

## Mongolia 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:**

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

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
The National committee on HIV and AIDS	Ch. Baymbaa	Yes	Yes	Yes	Yes	Yes	Yes
WHO	J. Narantuya	Yes	Yes	Yes	Yes	Yes	Yes
NCCD	U. Gantumur	Yes	Yes	Yes	Yes	No	Yes
NCCD	B. Oyunbileg	Yes	Yes	Yes	Yes	No	Yes
MoH	T. Enkhzaya	Yes	Yes	Yes	Yes	Yes	Yes
MoH	Z. Uyangaa	Yes	Yes	Yes	Yes	Yes	Yes
The National Committee on HIV and AIDS	J. Davaalkham	Yes	Yes	Yes	Yes	Yes	Yes
NCCD	E. Dolgion	Yes	Yes	Yes	Yes	Yes	Yes
NCCD	G. Erdenetuya	Yes	Yes	Yes	Yes	Yes	Yes
Department of Health	D. Gantsetseg	Yes	Yes	Yes	Yes	Yes	Yes
UNAIDS	D. Altanchimeg	Yes	Yes	Yes	Yes	Yes	Yes
UNICEF	D. Bolorchimeg	Yes	Yes	Yes	Yes	Yes	Yes
Global fund	Ts. Gantumur	Yes	Yes	Yes	Yes	Yes	Yes
Global fund	B. Gansukh	Yes	Yes	Yes	Yes	Yes	Yes
Department of Health	T. Unurstesteg	Yes	Yes	Yes	Yes	Yes	Yes

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
Mongolian Red Cross Society	T. Enkhtsetseg	Yes	Yes	Yes	Yes	Yes
Support center	N. Otgonbaatar	Yes	Yes	Yes	Yes	Yes
National AIDS Foundation	S. Enkhbaatar	Yes	Yes	Yes	Yes	Yes

Youth for Health	P. Jargalsaikhan	Yes	Yes	Yes	Yes	Yes
Together	G. Erdenetuya	Yes	Yes	Yes	Yes	Yes
Global Fund	M. Sergelen	Yes	Yes	Yes	Yes	Yes
Global Fund	A. Iliza	Yes	Yes	Yes	Yes	Yes
Ministry of Health	T. Tuvshinjargal	Yes	Yes	Yes	Yes	Yes
Positive life	Z. Batzorig	Yes	Yes	Yes	Yes	Yes
Association for Protecting Population from Drug and Opium	Sh. Lkhagvasuren	Yes	Yes	Yes	Yes	Yes
Focus	E. Erdenetungalag	Yes	Yes	Yes	Yes	Yes
UNFPA	S. Altanzul	Yes	Yes	Yes	Yes	Yes
Perfect women	Kh. Nyamulzii	Yes	Yes	Yes	Yes	Yes
Drop in center	G. Selenge	Yes	Yes	Yes	Yes	Yes
Drop in center	Ts. Selenge	Yes	Yes	Yes	Yes	Yes
Drop in center	D. Nandinerdene	Yes	Yes	Yes	Yes	Yes

## 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:**

2010 - 2015

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

**IF NO or NOT APPLICABLE, briefly explain why.:**

The new plan differs greatly from previous strategic plans in that its development involved an intensive, highly consultative process with representation of government, non-government organizations, international partners, private sectors, and civil society organizations, including people living with HIV. It was entirely evidence based, drawing from available second generation HIV, STI surveillance, other surveys. These data also provide the baseline by which to set mid-term and end of project targets. One of the most important changes of the new National Strategic Plan on HIV and STI has been inclusion of STIs as part of the national response. STIs play an important role in the dynamics of HIV risk. Without addressing STIs, efforts toward HIV spread will not be as effective. The advance in this NSP for the multisectoral response have been impressive.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministry of Health

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	-
Yes	Yes
Yes	-
Yes	-
Yes	-
Yes	-
Yes	-

**Other [write in]:**

-

**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?:**

Overall, international donors provide 68% of national AIDS spending. The second largest amount of spending came from public sources (30%) and rest from the private sector. Global fund to fight AIDS and TB, UN and WHO are the biggest donor agencies.

