Mongolia Report NCPI

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Describe the process used for NCPI data gathering and validation:

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):

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

Organization	Names/Positions	Respondents to Part A
National Center for Communicable Diseases	Surenkhand.G, Deputy Director	A1,A2,A4,A5,A6
National Center for Communicable Diseases, AIDS and STI Surveillance Department	Davaalkham.J, Head	A1,A2,A3,A4,A5,A6
National Center for Communicable Diseases, AIDS and STI Surveillance Department	Baigalmaa. Ch, Epidemiologist	A1,A2,A3,A4,A5,A6
MoH, Division of Public Health	S.Otgonsukh, Officer for Policy implementation and coordination for the prevention and control of STIs/AIDS/Tuberculosis	A1,A2,A3,A4,A5
MoH, Monitoring Evaluation and Internal Auditing Department	Enkhjin.S Officer for Monitoring and Evaluation of Medical Services	A1,A4,A6
MoH, Division of Medical Services	Bolormaa. N Officer for Policy implementation and coordination for medical services quality and safety	A1,A2,A4,A5,A6
MoH , the Global Fund supported projects on HIV/AIDS and Tuberculosis	Byambaa.Ch , AIDS and Tuberculosis specialist	A1,A2,A4,A5,A6
MoH, National Center for Hematology and Transfusiology	Erdenebayar.N , General Director	A4
MESC, City Education Department	Munkhjargal.D, Health education Specialist	A1,A2,A3,A4,A5
National Statistical Office of Mongolia	Amarbal. A, Director of Population and Housing Census Bureau	A4
National Police Agency, Public Relation Division	Jenisgul. K, Head	A1,A4

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

Organization	Names/Positions	Respondents to Part B
UNAIDS	Altanchimeg.D, Focal Point	B1,B2,B3,B4,B5
UNICEF	Bolorchimeg. D, Adolescent and HIV/AIDS Specialist	B1,B2,B3,B4,B5
UNFPA	Enkhtsesteg. C, STI/HIV prevention project manager	B1,B2,B3,B4,B5
WHO	Narantuya.J, Technical officer on HIV/AIDS/ STI and Tuberculosis	B1,B2,B3,B4,B5
National Human Rights Commission of Mongolia	Ariunaa. Ch, Referent	B3
Association for Protecting Population from Drug and Opium	Semjidmaa.Ch Executive Director	B1,B2,B3,B4
LGBT center NGO	Nyampurev.G, Youth& Health program manager	B1,B2,B3,B4,B5
LGBT center NGO	Otgonbaatar. Ts, Program officer	B3
"New postive life" NGO	Batzorig. N, Executive Director	B1,B2,B3,B4,B5
Human Development, RH/R NGOs Network	Altanchimeg.B, General Coordinator	B1,B2,B3,B4
Mongolian Family Welfare Association	Galbadrakh. S,h Manager for Education and Training Divison	B1,B2,B3,B4,B5
"Perfect ladies" NGO	Nyam-Ulzii.K, Executive Director	B1,B2,B3,B4,B5
"Youth Health" NGO	Myagmardorj. D, Executive Director	B1,B2,B3,B4,B5
"Support Center" NGO	Batzorig.Kh, Executive Director	B1,B2,B3,B4,B5
"Together" NGO	Odbileg.Ch, Outreach officer	B1,B2,B3,B4,B5

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: 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.: Some of the key points of the NSP GO, NGOs, international agencies, private sector, representatives of CSOs and PLHIV extensively participated, discussed and approved with full consensus; It was evidence-based: used SGS and other survey/research data which in turn serves good basic indicators to describe implementation of proposed objectives for mid –term and final evaluations; Described 7 key objectives to improve first the quality and then the coverage of current programmes through strengthening the organizational and implementation capacity, technical skills and expertise of government and civil society organizations, the evidence base, and the legislative, policy and financial environment for HIV and STI programmes; Became more consistent strategy and covered more issues; It encouraged inter sectoral collaboration in national response to HIV/AIDS.

