages between local NGOs and UN agencies are generally very weak. * Since recently, UNICEF is trying to become more (pro) active in this field: it is currently developing an HIV strategy and 2-year workplan. In 2011, they have been working with the Dubai Police, as well as with University students, mainly in the context of World AIDS Day. These initiatives can help gradually strengthen civil society capacity and interest in working in HIV prevention.

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

People living with HIV:

<25%

Men who have sex with men:

-

People who inject drugs:

-

Sex workers:

-

Transgendered people:

-

Testing and Counselling:

-

Reduction of Stigma and Discrimination:

<25%

Clinical services (ART/OI)*:

-

Home-based care:

-

Programmes for OVC:**

-

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

2

Since 2009, what have been key achievements in this area:

Since 2009 there have been no key achievements in this area. In the absence of an officially endorsed, valid national HIV strategy and continued low priority given to HIV/AIDS, civil society continues to play a marginal role in the national HIV response. Existing partnerships with non-health and multilateral sectors, such as with the Dubai Police (awareness raising), and with UNICEF (KAP study among University students 2011) may lead to the future expansion of additional partnerships with civil society organisations.

What challenges remain in this area:

* Strengthening of civil society in UAE, particularly towards engaging them in HIV-prevention activities for MARP groups; * Increased profile for HIV/AIDS on national agenda; * Active involvement of civil society in planning, implementation and monitoring of the national HIV response, especially in the field of targeted HIV prevention for MARPs.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

No

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

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

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

* Law on child protection * Policy/law against human trafficking, which is monitored by a National Committee

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

* The Dubai Police has established a General Department of Human Rights since 1995, which consists of several sub-departments, including on Human Trafficking, Protection of Children and Women.

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

* Implementation of issues related to domestic and sexual violence remains a major challenge, as families and community as a whole usually avoid reporting any type of family-based violence to the authorities, and prefer to deal with them within the family. Even rape cases can be settled by marrying the perpetrator. * Overall, it is important to distinguish between national laws and sharia laws, which dominates family issues. Thus, police cannot always enforce laws regarding domestic violence.

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

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

* Laws criminalising MARP groups including sex workers, MSM and IDUs * Routine HIV screening of foreign labourers and deportation of HIV-infected individuals

Briefly comment on how they pose barriers:

* Criminalisation and socio-cultural marginalisation of MARP groups (sex workers, MSM, IDUs) make it difficult to effectively reach them with targeted HIV-prevention services; * Laws and policies regarding repatriation of PLHIV hamper HIV prevention and management. * Universities do not want to be associated with HIV-prevention efforts; this hampers effective HIV education of students; while HIV education in schools is even more challenging.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

* UAE is signatory to the Global Initiative to Fight Human Trafficking (GIFT) * There are laws regarding human trafficking and the protection of women and children. The Dubai police has a special department to address these problems, but due to societal norms and stigma, it is difficult to fully enforce these laws, especially with regard to domestic violence.

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

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

* Rights of HIV-infected UAE nationals with regard to education, employment and free treatment, care and support services are mentioned in the previous National Strategy. These rights are also enshrined in legal frameworks (national regulation).

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

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
No	Yes	No
No	Yes	No
No	Yes	No

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

* ARV treatment: Free services are generally provided to all UAE nationals. * HIV-prevention services: in general, targeted HIV prevention programmes are very limited. It is mostly directed towards screening and testing, and health-sector based interventions, including blood safety measures and universal precautions. * HIV-related care and support is available, however, psychological, social and other non-medical support is less systematically organised.

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

Yes

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

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

No

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

No

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

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

Yes

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

No

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

The Dubai Police has a special Department for Human Rights, which includes sub-departments for human trafficking and the protection of women and children; as well as a Grievances Court.

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

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning

their rights (in the context of HIV)?:

Yes

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

Yes

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

a. Legal aid systems for HIV casework:

Yes

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

No

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

No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

3

Since 2009, what have been key achievements in this area:

* A recently adopted legal framework on voluntary counselling and testing will allow people to be tested for HIV without being reported to the health or immigration authorities; although implementation has not started at all. * the adoption of a Bylaw to protect rights of PLHIV and HIV patients

What challenges remain in this area:

* Socio-cultural barriers and marginalisation of MARP groups (sex workers, MSM, IDUs) make it difficult to effectively reduce stigma and discrimination; * Laws and policies that criminalise sex workers, MSM and IDUs

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

5

Since 2009, what have been key achievements in this area:

* There are some mechanisms to monitor human rights; * In principle, efforts are made to ensure the protection of people's rights in accordance with the law.

What challenges remain in this area:

* Implementation of existing laws still faces challenges, as many times, the rights of PLHIV and/or at-risk populations are infringed upon through stigma, discrimination taking place in communities or the workplace, where it is not always easy to monitor whether their rights are protected. * Monitoring mechanisms, such as in the police, are still relatively new and are not effective to ensure the full protection of people's rights. * PLHIV and others (such as migrant workers) need to be sensitised on their rights: rights may be protected by law, but PLHIV and others may not always be aware of their rights.

B - IV. PREVENTION

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

No

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

HIV prevention is currently not being scaled up: the previous NSP did identify general prevention needs, but these were not specified, not operationalised in clear operational plans. No Government budget was allocated to these activities, and implementation has been minimal. Any future scale-up will require the development of a revised NSP, with an Operational Plan that clearly spells out the priorities for HIV prevention, and which will be supported with budget allocations.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Disagree

Harm reduction for people who inject drugs:

Strongly Disagree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Disagree

IEC on risk reduction:

Disagree

IEC on stigma and discrimination reduction:

Strongly Disagree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Strongly Disagree

Risk reduction for sex workers:

Strongly Disagree

School-based HIV education for young people:

Strongly Disagree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

3

Since 2009, what have been key achievements in this area:

* Some initial research has been done in 2010 to identify knowledge, awareness, attitudes and practices of University student in relation to HIV/AIDS

What challenges remain in this area:

* Using the (limited) available data and evidence on HIV risks among youth to develop and implement effective HIV-prevention programmes * Focus on most-at-risk populations for HIV prevention, especially sex workers, MSM and injecting drug users * Very low coverage of MARP groups with HIV prevention programmes

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

* Antiretroviral treatment

Briefly identify how HIV treatment, care and support services are being scaled-up?:

* No specific efforts to scale up beyond current coverage: all eligible UAE nationals have access to ART and other HIV treatment, care and support.

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Strongly Agree

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

Strongly Disagree

HIV testing and counselling for people with TB:

Disagree

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

Strongly Disagree

Nutritional care:

Disagree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

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

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Disagree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

* Main achievements have been free access for all UAE nationals to high-quality ART, but this has been available since before 2010. * No major new achievements.

What challenges remain in this area:

* Psychological and social support for HIV patients * PLHIV support and self-help groups * Efforts to reduce stigma and discrimination of PLHIV, including in the health-care sector * Treatment, care and support rights for foreign residents with HIV * Confidential and Voluntary counselling and testing (VCT) services to be made available to allow early detection of those HIV-infected individuals who are currently "missed" by the massive screening programmes, and to allow people the right to counselling and information on their HIV status.

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

-

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

-

Since 2009, what have been key achievements in this area:

HIV-related needs of orphans and vulnerable children is NOT APPLICABLE in UAE, as there are no cases; if there were any cases of OVCs in relation to HIV, family structures would adequately deal with these children, while Government would provide full support.

What challenges remain in this area:

N/A

Source URL: <http://aidsreportingtool.unaids.org/16/united-arab-emirates-report-ncpi>