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

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

-

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

-

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

High risk populations include MSM, FSWs and drug users. Bridge populations include clients of STI cabinet, mobile population, clients of FSW, prisoners, police, military and adolescent and youth.

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

**c) Detailed costs for each programmatic area?:**

N/A

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

N/A

**e) A monitoring and evaluation framework?:**

Yes

1.7

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

Active involvement

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

The National Committee on HIV, AIDS provided leadership and managerial support for the development of the National Strategic Plan 2010-2015. Six working groups were established and representatives from ten civil society organizations were actively involved in this process. These organizations participated in all level of the strategy development process, with

included the sharing of opinions. They also attended the national seminar and provided feedback. The NSP 2010-2015 states that government agencies will work with general public, adolescent, military, prisoners and nongovernmental organizations will work with high risk and hidden population such as MSM, FSWs, drugs users and high risk adolescent.

**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, all partners

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

Yes

**2.1. IF YES, is support for HIV integrated in the following specific development plans?**

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

N/A

**Sector-wide approach:**

N/A

**Other [write in]:**

-

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

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

N/A

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

Yes

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

Yes

**Other[write in below]:**

-

**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?:**

No

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

**(a) IF YES, is coverage monitored by sex (male, female)?:**

Yes

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

Yes

**IF YES, for which population groups?:**

• MSM • FSWs • Pregnant women • Blood donors • Mobile population • Clients of STI cabinet

**Briefly explain how this information is used:**

This data provide the baseline by which to develop national response and NSP.

**(c) Is coverage monitored by geographical area:**

Yes

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

Local branches of the National Committee on HIV and AIDS monitor AIDS response in provinces and districts. The National Committee on HIV and AIDS oversee the general response

**Briefly explain how this information is used:**

Findings and result of surveys used to develop local and national HIV, AIDS and STI response programme.

**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:**

-

**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?:**

6

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

The NSP on HIV, AIDS and STI prevention 2010-2015 has been endorsed by the Government.  In 2011, the Government Resolution No7 transferred the role of chair of the National committee on HIV and AIDS and its secretariat to the Ministry of Health.  The fifth national seminar on HIV and AIDS was organized and involved over 200 representatives from other ministries, UN agencies, international donors, province and district government agencies, private sectors and NGOs.

**What challenges remain in this area:**

Public fund is not increasing due to low effect of HIV and AIDS in the national economy.  Funding support from international donors has decreased.  Human resource issue is becoming critical especially among NGOs.

## 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

**(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.):**

Yes

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

Government members and other high level officials attended the press conference on World Aids Day.  Health minister has worked in Arkhangai, Dornod provinces to strengthen local response in 2010.  Parliament members, State Health Secretary along with representatives from other agencies attended the HIV high level meeting of UN held in June 2011.

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

Yes

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?:**

N. Khurelbaatar, Ministry of Health

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

24

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

5

**Include people living with HIV?:**

No

**Include the private sector?:**

No

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

Yes

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

Yes

**IF YES, briefly describe the main achievements:**

The National Committee on HIV and AIDS co-chairs the National Theme Group on HIV and AIDS together with the United Nations Theme Group on HIV and AIDS to ensure multisectoral involvement in the national HIV and AIDS response, providing leadership, planning and management. Quarterly meetings of the National Theme Group on HIV and AIDS have been organized and act as a national mechanism for information sharing and policy dialogue. Country coordinating mechanism of Global fund comprises government, civil society and private sector representatives overseeing the implementation of Global fund supported projects.

**What challenges remain in this area:**

As funding from international donors is decreasing, there is need for increased support to ensure multisectoral involvement and coordinated actions with government policies to strengthen its mechanism through providing sustainable funding and building capacity.

**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]:**

-

**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:**

Additional changes and revision have been made in the law on HIV prevention and AIDS and the draft law has been submitted to Parliament. Preparation has started to make changes in the law on drug use.