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 (MoH)

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: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

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?: According to 2010-2011 NASA total budget for HIV specific activities: 64.8 % (3.46 trillion MNT)-outside sources 29.8% (1.59 trillion MNT)- governmental budget 2%(0.29 trillion MNT)- private sectors; Changes in budgeting structure or only one third of budget was allocated for prevention (was around 50%), and amount for treatment has increased. In some point it related to increase of HIV infection incidence which caused increase of treatment cost for PLHIV ; Main donors for outside sources are: Global Fund, WHO, UNICEF, UNAIDS, UNFPA and ADB; Increase of Governmental budget: in years of 2013 and 2014, for example government is fully covering ARV treatment cost for 94 people (250 million MNT); International donors still play main role in HIV/AIDS prevention among at risk groups; Educational sector provides some money from training sessions to organize workshop and trainings beside specific responsibilities in the education field that are assigned to specialized institutes and departments.

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: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: No

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: Yes

IF NO, explain how key populations were identified?: Key population was identified by using SS on HIV/ADS and STI results and analysis of the other needs assessment evaluations. Key populations: According to the NSP, variety of channels were identified to reach the identified key population. For instance, Governmental organization will cover general population, adolescents and young people, officers with uniform, and prison inmates; and hard to reach groups or MSM, FSWs, IDUs and at high risk adolescents will be outreached mainly by NGOs/CSOs . Issues related to elderly people and people with disabilities regulated by social laws such as Law on “Social protection for elderly people”, “Social protection for people with disabilities, and law on “Social welfare”. The policy framework “Millennium Development Goals-Based Comprehensive National Development Strategy (NSCS, 2007-2021)” of Mongolia outlines six strategic priorities to advance human development or ensure sustainable economic environment conducive to the MDGs achievement, and maintain social security, equality, and sustainability. There is no specific HIV and poverty policy as NSCS is applicable to general population including people living with HIV infection and AIDS. The National Statistical Committee (NSC) of Mongolia has created the poverty and MDG data monitoring system, which assesses the progress of the targets on poverty .

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: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]:: Officers and public servants with uniform

: 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)?: No

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

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: No

d) An indication of funding sources to support programme implementation?: No

e) A monitoring and evaluation framework?: Yes

1.8. 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.:

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

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

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

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

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

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: N/A

National Social Protection Strategic Plan: N/A

Sector-wide approach: Yes

Other [write in]:

:

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: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

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

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: No

Reduction of stigma and discrimination: Yes

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

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

Other [write in]:

:

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

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

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:

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: Few

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

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Few

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

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?: 6

Since 2011, what have been key achievements in this area:

What challenges remain in this area::

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: No

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: 6th National Conference on HIV/AIDS was organized with a slogan “Everyone participate!”. Around 200 delegates representing ministries, UN agencies, international donors, districts and aimag governors’ offices, public and private sectors, and NGOs were participated. Minister and Vice Minister of Health have speeches. World AIDS Day: every year on 1 December, Vice Minister of Health and high level bodies participate in press conference. The President of Mongolia initiated an open discussion “Dangers of drugs and narcotic substance-prevention and control methods”. These discussions led to a decision to draft a law on combating drugs and to develop a national programme, and relevant working groups were established (siurce:Mid-term review report of the “Ten Targets” in Mongolia, 2011 UN General Assembly Political Declaration on HIV /AIDS, June 2013, Ulaanbaatar)

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: No

IF NO, briefly explain why not and how HIV programmes are being managed:: In November, 2012, the NCA and its Secretariat were abolished by the Government Resoluton N117. The consequence has been the lessening of coordination and organization of HIV/AIDS specific activities based on the “Three Ones” principles. At the national level this has meant a step back from previously achieved successes . Implementation of the renewed Law on prevention from HIV and AIDS is not progressing as till now National Committee and it’s Secretariat have not been established yet. Essentially there is no “champion” to promote the Law. MoH is taking the responsibility of the NCA and Division of SS of HIV/AIDS at NCCD is carrying role of Secretariat, however, their human resource capacity is limited to take on all these tasks and their main focus is on health sector programming and surveillance.

