

Kuwait Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 01/01/2013

To date: 12/31/2013

Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any: Dr. Hind A.S. AlShoumer , NAP

Postal address: State of Kuwait P.O. Box 3448 Al Safat (13035)

Telephone: +965-22452857 or +965-66624954

Fax: +965-22467505

E-mail: kuwaitiya19@hormail.com

Describe the process used for NCPI data gathering and validation: Meetings of concerned people and stakeholders and statistics from different sites : AIDS, Information and statistics office , premarital testing centers, virology laboratory , blood bank ,infectious disease hospital and addiction center in psychiatry hospital .

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

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): All data submitted according to what is sent to the NAP manager (AIDS, Information & Statistics office) .

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

Organization	Names/Positions	Respondents to Part A
Ministry of Health	Dr. Khalid ALSahlawi , undersecretary	A1,A2
M.O.H, Public health department	Dr.Hind AlShoumer,NAP manager	A1,A2,A3,A4
M.O.H, Addiction center	Dr.Adel AlZayed	A4,A5
M.O.H, Infectious disease hospital	Dr.Osama AlBaksami	A4,A5
M.O.H, Infectious disease hospital	Dr.Sorooj	A4,A5
M.O.H, Infectious disease hospital	Dr.Sameh Almasri	A4,A5
M.O.H, Addiction center	Dr.Khaled Alshafie	A4,A5
Faculty of Medicine	Dr.Widad AlNakeeb	A4
Virology laboratory , M.O.H	Dr. Siham Almufti	A4
College of health sciences	Dr. Jassim Alansari	A4
Ministry of Health	DR.Qais Alduwairi,assistant undersecretary of public health dept.	A1,A2

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

Organization	Names/Positions	Respondents to Part B
UNDP	Dr.Sahar Alshawa	B1,B2,B3,B4,B5
UNESCO	DR.Abdullatif AlBoaijan	B1,B2

A.I Strategic plan

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

IF YES, what is the period covered: since late 1980s up till now

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: A first national policy document to address the HIV/AIDS issue was developed in the late 1980s. However, there are no copies of this document, and thus it has no status as an official policy document. The MOH and NAP are fully aware of the need to develop a new National Strategic Plan on HIV/AIDS (NSP), and there is active commitment and support at the highest MOH policy levels to develop a new NSP for the 2014-2019 period. To date, the national response to HIV has mainly been restricted to ARV treatment and massive mandatory HIV screening in various contexts (pre-employment (nationals and foreign workers), pre-marital, military recruits, blood transfusion, major invasive operations and organ transplantations, etc.), and basic HIV education is part of the curriculum in intermediate and secondary schools and in some university colleges . As such, many Governmental sectors are involved and represented in the National AIDS Control Committee since it was established in 2012 and there are 2 subcommittees one of them is technical and the other one is for education and information . The NACC held 5 meetings till now .

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Ministry of Health

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

Education:

Included in Strategy: Yes

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: No

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other:

Included in Strategy: No

Earmarked Budget: No

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?: As explained above, Kuwait has not an updated National Strategic Plan on HIV/AIDS . Whatever HIV related activities have been implemented since then were financed through existing budgets of the Ministry of Health, such as for ARV treatment of HIV patients or existing measures to ensure blood safety and Universal Precautions (UP) . and also there were awareness activities done for the year 2013 as showing educational film in 100 supermarkets in different locations in Kuwait and also text messaging for 2 million people in Kuwait in both languages (Arabic and English) about HIV \ AIDS and its transmission, prevention, testing and treatment . some lectures were given by the NAP manager to some colleges' and universities' students and some other activities were done in cooperation with the union of medical students and SCORA(standing committee of reproductive health and AIDS) committee . In non health sectors,

mandatory HIV screening was also incorporated in existing, non-HIV-specific budgets. Any future HIV strategic plan will need to have clearly stated objectives, strategies and activities, with specifically assigned budgets to ensure their effective implementation as planned.