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

-

**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?:**

7

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

The NSP on HIV, AIDS and STI prevention 2010-2015 has been endorsed by the Government.  In 2011, the Government Resolution No7 transferred the role of chair of the National committee on HIV and AIDS and its secretariat to the Ministry of Health.  Membership of the National Committee on HIV and AIDS has extended to other ministries and state secretaries.  Human resource capacity of the National Committee on HIV and AIDS has improved and it has four full time workers.  Branches chaired by the head of provincial governments of the the national committee have been reestablished.

**What challenges remain in this area:**

Public spending is not increasing  Government agencies don't provide financial and technical support to NGOs to strengthen their capacity.

## A - III. HUMAN RIGHTS

1.1

**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:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

-

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

: Following laws and policies provide protection for PLHIV with regard to services and constitution rights; 1. Constitution, article 14 2. Health law, article 4.1 3. Law on HIV prevention and AIDS, article 10 4. Law on personal secrecy, article 4 5. Criminal code, article 5 and 7 6. The NSP 2010-2015

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

No

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

Principles and articles of international convention on human right have been reflected in the Mongolian national constitution and other relevant laws and regulations.

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

Government agencies, its employees and local governors are in charge of ensuring implementation of the laws.

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

There are no officially reported incidents on the violation of rights for those living with HIV and AIDS.

**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:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs :**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

-

**Women and girls:**

No

**Young women/young men:**

No

Other specific vulnerable subpopulations [write in below]:

-

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

Criminal code, Administrative responsibility code and Code against promiscuity have reflected some regulations against prostitution and the organization of prostitution. Namely the following acts are identified as a crime and penalized: 1. Criminal code's article 115 administers acts related with involvement of juvenile person in alcoholism, intoxication, prostitution, vagrancy and beggary, Criminal code's article 123 administers promotion of prostitution and Criminal code's article 123 administers involvement of others in prostitution and organizing of prostitution. 2. Administrative responsibility code states that, from above acts, promotion of prostitution and avoidance of treatment of STI will be penalized by Administrative responsibility code if cannot be responded by Criminal code. 3. Code against promiscuity is predominant regulation in this area for issues that is prohibited to conduct activities related to organizing promiscuity, acts against prostitution, erotic advertisement and services. The code states that prostitution and the organizing of prostitution are prohibited and if the code is violated the guilty party will be punished. Code on issuance of special permission for enterprise activities states that it is prohibited to conduct activities related to organizing promiscuity acts, or promotion and support of it in the territory of Mongolia.

**Briefly comment on how they pose barriers:**

As prostitution and drug use are prohibited by law and penalized, most at risk populations are hidden. As a consequence, it is difficult to reach them for prevention, treatment and care services.

## 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:**

Yes

**Avoid inter-generational sex:**

No

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**Delay sexual debut:**

Yes

**Engage in safe(r) sex:**

Yes

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

Yes

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

No

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

Yes

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

Yes

**Other [write in below]:**

-

### 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?:**  
Yes

**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?:**

Yes

**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:**

The policy aims to increase access and coverage of prevention programmes for high risk population. Use of services is directly related with clients' need. Thus focus should be given to ensure quality, comprehensiveness, and sustainability to services. Long term impact for implementing information, education and communication strategy for high risk population is to change risky behavior and increase coverage of HIV prevention programmes.

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
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
No	No	Yes	No	No	-

**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?:**

8

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

The NSP on HIV and STI 2010-2015 has been endorsed.  Drop in centers were established in districts of Ulaanbaatar and provide HIV, AIDS and STI care and treatment series.  Forty seven VCT centers are operating nationwide.  Health ministerial order No 429, on HIV, AIDS and STI care and treatment service has been developed.

**What challenges remain in this area:**

Prevention activities have been implemented within the framework of projects. As funding support from donors is decreasing, state involvement should be increased in order to ensure sustainability of programmes.

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

Yes

**IF YES, how were these specific needs determined?:**

Needs were identified based on findings and recommendations of national review.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**  
Strongly Agree

**Condom promotion:**  
Strongly Agree

**Harm reduction for people who inject drugs:**  
N/A

**HIV prevention for out-of-school young people:**  
Agree

**HIV prevention in the workplace:**  
Agree

**HIV testing and counseling:**  
Strongly 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:**

Strongly Agree

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

Strongly Agree

**Risk reduction for intimate partners of key populations:**

Strongly Agree

**Risk reduction for men who have sex with men:**

Strongly Agree

**Risk reduction for sex workers:**

Strongly Agree

**School-based HIV education for young people:**

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 2011?:

7

## A - V. TREATMENT, CARE AND SUPPORT

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

Yes

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

Spectrum/EPP 4.17 was used to identify number of people living requiring ARV, the death rate, incidence of pregnant women, and the total number of HIV cases by age group.