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

Have terms of reference?: No

Have active government leadership and participation?: No

Have an official chair person?: No

IF YES, what is his/her name and position title?:

Have a defined membership?: No

IF YES, how many members?:

Include civil society representatives?: No

IF YES, how many?:

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 coordinationbetween government, civil societyorganizations, and the private sector for implementing HIV strategies/programmes?: No

IF YES, briefly describe the main achievements::

What challenges remain in this area:: In 2012, the NCA and its Secretariat were abolished by the Government Resolution. Although by the renewed Law on Prevention of Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, the NCA and it's Secretariat should is mandated, to date this has not happened and there has been no budget for it. Without multisectorial coordinating body the level of coordination, multisectorial planning, and movement towards national comprehensive M&E has decreased.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 0

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: No

Coordination with other implementing partners: No

Information on priority needs: No

Procurement and distribution of medications or other supplies: No

Technical guidance: No

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are incon-sistent 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: Renewed Law on Prevention of HIV and AIDS :2012.12.13 It highlighted GO/NGOs, private organizations, health organizations and individuals' participation in prevention from HIV/AIDS Protection of rights and privacy issues were granteed. Coordination structure including NCA and it's Secretariat were legalized. Renewed Law on Health: 2011.05.05 STI service will be covered by Health Insurance.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: 1. Law on Protection of Individual Secrecy 2. Code on Criminal 11.1-11.5 3. Code against Promiscuity

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?: 4

Since 2011, what have been key achievements in this area:: Amendment to AIDS law 5th national conference on HIV/AIDS “Everyone Participate!” Government fully covers ARV treatment cost and Government budget has increased by 5.11% between 2011 and 2012. At secondary school levels: celebrations of WAD, Day of Human right protection etc. became as routine activities. Step by step peer educators training was organized and at every school student clubs and groups are working actively.

What challenges remain in this area:: In November, 2012the NCA and its Secretariat were abolished by the Government Resoluton N117. Although by the renewed Law on Prevention of Human Immunodeficinecy Virus Infection and Acquired Immunodeficiency Syndrome (13 December, 2013), the NCA and it’s Secretariat should be established, to date this has not happened. Currently MoH has taken on the role of the previously standing NCA functions. The Divison of Surveillance and Survey at NCCD is implementing as the lead institution in the HIV respnse. The Indeed such sole ministry task leads much worsening on multi-sectoral and ministerial collaboration in HIV/AIDS prevention. Governmental financial support and assistance in empowering and strengthening of CSOs is not sufficient. Need to allocate necessary budget in HIV/AIDS specific activities (Govt).

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: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

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?: No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: The following laws and policy documents address issues related to HIV/AIDS/STI , ideology of international contract and convention, and implementation of certain articles and national policies: 1. Law on Constituion; 2. Law on Health; 3. Law on Prevention of HIV infection and AIDS ; 4. Law on Protection of Personal Secrecy; 5. NSP on prevention from HIV/AIDS and STI; 6. Draft on Code of Criminals includes article againt discrimination 11.1-11.5.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: State specific law enforcement agencies and their officers, workers and administrative bodies at each level are responsible for implementation of law.

Briefly comment on the degree to which they are currently implemented:: There is no an official record on human right violation due to HIV status and sexual minority like MSM.

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: 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

Transgender people: No

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:: There are few laws prohibiting prostitution and organizing prostitution: 1. Code on Criminal 11.1-11.5 2. Administrative Responsibility Code 3. Law on combating pornography 4. Code on Issuance of Special Permissions for Enterprise Activities 5. Law on Protection of Individual Secrecy 6. Code against Promiscuity

Briefly comment on how they pose barriers:: Code against Promiscuity is the main regulation in this area and it regulates issues related to the promotion of promiscuity, acts against prostitution, erotic advertisements and services. The code states that prostitution and/or organizing it are prohibited and if the code is violated, the guilty party will be punished. The code also has provisions of sanction for sex workers, including 14-30 day detention, a clear contradiction to HIV/AIDS interventions, particularly with respect to the minimal effort in reaching prisoners. Code on Issuance of Special Permissions for Enterprise Activities states that it is prohibited to conduct activities related to organizaing promiscuity acts, promotion and support of it in the territory of Mongolia. Administrative Responsibilty Code states that, from the above acts, promotion of prostitution and avoidance of treatments of STI will be penalized (Administrative Responsibility Code 41).