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

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: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: No

IF NO, explain how key populations were identified?: As explained above, while there is no updated national HIV strategy in place, specific population groups have been identified for HIV screening, ARV treatment, or (basic) education. Beyond this, however, there is currently no specific policy to identify the groups most at risk or particularly vulnerable for HIV. Behaviours of most-at-risk populations, including sex workers, injecting drug users and men who have sex with men, are all criminalised by law, which makes it particularly challenging to actively target them in future policies and plans. Hence people injecting drugs if they seek treatment on their will they will be treated and not considered as a crime but if they are caught by police then this is considered as a crime) .

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

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Blood donors , IVDU , organ transplant operation patients , mandatory screening of pre employment and pre marital .

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

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

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: No

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

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

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

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: A new association established in Kuwait called friends of HIV patients ,it is under the umbrella of Kuwait Medical Association .NGOs are monitored by the Ministry of Social Affairs and Labour .

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: No

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: No

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why: As explained above , the strategic plan is very old and for this reason it should be updated . In addition, Kuwait has very few external development partners given its economic status.

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: No

National Development Plan: Yes

Poverty Reduction Strategy: No

National Social Protection Strategic Plan: No

Sector-wide approach: No

Other [write in]:

: No

2.2. IF YES, are the following specific HIV-related areas included in one or more of the develop-ment plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: N/A

HIV impact alleviation (including palliative care for adults and children): N/A

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: N/A

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

: No

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 1

4. Does the country have a plan to strengthen health systems?: No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: The Kuwaiti health system has had very high quality standards since many years. Therefore, while there are no recent specific plans to strengthen health systems, overall, the HIV-related infrastructure is very good, with high standards for providing and monitoring ART; implementation of universal precautions; good laboratory facilities; trained health-care workers and logistical systems. However, challenges remain with regard to training of health-care workers in HIV-specific care, and HIV surveillance and research.

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

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

b) HIV Counselling & Testing and Tuberculosis: Many

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

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

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Many

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

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 5

Since 2011, what have been key achievements in this area: the national multisectorial AIDS control committee is established in 2012 and there were 5 meetings . There are 2 subcommittees one is technical and the other one for education and information .Antenatal testing for HIV was approved in the national committee but still not yet implemented .There are many educational programs performed and were successful .

What challenges remain in this area: As mentioned, the main challenges are: 1) Consolidation of high-level political support to effectively address HIV/AIDS as a national priority; 2) The development of a new 5-year National Strategic Plan on HIV/AIDS, with a costed Operational plan, which will identify the most at-risk groups; priority strategies in the field of HIV prevention, treatment, care and support; specific responsibilities of government sectors and civil society partners; as well as

specific budget allocations for HIV interventions. 3) Strengthening of the status, staffing and technical capacity of the National AIDS Programme, which is currently understaffed; 4) The weak HIV surveillance system: while a lot of data is available from mass HIV screening, the data is scattered and not available to key decision makers. There are no clear data-reporting protocols, no adequate electronic reporting system and central database, and there is an absolute lack of any clinical or behavioural research to provide a basis for an evidence-informed national response. Given this paucity of strategic information, Kuwait has not had a comprehensive National HIV Strategy, weak HIV capacity, and no prioritisation in terms of 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: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: The press release for the minister of health delivered a speech about HIV strategic plan that it is needed and the PLHIV rights preserved . Kuwait sent the NAP manager for the EMRO meeting for all NAP managers to discuss the WHO-EMRO strategic plan for HIV \ AIDS and to try to implement it in the different countries of EMRO region . Press release in World AIDS Day (Dec. 2013) .

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

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

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

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: the chair person is the assistant undersecretary for public health

Have a defined membership?: Yes

IF YES, how many members?: 17 members

Include civil society representatives?: Yes

IF YES, how many?: 1

Include people living with HIV?: No

IF YES, how many?:

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

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

IF YES, briefly describe the main achievements:: The NAP actively tries to build partnerships with NGOs and the media . The association of friends of HIV patients which is recently established will soon perform its activities . What challenges remain in this area: Despite efforts by the NAP to establish and strengthen partnerships with civil society organisations and the private sector, to date these efforts have had limited impact, since there are very few NGOs with an interest in HIV/AIDS, due to its low profile, conservative societal norms, and high stigma associated with HIV. .