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

-

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:**

Strongly Agree

**Early infant diagnosis:**

Neutral

**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:**

N/A

**Nutritional care:**

Strongly Agree

**Paediatric AIDS treatment:**

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:**

Neutral

**Sexually transmitted infection management:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Disagree

**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:**

Joint ministerial order of health, social welfare and labor on renewing support for disability and increasing length of support was approved. According to this order, support for disability due to HIV and AIDS is between 60 to 90%.

**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?:**

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 the implementation of HIV treatment, care, and support programmes in 2011?:**

7

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

According to new care and treatment guideline, those whose CD4 cell is less than 350copy/ml are eligible to receive ARV treatment.  ARV treatment regimes have been increased and currently 5-6 types of regimes are in use.  Joint ministerial order of health, social welfare and labor on renewing support for disability and increasing length of support was approved. According to this order, support for disability due to HIV and AIDS is between 60 to 90%.  CD4 and CD8 counting and viral load machines were provided. As a result, treatment control has improved and is now tracking progress of the infection.  Laboratory capacity to diagnose infection of toxoplams, cytomegalovirus and Ebstein barr virus and other opportunistic infections is now available.  With the support from the Global fund, National Reference laboratory of NCCD has participated in the external quality programme of the Australian Reference Laboratory. The In 2011, NCCD has received samples for external quality three times, and tested and sent specimen for external quality check. On average they have received 98% rating.

**What challenges remain in this area:**

Due to stigma and discrimination, people living with HIV have limited access to specialized medical services.  Capacity of laboratories is weak, human resource capacity is weak.  It is required to increase funding support from the state budget.

**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:**

-

**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?:**

Yes

**Briefly describe any challenges in development or implementation:**

In relation to deduction of international funding funding shortage can be faced when implementing national monitoring and evaluation plan.

**1.1 IF YES, years covered:**

2012 - 2015

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

Yes, all partners

**Briefly describe what the issues are:**

-

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

No

**HIV surveillance:**

Yes

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

Yes

**A data dissemination and use strategy:**

Yes

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

Yes

**Guidelines on tools for data collection:**

Yes

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

In Progress

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

In Progress

**Briefly describe any obstacles:**

-

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

**In the Ministry of Health?:**

Yes

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

Yes

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

<b>POSITION [write in position titles in spaces below]</b>	<b>Fulltime</b>	<b>Part time</b>	<b>Since when?</b>
Director	yes	-	since 2000
deputy director	yes	-	since 2004
Five officers	yes	-	since 2004

Temporary Staff [Add as many as needed]

<b>POSITION [write in position titles in spaces below]</b>	<b>Fulltime</b>	<b>Part time</b>	<b>Since when?</b>
-	-	-	-

**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?:**

Yes

**Briefly describe the data-sharing mechanisms:**

Хэрэв Тийм бол дүнгээ солилцох механизмын талаар товч дурдана уу Province and district health departments submit soft or hard copies of annual narratives or activity reports to the M&E departments of the Ministry of Health. The statistical and information department of the Health Department consolidates the health information and submits to M&E department of Ministry of Health. Communicable disease morbidity data including STI is reported monthly to NCCD.

**What are the major challenges in this area:**

-

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

Yes

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

No

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

Yes, all of the above

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

-

**IF YES, at what level(s)?:**

-

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

Yes

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]:**

-

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

-

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

**At national level?:**

Yes

**IF YES, what was the number trained:**

50

**At subnational level?:**

No

**At service delivery level including civil society?:**

Yes

**IF YES, how many?:**

40

**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?:**

7

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

Trainings were conducted to strengthen capacity government agencies working in the field of HIV, AIDS, STI prevention. Two types of manuals were developed.