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: 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]::

: 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?: No

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: No

3. Does the country have a policy or strategy to promote information, education and communi-cation and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: NSP (2010-2015) - To reduce risk to infection of key population by improving assessibily of scope of services and quality and assessibility of HIV infection prevention and Objectives 1 and 2.

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

People who inject drugs: Condom promotion,Drug substitution therapy,HIV testing and counseling,Needle & syringe exchange,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion,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,Vulnerability reduction (e.g. income generation)

Sex workers:

Customers of sex workers: Condom promotion,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,Vulnerability reduction (e.g. income generation)

Prison inmates: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Vulnerability reduction (e.g. income generation)

Other populations [write in]::

:

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?: 4

Since 2011, what have been key achievements in this area:: Second Generation Sentinial Surveillance (SGSS) results of 1998, 2003 and 2008 shows some positive changes in society attitude: in 1998, public perceived HIV positive people as criminals and wanted them to be separated from society, and 94% of them heard about HIV/AIDS; in 2003 respondents expressed that HIV positive people shouldn’t be isolated from society; in 2008 respondents able to distinguish right and wrong answers and percentage of hearing about HIV/AIDS has decreased. Also they think that shaking hand with HIV positive person wouldn’t transmit infection. Since 2011, infection prevalence did not exceed above 0.1% among 15-49 year olds thanks to projects/programs on HIV/AIDS prevention. According to WHO classification, Mongolia is still under low prevalence country. Syphilis prevalence among pregnant women has decreased from 2.5% to 1.1% . Objective of 100% blood testing and prevent blood and blood products from contamination is showing good progress. In 2012, National Center for Hematology and Transfusiology (NCHT) has inserted new apparatus PCR and now it discovers 73% of infection, which is very good. HCV and HBV diagnostic test kitss have been available to screen blood donations at soum level since 2011. ELIZA screening of bloodis

now available at 18 aimags.

What challenges remain in this area:: Most prevention activities are funded by project and programs. Since donors' support and assistance is limited and is decreasing, it is necessary to consider about maintaining achieved level, and streghntening framework for sustainable and effective continuity; and increase Government participation (2). Due to election, frequent changes in administrative bodies causes underestimation and misunderstanding of the HIV/AIDS related issue among newly appointed officers, heads etc. There is still need to change IEC approach and intensify BCC approach in prevention. Weak progress in this area. It's related to lack of BCC professionals and no existence of policy. 73% of all blood products produced by the NCHT or all screened by ELIZANAT. Now issues of how the center reduce remained screening of 27%, how to build infrastructure for "sample transfer" are urging and need support from Aimag and district Governor's office.

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

IF YES, how were these specific needs determined?: 2010-2015 NSP: At risk population identified were: FSWs MSM IDUs Male clients at STI cabinets Mobile population Prison inmates Uniformed officers, workers Public servants May, 2013: Mid term review of the "Ten targets" In Mongolia was conducted jointly with partners and international organizations and identified more focus on specific population groups, namely drug users (injecting) and FSW.

IF YES, what are these specific needs? : The mid-term review has recommended that to keep thematic groups on MSM and FSWs; Lack of activities among parents who have teenage children: lack of time and support.

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: Strongly agree

Economic support e.g. cash transfers: Disagree

Harm reduction for people who inject drugs: Disagree

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

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: 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?: 6

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:: Guideline on STI/HIV/AIDS care and service, 2010 ; Health Minister’s Order 429 Section A: Chapter 1: STI prevalence Chapter 2: Core principles of STI prevention and monitoring Chapter 3: Gather history od disease history, do examination Chapter 4: Diagnostic management for STIs Chapter 5: Care and services of STIs Chapter 6: Treatment management for STIs Chapter 7: STIs contact identification Chapter 8: Post treatment follow up for STIs Chapter 9: STI treatment issues and importance of epidemiology of drug resistance survey Chapter 10: Health education and counseling Chapter 11: Recording Section B: Chapter 1: Background information about HIV/AIDS Chapter 2: Testing for HIV infection Chapter 3: Diagnosis for HIV infection Chapter 4: Care and services of HIV/AIDS Chapter 5: Clinical management of HIV/AIDS Chapter 6: Recording and informing of HIV/AIDS