What challenges remain in this area: The main challenge is to actively involve civil society, and build a national alliance of NGOs/CSOs in the field of HIV/AIDS. Sustainable public-private partnerships will also require more sustained political support for the national response to HIV, including the development of a multisectoral NSP.

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

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

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]:

: No

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

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

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

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: lot of mandatory testing is performed for all expatriates and some groups on nationals

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 6

Since 2011, what have been key achievements in this area:: the national AIDS control committee is established and functioning and it is a multisectoral . An establishment of the association for the HIV friends . There are old policies that need to be revised regarding the right to work for the national especially in some areas like military and oil companies . There are still no VCT centers for anonymous testing although it is approved by the national AIDS control committee for nationals only and will be implemented soon .

What challenges remain in this area: Pledged political support has yet to materialise in tangible results that will strengthen the national response to HIV/AIDS, such as the development of an updated NSP, strengthening of the NAP, and commitment of Cabinet Ministers, members of Parliament and other high-level decision-makers; * Bureaucratic procedures and lack of support hamper the NAP's effectiveness, which is understaffed and under-resourced; NAP does not have access to all HIV-related data, which makes it difficult to develop an evidence-based response to HIV .

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: Constitution of Kuwait in 1962: Article 7: "Justice, liberty and equality are the pillars of society; co-operation and mutual help are the firmest bonds between citizens". Article 29: "All people are equal in human dignity, and in public rights and duties before the law, without distinction as to race, origin, language or religion"

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Human rights are enshrined in the Constitution and effectively protected as such.

Briefly comment on the degree to which they are currently implemented: The general laws on non-discrimination, which are incorporated in the Kuwaiti Constitution, are fully observed and 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 vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: Criminalisation of MSM, SWs, PWIDs (if caught by police) . Deportation laws for HIV positive expatriates , Laws restricting the extent of HIV-prevention programmes for PWID such as needle exchange programmes or condom promotion.

Briefly comment on how they pose barriers:: As a result of the criminalisation of MARP groups such as sex workers, MSM and PWIDs (if caught by police) , it is difficult to identify these groups in society, as they will avoid publicity or contact with Government institutions; in addition, criminalization of these groups makes it risky for professionals and especially for peer educators to reach out and provide services to these groups, as they may face arrest or legal action themselves (not for PWIDs). Deportation laws for HIV-infected expatriates will drive them with high-risk behaviours 'underground', as they will avoid being tested or screened for HIV, if a positive test result means immediate deportation and loss of employment; this hampers effective HIV prevention among this group. Mandatory pre-employment screening for Kuwaiti nationals will often result in PLHIV losing their jobs if in military or some companies : while their employment rights are protected by law, in practice, heavy stigma and discrimination(but this is protected by law and enhancing privacy of information and confidentiality). * Laws and policies with regard to prisons hamper effective HIV-prevention programmes for inmates who may be injecting drugs and/or engage in same-sex behaviour, as they do not allow needle-and-syringe exchange programmes (NSEP), condom promotion or explicit, targeted HIV-prevention messages.

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: No

Engage in safe(r) sex: No

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: No

Use clean needles and syringes: Yes

Use condoms consistently: No

Other [write in]: General IEC messages are given to the whole general population. However, there are certain issues that are taboo, especially regarding sex and condoms.

: No

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

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: No

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: No

b) gender-sensitive sexual and reproductive health elements?: No

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: There has been increased attention for the need to develop more targeted IEC messages and programmes for MARP groups such as young sexually active people, sex workers, MSM and PWIDs. So far, however, this has not led to concrete programmes given minimal support, high societal stigma and prevailing cultural and religious norms, which hamper the implementation of such targeted IEC programmes

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

People who inject drugs: HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men:

Sex workers:

Customers of sex workers:

Prison inmates: HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]: Blood donors and kidney dialysis patients

: HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area: The HIV topic in the curricula in schools was revised and updated and next year will be implemented by the ministry of education in cooperation with the National AIDS Control Committee.