**What challenges remain in this area:**

There is no national database. Health information software is not developed sufficiently. There is no national information system covering all relevant information related to HIV, AIDS and STIs.

## **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?:**

4

**Comments and examples:**

• There was no need to develop national policy during the reporting period. The National Strategic plan on HIV, AIDS and STI for 2010 and 2015 was developed in 2009 with involvement of civil society, government and private institutions. Representatives from civil society organizations such as Youth for health, Together, Support center, Hope and Trust and sex workers community based organizations from Darkhan, Orkhon and Khuvsgul are involved in the development of methodology of STI, HIV second generation surveillance. • It is planned to develop STI, HIV, AIDS service guideline for high risk population with the involvement of MSM and FSW. • Technical working groups on MSM and SW were established and this group involves civil society representative. • Country coordinating mechanism of the Global fund supported project on HIV and TB has representation from the civil society. • Representatives from civil society organization are involved in the development of national AIDS response report.

**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)?:**

4

**Comments and examples:**

• Representatives from civil society organization are involved in the National AIDS Spending Assessment and reported expenditure for last two years. • Representatives from civil society organization are actively involved in the development of national monitoring and evaluation plan of the National strategic plan on HIV, AIDS and STI.

3.

**a. The national HIV strategy?:**

4

**b. The national HIV budget?:**

3

**c. The national HIV reports?:**

4

**Comments and examples:**

-

4.

**a. Developing the national M&E plan?:**

3

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

:

3

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

2

**Comments and examples:**

Representatives from civil society organization are actively involved in the development of national monitoring and evaluation plan of the National strategic plan on HIV, AIDS and STI. Indicator on decision making was not reported before. The civil society organizations are not reflecting findings of surveys in their activities.

**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)?:**

4

**Comments and examples:**

Number of organizations that are receiving funding from the UN. By the end of 2011, totally 23 organizations are receiving funding support from the Global fund supported project on HIV and TB; three on MSM, eleven on FSW and 8 on mobile workers.

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?:**

4

**Comments and examples:**

• Finding source for civil society especially for MSM and SW based organizations has been reduced due to completion of Round 5 Grant, unsuccessful submission of proposals for Round 9 and 10, and demolishment of Round 11 Grant of Global fund to fight HIV, TB and Malaria. • Red Cross and GTZ had terminated their project in the country. • Amount of funding from the UNFPA has been increased during the reporting period. Even though NGOs are making effort to find other source of funding, fund they have received are activity based and short termed. This fund cannot ensure sustainable development of NGOs. • Technical support received by the NGOs to measure effectiveness of the HIV, AIDS interventions has been increased in last two years.

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

**People living with HIV:**

51-75%

**Men who have sex with men:**

>75%

**People who inject drugs:**

25-50%

**Sex workers:**

51-75%

**Transgendered people:**

-

**Testing and Counselling:**

<25%

**Reduction of Stigma and Discrimination:**

51-75%

**Clinical services (ART/OI)\*:**

&lt;25%

**Home-based care:**

&lt;25%

**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?:**

4

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

Since 2009, the extent of civil society involvement in planning, implementation, monitoring and evaluation of national HIV, AIDS, STI prevention, treatment and support programme has increased. Representatives from civil society are actively involved in the development of national guidelines, implementation of national surveys to measure effectiveness of the national response, and development of national monitoring and evaluation plan. Especially civil society organizations are involved in the reporting of national AIDS expenditure. This process has enabled to measure efficiency of civil society participations. Currently 51-75% of programs for people living with HIV, AIDS, and female sex workers are being implemented by the civil society organizations. Health facilities are providing HIV, STI treatment service. Peer education, outreach activities, care and support programmes are implemented by the civil society organizations. This ratio is considered to be reasonable and should be maintained.