Briefly identify how HIV treatment, care and support services are being scaled-up?: “SPECTRUM” program is used to estimate infection prevalence by age groups, HIV cases among pregnant women, mortality and number of people needed for ART which informs the number in need and Government can respond appropriately Since 2013, Govt coverage for ART Since 2013, Implementation of “Treatment as prevention” or TaSP has started. Elgibility for ART is now extended to MSM, FSWs, discordant couple without CD4 count Follow up Mid term review on NSP: decentralization of NCCD :transferring HIV positive patients to local medical organizations at district and aimag general hospitals STI cabinets. Standard on General Hospital’s structure and service has reviewed and approved MNS 5095:2013 “Future center ” for adolescents VCT- 41 to standardize HIV testing STIs covered by national health insurance

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: Agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

Economic support: Agree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Agree

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

Nutritional care: Disagree

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Agree

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

Sexually transmitted infection management: 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: 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: Renewed law on prevention from HIV and AIDS: Article 5.1.5: to approve jointly with the state central administrative body in charge of labor and employment the procedure for regulating the issue of employment and loss of capacity to work of a person stipulated in Article 12 of this law (HIV/AIDS positive); Article 5.2.3: to take necessary measures for the creation of economic, financial, legal guarantees and other social guarantees not regulated by the law ensuring the human rights of a person stipulated in Article 12 of this law. Look Law on Social Welfare (Atricle 18.2.7) : Joint ministerial order of Health and Social Welfare and Labor on renewing support for disability and increasing length of support was approved. Support for disability due to HIV/AIDS is between 60-90%.

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

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

IF YES, for which commodities?: Since 2013, Mongolian Government is procuring ARV medicines via UNICEF.

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?: 8

Since 2011, what have been key achievements in this area:: Since 2013, government is covering costs of all ARVs Since 2013, Implementation of “Treatment as prevention”has started which provides ART for MSM, FSWs, discordant couple without CD4 count as they have high prevalence of HIV infection. Guideline on STI, HIV/AIDS service and care is reviewing to include this initiation.

What challenges remain in this area:: Lack of human capacity: doctors and medical professionals. Due to shortage of HIV/AIDS specialist doctors, control over HIV positive people at aimag level is getting difficult; Lack of essential laboratory equipment, and specialists; Low opportunity of getting palliative care at the end of disease which shows poor implementation of WHO’s principle of getting continuing Palliative care and service since onset of diagnosis; Futuremore the Government budget will be required to absorb not only ART cost but also expenses for prevention and other activities.

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

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:: With GF support, Food supplement and vitamins are giving to infants born to HIV positive mothers. By data, 3.735.000 tugs spent for food supplement for PLHIV/AIDS 2.388.000 tugs for milk substitute for infants born from HIV positive mothers

What challenges remain in this area:: Due to social stigma/wrong attitude, orphan children and families who lost their parents/parent from HIV and AIDS; tend to stay hidden. Consequently it contradicts to receive care and supports.

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:: The M&E plan was finalized in 2012 but little has been implemented due to no coordinating body (NCA) Since abolishment of the NCA, coordinaton of multi-sectorial monitoring and evaluation has more or lease ceased. In relation to decrease in international funding, some ME activities would face difficulties in implementation stage and no coordinating organization.

1.1. IF YES, years covered: 2012-2015

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

Briefly describe what the issues are:: M&E plan for NSP harmonized with national action plan and indicators were developed jointly with all stakeholders

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: No

HIV surveillance: Yes

Routine programme monitoring: Yes

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): Yes

Guidelines on tools for data collection: Yes

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

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 5

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

Briefly describe any obstacles:: Previously national HIV M&E unit sat in NCA, now GF has M&E unit and NCCD has surveillance unit Government budget on ME is not clear Division for ME and internal auditing was established in 1996. One of it’s officer is responsible for ME for Public health policy but not focused on HIV The answers below do not apply the HIV, but general M&E of health

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

In the Ministry of Health?: Yes

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?
Public health policy ME officer	Full-time	1996
Health care and service ME officer	Full-time	1996
Heaslth care and service needs ME officer	Full-time	1996
Health oganizations permormance ME officer	Full-time	1996