What challenges remain in this area: Very strong taboos on discussing HIV related risk behaviors especially sexual behavior of young people, or MARPs (related to sex) Prevention of HIV. Moderate political policy and financial support. Deportation policy for HIV positive expatriates.

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

IF YES, how were these specific needs determined?: The national strategic plan will be updated and the operational policy will be established by the national AIDS control committee.

IF YES, what are these specific needs? : It should address mainly the MARPs population and preventive measures for risky behaviour

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: N/A

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: Strongly agree

HIV prevention for out-of-school young people: N/A

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Strongly agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Strongly agree

Risk reduction for men who have sex with men: N/A

Risk reduction for sex workers: N/A

Reduction of gender based violence: Strongly agree

School-based HIV education for young people: Strongly agree

Treatment as prevention: Strongly agree

Universal precautions in health care settings: Strongly agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 8

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:: There is full access to ART and other HIV treatment for all Kuwaiti citizens. CD4 and viral-load tests as well as overall medical examinations are conducted every 4 months. Treatment is confidential, and special attention has been given to ensure there is no discrimination toward HIV patients at the treatment facility, and that their human rights are fully respected. In addition to medical care and treatment, ART patients are also given some psychological and social support as needed. Foreigners do not have access to ART on regular basis but if they get treatment to improve their health so to be able to leave the country, and all foreign PLHIV are repatriated to their country of origin (but not if they have any of their relatives who is Kuwaiti) .

Briefly identify how HIV treatment, care and support services are being scaled-up?: To date, all eligible Kuwaiti citizens have access to free-of-charge ART, in accordance with WHO protocols and guidelines. As a result of massive HIV screening through different mechanisms, it is expected that a large proportion of eligible HIV-infected persons are enrolled in

ART; therefore, no additional measures are needed to further scale up, although there are still some cases that are diagnosed at a (very) late stage.

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

Economic support: Strongly agree

Family based care and support: Strongly agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Strongly agree

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Strongly agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly 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]::

:

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: Retirement on medical grounds is allowed by law for nationals who are HIV-positive (full medical retirement). However, PLHIV are allowed to continue working in jobs that are not related to clinical health care or military or in oil companies .

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

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?: ARV drugs are procured by MOH or through the joint GCC procurement mechanism. Condoms are not provided for free by the government but they are available in all private pharmacies

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area?: All eligible Kuwaiti nationals have access to free-of-charge, high-quality HIV treatment and care, including pre-ART, ART, and regular follow-up. Social and psychological support is given to those in need. PLHIV are entitled to full retirement on medical grounds, although they can choose to continue working (except in military and clinical health care)

What challenges remain in this area?: A major challenge is the fact that expatriates have limited access to treatment, and are subject to mandatory repatriation to their home countries. There are some problems with adherence to ART for a very small number of patients. While PLHIV enjoy legal protection in terms of their right to health-care, employment etc., in practice, severe stigma and discrimination in society. Despite massive screening programmes, there are still patients who present in a very late stage . This is partly due to the lack of capacity among general practitioners for early recognition of HIV-related symptoms; hence more specific attention for HIV/AIDS, including for stigma and discrimination, is required in the media for all people in society . The absence of voluntary counselling and testing centers(VCT) does not allow people who suspect they may be HIV-infected to get tested in an early stage. This further compounds the problem of late detection of HIV cases.