**What challenges remain in this area:**

Amount of funding, spent for national response programme, has been reduced due to global financial crisis. Finding source for civil society organizations especially for MSM and SW based organizations has been reduced due to completion of Round 5 Grant, unsuccessful submission of proposals for Round 9 and 10, and demolishment of Round 11 Grant of Global fund to fight HIV, TB and Malaria. Red Cross and GTZ had terminated their project in the country. Amount of funding from the UNFPA has been increased during the reporting period. Even though NGOs are making effort to find other sources of funding, received fund are activity based and short termed. This fund does not ensure sustainable development of NGOs. Civil society organizations lack human resource policy and vision and interventions are activity based. The civil society organizations are not reflecting findings of surveys in their activities. Over 75 percent of programmes for MSM are provided by the civil society organizations. But this ratio does not apply at national level. Effort should be made to ensure availability of programmes for MSM in rural areas where MSM are coming out. Financial and technical support should be provided.

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

Yes

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

Representatives from civil society are involved in the development of national strategic plan on HIV, AIDS and STI approved by the Mongolian Government. Representatives from civil society are involved in the National committee on HIV prevention and 22 NGOs are receiving funding support from the Global fund supported project on HIV and TB.

**B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs:**

-

**Prison inmates:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

Yes

Young women/young men:

-

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:**

• Constitution: Article 14.2. No person may be discriminated on the basis of ethnic origin, language, race, age, sex, social origin or status, property, occupation or post, religion, opinion, or education. Everyone is a person before the law. • Law on Prevention of Human Immune Deficiency Virus infection and acquired immunodeficiency syndrome: Article 10.2. Any form of insult or discrimination or a person infected with the HIV and AIDS shall be prohibited. The revised law has been submitted to the Parliament for approval. • The Health ministerial order, No 429. Public media information on HIV and AIDS shall not specify sexual orientation of people living with HIV and AIDS, or disclose their profession, citizenship, family status is exposed to discrimination and stigmatization. • Law on Health: Article 4.1.2. Health service will be provided equally without discrimination. • Law on Gender equality: principle of gender equality: Man and women have equal right to involve in the political, financial, social, cultural and family communication. Principle of avoidance from discrimination: No man and women may be discriminated on the basis of age, gender, occupation, opinion, marriage status, education level and shall enjoy human right and freedom • One of the key principles of the National strategic plan on HIV, AIDS, STI's is the 'Protection of human right'

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

Ministry of Health and the National Committee on HIV and AIDS are responsible for implementation of these laws.

**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

2.1. IF YES, for which sub-populations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs:**

Yes

**Prison inmates:**

-

**Sex workers:**

Yes

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in]:**

-

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

-

**Briefly comment on how they pose barriers:**

Criminal code, Administrative responsibility code and Code against promiscuity have reflected some regulations against prostitution and the organization of prostitution. Namely the following acts are identified as a crime and penalized: 1. Criminal code's article 115 administers acts related with involvement of juvenile person in alcoholism, intoxication, prostitution, vagrancy and beggary, Criminal code's article 123 administers promotion of prostitution and Criminal code's article 123 administers involvement of others in prostitution and organizing of prostitution. 2. Administrative responsibility code states that from above acts, promotion of prostitution and avoidance of treatment of STI will be penalized by Administrative responsibility code cannot be responded by Criminal code. 3. Code against promiscuity is predominant regulation in this area for issues that is prohibited to conduct activities related to organizing promiscuity, acts against prostitution, erotic advertisement and services. The code states that prostitution and the organizing of prostitution are prohibited and if the code is violated the guilty party will be punished. 4. Code on issuance of special permission for enterprise activities states that it is prohibited to conduct activities related to organizing promiscuity acts, or promotion and support of it in the territory of Mongolia.



**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:**

Criminal code, article 226 ensures protection of women's right from all forms of sexual harassment

**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:**

One of the key principles of the National strategic plan on HIV, AIDS and STIs is the "protection of human right". It states that the national HIV, AIDS, and STI response is entirely based on citizen's rights moving beyond stigma and discrimination, to allow for people living with HIV and AIDS to have access to information and health services.

**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?:**

Yes

**IF YES, briefly describe this mechanism:**

In case of stigma and discrimination of people living with HIV and AIDS, and if claims are submitted to Human right commission, cases are reported. NGOs working with high risk population records reports and disseminate written cases to public.

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
Yes	-	-
Yes	-	-
Yes	-	-

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

All population of Mongolia receives above mentioned services free of charge.