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:: At Health sector level, aimag and district health departments submit their soft copies or hard copies of annual narratives or activity reports to the M&E departments of the MoH. The Statistical and information department of the Health department consolidates the health information and submits to M&E department of MoH. Data on communicable diseases morbidity including STIs is reported tto NCCD on monthly basis

What are the major challenges in this area:: Again there is no NCA type entity which can manage the multisectorial M&E. Further NGOs report to GF or their donors and public health sector reports to HMIS and/or NCCD. It is not integrated.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: No

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

IF YES, briefly describe the national database and who manages it.: National Health Development Center for general health indicators NCCD for HIV/STI health sector data Global fund for prevention/CSO program data

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

IF YES, but only some of the above, which aspects does it include?: The government databases do not include any data on prevention programs implemented by NGOs/CSOs

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?:

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 and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(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?: The SGS monitors MSM and FSW and in past mobile men and male STI clients MICS and SISS monitor young people and general population. Various other studies have provided data on specific target group.

Briefly explain how this information is used:: Used for assessing project, program implementation

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: VCCT, HIV, STI data are monitored at national, provincial, district and Ulaanbaatar city

Briefly explain how this information is used:: Use as indicators for project and program implementation

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?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: M&E data is mainly used to understand coverage and priorities. It si also used in advocacy and resource generation.

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

At national level?: Yes

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?: 4

Since 2011, what have been key achievements in this area:: Development of National HIV M&E plan 12 components analysis (per UNAIDS tool) Improved SGS sampling methodology – time location sampling for FSW and respondent driven sampling for MSM Study on HIV testing in MSM

What challenges remain in this area:: No one national M&E unit to coordinate all HIV data No one HIV M&E database Lack of multi-sectorial data integration No operations research Low HR staffing Limited budget is provided by Government Weak advocacy among policy makers

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 contrib¬uted to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3

Comments and examples:: Active involvement and their strong voices of NGOs in amendment of the Law on "Prevention from HIV and AIDS infection" resulted in significant progress in promotion of human rights and elimination of discrimination. Representatives of CSO/NGOs were in working group for Mid–term evaluation on implementation of the National Strategic Planning, and contributed their inputs developing more concrete recommendations such as increase in CSOs involvement, reduce infection prevalence by mobilizing existing resources to most at risk groups. Representatives of CSO/NGOs are also in working group for NASA 2012-2013 assessment. The extent of the participation of Civil Society Organization in the formulation of NSP was different due to the both financial and human capacity of the organization. For example: MSM & FSWs' community organizations are more active compare to PLHIV. Technical working groups of organizations working with MSM & FSWs' are functioning regularly. CSOs have strong will to influence to strategies/policies. However perception and attitude of policy makers and ministers of ministries on CSOs are not always favorable or they do not see them as strong independent institutions. It may related to lack of financial sustainability (in last 20 years CSOs survived from project to project), and poor recognition of their work (CSO/NGOs data not contributed to an official data). For instance, most intervention activities among

risk groups like MSM, FSWs, PLHIV, and IDUs conducted by community based NGOs, and they only submit their data to donor organizations like GF not to MOH).

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society repre¬sentatives 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)?: 2

Comments and examples:: In addition to above examples, they are actively involved in developing project on transition period of GF. During the reporting period, National Committee on HIV/AIDS who is main coordinating unit for AIDS related issues was abolished. Consequently, it is been observed that multisectoral collaboration tends to weaken. However, effort and involvement of CSOs is still strong. NGOs agree with notion that CSOs/NGOs involvement has improved drastically. For instance in the last 10 years CSOs served as implementers for HIV/AIDS related activities, now they involved in all strategic planning processes, but not in budget planning. Issue of how much their voices were reflected in final documents is still under consideration