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

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:

Since 2011, what have been key achievements in this area?: This is not applicable in the Kuwaiti context, as there are no orphans or vulnerable children in relation to HIV/AIDS

What challenges remain in this area?: NA

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: As mentioned, Kuwait has no updated National HIV strategy since the late 1980s. Hence there is no national M&E plan for HIV either. The main challenges for developing a national M&E plan and system are related to the need to develop an updated National Strategic Plan, which is foreseen for 2014. In that context, M&E and surveillance will be a priority component. Implementation of a future National M&E plan and system will face a number of hurdles, including: Lack of trained and dedicated staff for HIV/AIDS surveillance and M&E; There is no M&E Unit, and overall, Lack of clear and unified data-collection and -reporting protocols and guidelines; Lack of a central HIV/AIDS database and scattering of available HIV (screening) statistics, which makes it difficult to use the available data for evidence-informed decision-making in programming and policy; Compartmentalisation of HIV data across different units and departments within the MOH; There are no studies, and as a result of the lack of interventions in the prevention field there is no experience or systems for monitoring of interventions in this field.

1.1. IF YES, years covered:

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

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: No

IF YES, does it address::

Behavioural surveys: No

Evaluation / research studies: No

HIV Drug resistance surveillance: No

HIV surveillance: No

Routine programme monitoring: 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?:

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:

4. Is there a functional national M&E Unit?: No

Briefly describe any obstacles:: Overall low prioritization of HIV/AIDS as a national health concern, lack of HIV-related surveillance, M&E and research data; Ineffective and compartmentalised systems for data collection, reporting and storage (e.g. no central database) Lack of technical expertise in M&E field for HIV/AIDS, moderate institutional support for NAP, which has a negative impact on the establishment of an M&E unit

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

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

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

Briefly describe the data-sharing mechanisms:: There is no unified data-sharing mechanism.

What are the major challenges in this area:: There is no M&E unit or dedicated M&E staff for HIV/AIDS, Limited available HIV data is scattered across different MOH departments and other Ministries, Even basic data on new HIV cases is not available at one location; NAP does not have access to all data .

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?: No

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

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?:

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

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: Central level (MOH): Health Information Department at the central MOH; Sub-national level: Government hospitals.

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current Needs Only

7.2. Is HIV programme coverage being monitored?: No

(a) IF YES, is coverage monitored by sex (male, female)?: No

(b) IF YES, is coverage monitored by population groups?: No

IF YES, for which population groups?:

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: No

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

Briefly explain how this information is used::

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: No

In developing / revising the national HIV response?: No

For resource allocation?: No

Other [write in]::

: No

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

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 0

Since 2011, what have been key achievements in this area:: The establishment of the national AIDS control committee would be the start to update the strategic plan and establish the operational policy and then the M&E will be included and hence implemented.

What challenges remain in this area:: Overall, M&E in relation to HIV/AIDS is an extremely weak area due to the lack of prioritization and political and financial support. HIV-related data is often treated as sensitive information, which should not be openly accessible.

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: No civil society organisations are active in the HIV field in Kuwait at present. Recently, a standing committee for Reproductive Health and HIV was established by medical students at Kuwait University (Faculty of Medicine) , which may contribute to strengthening political commitment through advocacy . An NGO called "Friends of HIV Patients" was recently established under the umbrella of the Kuwait Medical Association and soon it will start its activities. Members not only include medical doctors, but also PLHIV, NGO members and all people concerned with HIV .

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)?: 0

Comments and examples: To date, no civil society organisations or representatives have been active in the HIV committee. In addition, no recent National Strategic Plan .

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 0

b. The national HIV budget?: 0

c. The national HIV reports?: 1

Comments and examples: To date, no services are provided by civil society in the HIV field except for lectures and awareness campaigns.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 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: To date civil society has not been active in the M&E for HIV.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 1

Comments and examples: they participate only in awareness campaigns.

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?: 0

b. Adequate technical support to implement its HIV activities?: 0

Comments and examples: As HIV/AIDS is seen as a low priority and surrounded by strong societal stigma, there is limited interest on behalf of existing CSOs, such as faith-based organisations, to get involved. As a result of stigma and discrimination, people living with HIV (PLHIV) are also very reluctant to be openly involved in the national response, although there is a recent initiative to start a self-help group.