**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:**

Law on Health: Article 4.1.2. Health service will be provided equally without discrimination.

8.1

**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 national strategic plan on HIV, AIDS and STI for 2010 and 2015 include specific HIV, AIDS, STI prevention and service activities to be provided to high risk population groups. For example: 100% condom use programme for female sex workers, support to MSM NGOs. Also specific service provision guideline is planned to be developed.

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

Yes

**IF YES, briefly describe the content of the policy or law:**

Law on prevention of human immune deficiency virus infection and acquired immunodeficiency syndrome states that HIV testing must be voluntary. The article 4.9 of the revised draft law states that organizations shall promote voluntary HIV testing and avoid from mandatory testing of employees.

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:**

Yes

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

Human right commission has one lawyer working in charge of HIV and AIDs. The law on HIV infection and AIDS states that employees shall ensure the prevention of HIV in their workplace and work safety. The national monitoring and evaluation plan also has indicator on number of organizations with workplace policy.

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:**

No

**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:**

Yes

**Programmes for the media:**

Yes

**Programmes in the work place:**

Yes

**Other [write in]:**

-

**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?:**

7

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

Revision of law on prevention HIV infection and AIDS has been prepared and submitted to the Parliament. Article 48.1.2 of the health law, which states that citizens have responsibilities to be involved in prophylactic and diagnosis, was removed in the new version of the health law approved on 5 May 2011. The removed article was against the article of HIV and AIDS law that HIV testing should be on voluntary basis. Law on gender equality was approved in February 2012. Compared with other countries ARV is free for every eligible person and advocacy has been started to include cost of ARV treatment in the state budget starting from 2012.

**What challenges remain in this area:**

As prostitution and drug use are prohibited by law and penalized, most at risk populations are hidden. As a consequence, it is difficult to reach them for prevention, treatment and care services. There is no institution that provides free of charge legal services to PLHIV and there is no private legal institution.

**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?:**

3

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

Changes have been made in the laws with conflicting articles and these laws have been implemented accordingly. Trainings and seminars were conducted to reduce stigma and discrimination against PLHIV

**What challenges remain in this area:**

But the stigma and discrimination against PLHIV among public is still high. It is challenging to reach high risk population as sex work and drug use is considered to be illegal act. Focus should be given to public health issues in addition to public security.

## **B - IV. PREVENTION**

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

Yes

**IF YES, how were these specific needs determined?:**

Needs were identified during the national strategic plan development process. Many meetings and discussions were held during this process.

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

N/A

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

Agree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

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

Agree

**Prevention for people living with HIV:**

Agree

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

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Agree

**Other [write in]:**

-

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

7

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

-

What challenges remain in this area:

Due to funding shortage scope and number of prevention activities has been reduced. This may negatively influence in the previously achieved results. Also there is need to change methodology to provide intervention to high risk population.

## 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:**

Within the framework of HIV, AIDS care and treatment services, key activities were identified in the national HIV, AIDS, STI service guideline which was approved by the Health Minister on 10 December 2009. These include: • HIV testing • HIV diagnosis • HIV, AIDS care and treatment service • Clinical management of HIV and AIDS • Universal precaution • HIV, AIDS reporting guide

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

Health Ministerial order states that PLHIV will be eligible for ARV treatment if their CD4 is less than 350cell/mm<sup>3</sup>. This has enabled to include more PLHIV in the ARV treatment.

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:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

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

N/A

**HIV testing and counselling for people with TB:**

Agree

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

N/A

**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):**

N/A

**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:**

Agree

**TB preventive therapy for people living with HIV:**

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?:**

6

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

One of the achievements of the reporting period was PLHIV can have access to ARV treatment in earlier stage of disease. Health workers have become more experienced and skilled. Attitude of health workers had become more positive.

**What challenges remain in this area:**

Even though communication and attitude of health workers of the National center of communicable diseases have improved, PLHIV still face stigma and discrimination in other specialized hospitals when receiving health service.

**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:**

-

**What challenges remain in this area:**

-

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Source URL: <http://aidsreportingtool.unaids.org/132/mongolia-report-ncpi>