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?: 3

b. The national HIV budget?: 2

c. The national HIV reports?: 3

Comments and examples:: It is important to mention that that most intervention activities among risk groups like MSM, FSWs, PLHIV, and IDUs mainly done by community based NGOs/CSOs. These organizations efforts reaches one of main objective of reduction of HIV infection among vulnerable groups and increases their participation in national response. Most activities targeted to MSM and FSWs communities funded by international budget, especially by GF assisted projects while Government spends smaller proportion of total HIV budget. National reports describe results of community targeted project and programs. For example: Involvement of NGOs limited to budget planning process. There is no concrete mechanism how NGOs/CSOs have access to get funding for HIV/AIDS specific activities, for example: in 2014, there is no NGOs had financial support from MoH. It could assume that MoH officers perceive NGOs working with MSM/FSWs as they are deemed to have sufficient funding from GF and there is nothing to do with MoH funding. GF is implementing projects under MoH authority which means they are part of Governmental funding. Still NGOs not so well informed about procedure to apply for Health Promotion Fund at the MoH.Political influence: public officers ask NGOs to create bright new ideas and pursued them that either Minister of Health or Deputy Minister of Health wouldn’t sign project with ideas of old approaches to reach community or community targeted activities. Due to such tendency, NGOs face some difficulties whether they need to leave prevention activities which are part of their activities. Some NGOs have proposal of outreaching rural communities, but the officers deny accepting as it is old approach. In general, CSOs do all HIV/AIDS prevention activities, providing shelter for sexual minorities and psychological counselling.

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?: 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?: 3

Comments and examples:: In Mongolia, Government encourages CSOs representatives especially NGOs working with MSM and FSWs communities in monitoring, evaluation, establishment of working groups and decision making processes which is in turn example of good practice of their involvement and one of advantage. However, due to abolishment of the National Committee on AIDS, ME working group did not meet on regular basis .

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)?: 4

Comments and examples:: Best practice: As mentioned previously, good practice of promoting CSOs involvement. For instance, Organizations (asked on 5) participate and chair in routine coordination mechanisms for TWGs working with CCM GF, MSM and FSWs communities. Now inclusion of diverse organizations such NGOs working with MSM, FSWs, PLHIV and IDUs in HIV targeted actions is part of HIV response. .

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?: 3

Comments and examples:: Not enough funding is allocated for the CSOs, especially for MSM, FSWs, IDUs and prison inmates or key populations identified in NSP. One of reason might be, not so good capacity of NGOs; and no existence of policy and implementation regulations on Government financial support to NGOs. Moreover, most Governmental budget on HIV allocated to service delivery or ART. In contrast, provision of technical assistance is sufficient, and UN specialized agencies considered and are working on this area. GF provides training among recipient organizations. Only round 5 of GF has component of capacity building which has finished by 2010. Since then, provision of technical assistance has decreased. UN organizations are able to provide international consultant. There is common assumption that international donors send their consultant and significant portion of the budget for the project goes to the host country. Otherwise some donors are not willing to provide financial assistance. Some NGOs encourage other NGOs in capacity building activities such as distribute guideline to other CSOs/NGOs or involve in training organized by international consultant; or use internal resources to support LGBT organizes human right focused trainings.

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: 25-50%

Men who have sex with men: 51–75%

People who inject drugs: <25%

Sex workers: 25-50%

Transgender people:

Palliative care :

Testing and Counselling: 51–75%

Know your Rights/ Legal services:

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI):

Home-based care:

Programmes for OVC:

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 5

Since 2011, what have been key achievements in this area::   MSM and FSWs technical working groups is functioning (sustainable, meet at every quarter, and have one work plan). Since 2011, NGOs that work with communities, work as working group leader and secretary and at the same time they improve their capacities. By involving community representatives into working group on renewal of the Law on prevention from HIV and AIDS, several discussions contributed to make progress on upholding human rights, and reduce discrimination due to HIV status on the Law. It is common practice that representatives of the communities be part of working groups for an extensive evaluation, report writing and surveys. In addition, it has become customary to include representatives of CSOs in temporary working groups established by Government. UN agencies especially UNAIDS is progressing a lot in areas of transgender health: developed guideline for transgender people. Support and collaboration of international agencies are increasing. Progress in using evidence: Effective use of study results such as “Chain” survey. Based on main findings, shelter for homeless MSM people was established and “Together” NGO was equipped with new laboratory equipment for Hepatitis C. Activities for targeted groups are more diverse and CSOs/NGOs tend to collaborate to integrate their activities avoiding duplications.