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

Prevention for key-populations:

People living with HIV: <25%

Men who have sex with men: <25%

People who inject drugs: <25%

Sex workers: <25%

Transgender people: <25%

Palliative care : <25%

Testing and Counselling: <25%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: <25%

Clinical services (ART/OI): <25%

Home-based care: <25%

Programmes for OVC: <25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 1

Since 2011, what have been key achievements in this area?: No specific achievements: see "Challenges" section below:

What challenges remain in this area: Overall, civil society organisations in Kuwait tend to focus on non-controversial social activities. As HIV/AIDS is considered low priority and surrounded by strong stigma and discrimination, there is very limited motivation among CSOs to get involved in this area other than some awareness campaigns. Apart from the limited role of civil society, no activities are being implemented for MSM, sex workers or transgender people, as these groups are considered illegal in Kuwait.

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

IF YES, describe some examples of when and how this has happened:

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

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

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: The 1962 Constitution of Kuwait provides overall protection against discrimination. Article 7 states: "Justice, liberty and equality are the pillars of society; co-operation and mutual help are the firmest bonds between citizens". Article 29 states: "All people are equal in human dignity and in public rights and duties before the law, without distinction as to race, origin, language or religion".

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Human rights are enshrined in the Constitution and effectively protected as such. There are two civil society organisations that are active in the field of human rights, including for prisoners; in addition there is a committee on human rights in the Parliament.

Briefly comment on the degree to which they are currently implemented:: The general laws on non-discrimination, which are incorporated in the Kuwaiti Constitution, are fully observed and 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

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: * Criminalisation of MSM and sex workers; * Mandatory pre-employment screening, with forced retirement on medical grounds in the military and oil sectors . * While there are laws on sexual abuse of women and children, in practice these laws are not always enforced as sexual violence is often not reported.

Briefly comment on how they pose barriers: * As a result of the criminalisation of MARP groups such as sex workers, MSM and PWID(only if caught by police), it is difficult to identify these groups in society, as they will avoid publicity or contact with Government institutions (for PWID, they can go to addiction center out of free choice). in addition, criminalisation of these groups makes it risky for professionals and especially for peer educators to reach out and provide services to these groups, as they may face arrest or legal action themselves. * Deportation laws for HIV-infected foreigners will drive expatriates with high-risk behaviours 'underground', as they will avoid being tested or screened for HIV, if a positive test result means immediate deportation and loss of employment; this hampers effective HIV prevention among this group. * Mandatory pre-employment screening for Kuwaiti nationals will result in full medical retirement for HIV-positive individuals in certain sectors (military, oil sector). while their employment rights are protected by law, in practice, heavy stigma and discrimination may affect their employment position. * Laws and policies with regard to prisons hamper effective HIV-prevention programmes for inmates who may be injecting drugs and/or engage in same-sex behaviour, as they do not allow needle-and-syringe exchange programmes (NSEP) or condom promotion .

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.: * The law protects women against violence . * There are no laws regarding rape in marriage. * There is a law that makes it possible for women to marry their rapist: this is in place to allow women a way out of the enormous societal stigma and discrimination if society finds out she has been raped.

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:: Law No. 62 on HIV/AIDS (of 1992) stipulates the rights of HIV-infected persons. However, it has not been updated since 1992, and needs revision.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism:: NOTE: while there is no OFFICIAL mechanism, PLHIV can contact the NAP manager on a personal basis, and their problems will be discussed and addressed by the Technical Committee.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle “yes” or “no” as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

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

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

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

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

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

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: 1. ART is available free-of-charge to Kuwaiti citizens and their close relatives i.e. spouse and children ; non-Kuwaiti HIV-infected persons are getting treatment free of charge till their medical condition is stabilized then they have to leave the country . 2. HIV-prevention services are limited, mainly general awareness-raising for the general population, and basic HIV education in schools and some lectures to different groups like private hospitals, pharmacy college , nursing college and military students. 3. HIV-related care and support is provided in the context of ART for Kuwaiti patients only and to some extent for expatriates before they leave the country.

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

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

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

IF YES, Briefly describe the content of this policy/strategy and the populations included:: Policies are in place to ensure access to treatment care and support for HIV positive patients, including those who are injecting drugs and prison inmates. However, there is no strategy to provide any specific services to sex workers, men who have sex with men or other key populations.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: The policy includes prison inmates and PWIDs . Although drug addiction is criminalized but if the patient seeks treatment on his will , he will not be caught by police

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law:: COMMENT: There are specific policies for pre-employment screening of all non-Kuwaiti and Kuwaitis working either in the government or private sector . And there are pre-employment screening policies for Kuwaiti citizens for jobs in the military, health-care, food-handling, oil and some other sectors.

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

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

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

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

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

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: No

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

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

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

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

IF YES, what types of programmes?:

Programmes for health care workers: No

Programmes for the media: Yes

Programmes in the work place: No

Other [write in]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 9

Since 2011, what have been key achievements in this area:: Overall, the human rights of Kuwaiti citizens in relation to HIV are promoted and protected. However, non-Kuwaiti people living with HIV face deportation to their home countries if found HIV-positive; they are only entitled to short-term HIV treatment to stabilise their medical condition prior to repatriation .

What challenges remain in this area:: Challenges remain with regard to the human rights in relation to HIV of non-Kuwaiti citizens. All governments of the Gulf and some other Arab countries share the same policies regarding the deportation of HIV-positive foreign citizens, which makes it more difficult to change these practices by Kuwait alone. Furthermore, Kuwaiti citizens living with HIV face problems regarding their employment rights: they may not be allowed to continue working in their existing jobs, especially in military, food handling jobs or oil field.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 10

Since 2011, what have been key achievements in this area:: IMPLEMENTATION of existing policies is excellent .

What challenges remain in this area:: Certain jobs like military and oil field are not allowed to continue to work if found HIV positive and forced to full retirement .

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: No

IF YES, how were these specific needs determined?: While the overall national response to HIV lacks prioritization and support, HIV prevention programmes are particularly limited. Thus, there are no efforts to scale up HIV-prevention programmes. The absence of an updated National Strategic plan since the 1980s makes it impossible to systematically address HIV prevention among key populations or vulnerable groups among the general population, such as young people.

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly disagree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Strongly disagree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Strongly 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: Agree

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 2013?: 8

Since 2011, what have been key achievements in this area?: * A National Committee on HIV/AIDS has been reactivated and meets regularly to discuss HIV-related matters. * Advocacy and awareness campaigns on HIV/AIDS

What challenges remain in this area?: Lack of an updated National AIDS Strategy and operational policy.

B.V Treatment, care and support

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

IF YES, Briefly identify the elements and what has been prioritized:: * Antiretroviral treatment and associated care and support for Kuwaiti nationals and to a very limited extent to expatriates . * Adequate patient follow-up (CD4, viral load, resistance monitoring etc.) * Preservation of confidentiality of HIV status and avoidance of stigma & discrimination.

Briefly identify how HIV treatment, care and support services are being scaled-up?: * Full access to HIV therapy for all Kuwaiti citizens and very sick expatriates and free of charge. * ART is according to latest WHO protocols (all known HIV-infected people) * There is no specific strategy to scale up coverage beyond those currently on HIV treatment: most patients are identified through mass screening programmes, but there are no active policies/strategies to identify additional persons in need of HIV treatment, such as through voluntary counselling and testing centers. Some people come to AIDS office to be tested and it is confidential and counselling is performed .

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Strongly 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 2013?: 10

Since 2011, what have been key achievements in this area:: Full access for all Kuwaiti citizens to high-quality HIV treatment, care and support and some expatriates are getting treatment especially first degree relatives of Kuwaitis and other expatriates. Other expatriates are deported.

What challenges remain in this area:: Limited access to HIV treatment, care and support for HIV-infected expatriates due to deportation of HIV-infected ones(if not relatives of Kuwaitis i.e. spouse or children).

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 10

Since 2011, what have been key achievements in this area:: NOTE: QUESTION 3 IS WRONGLY STATED, AS IT IS IDENTICAL TO QUESTION 1.2!!

What challenges remain in this area::