What challenges remain in this area:: Financial constraints - Mongolia shifted to meddle income country, Government could not increase significantly budget for HIV related activities; and in parallel financial assistance from international donors is decreasing. Government provides small financial support to CSOs that work with at risk population, which in turn limits their activities only in urban areas. Organizational capacity is still weak - NGOs working with communities tend to have limited finance which constraints train newly recruited staff/s and opportunities to keep trained officers in longer period affecting to organizational capacity. Harmonization and coordination of the government provided health services with NGO activities is inadequate. There is no system for the NGOs to report to the MOH and therefore, coordination of activities remains weak with duplications and gaps . Lack of accessibility - At risk population is hidden; therefore it is hard to disclose and reach them. As a result they lack access to HIV prevention, treatment and care; and NGOs outreach certain populations and lack of opportunities of expanding their scope. Continued disconnect with government- CSOs/NGOs still ignored by government. There is no national policy and actions how to support CSOs/NGOs, which is very essential to maintain them in time of decreasing international donors support. For instance, no companies allow Association to Protect Citizens from Drugs and Narcotic Substances (APCDNS) face difficulty to rent their places, due to discriminatory attitude. There is no guideline to provide quality of services to IDUs. Some ministries, like MoH became implementer rather than developing policies. CSOs compete with other governmental implementing agencies. Lack of innovation to behavior change - Still projects and programs use old less efficient approaches to affect risky behaviors and pay less attention to utilize new effective approaches like BCC or social marketing, PPP etc.

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:: Majority of intervention projects supported by GF, among key populations are implemented by NGOs/CSOs. It is estimated that they carry our from 50-75% of all intervention activities among key population communities.

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: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

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?: No

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: Promotion of human rights, eliminating discrimination and protecting the rights of PLHIV are key principle of the NSP. Renewed edition of the Law on Prevention of HIV infection and AIDS includes significant changes to protect human rights and individuals' secrets. In 2013, the National Annual Human Rights Report by the NHRC for the first time included a section on the LGBT situation in the country. Law on Gender Equality was approved on 2 February, 2011. It validates citizen's rights and freedom to receive health service equally and be free from stigma and discrimination . It was the biggest achievement in the policy level. In other laws such as law on Law on Social Welfare and Law on Insurance included articles related to orphan and semi-orphan children and people with disabilities. The Government had been working to implement the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto, and its Action Plan 2008-2012included such objectives as providing persons with disabilities with standard facilities, as well as opportunities for a comfortable lifestyle.7 In 2010, the Government had signed the Agreement on Cooperation to Combat Trafficking in Persons, anticipating that the agreement would lead to more efficient bilateral cooperation aimed at facilitating better prevention of human trafficking, as well as stronger protection and the smoother return and reintegration of trafficking victims. Mongolia has joined to Convention of to eliminate all types of women discrimination and explained that were embedded into other relevant laws; and there is no special law on it.

Briefly explain what mechanisms are in place to ensure that these laws are implemented::   The management of the NCA was shifted from the Deputy Prime Minister to the MOH in 2011. This challenged the multisectoral collaboration in the area of HIV/AIDS and resulted in the eventual abolishment of the NCA. Non-existence of the NCA halted progress made towards coordination and multisectoral collaboration of stakeholders5 According to the renewed Law on "Prevention of HIV infection and AIDS" (January 2013) National Committee on AIDS and its secretariat should be established. However, still now it has not yet established yet. It indicates slowing down of implementation mechanism. Due to lack of knowledge on HIV/AIDS/STIs and more broadly on sexual diversity, law enforcement agencies, judges, judicial officers, police officers and other relevant stakeholders have biased, often discriminatory attitudes, leading to a weak enforcement of the law. Other related laws need to be or to be legislated as in the case of the anti-discrimination law.

Briefly comment on the degree to which they are currently implemented:: Since approval of the Law, Ministry of Health has started its' implementation. During National Forum on November, 2013 MoH made presentation on amendments on the Law. Now renewal of related order, resolution and guidelines are under way. The revisions in AIDS law were followed by the revisions of HIV related articles in the Law on Personal Secrecy and the Law on Labou. There have not been any cases brought to the attention of the authorities. Fear of further victimization is the cause for potential victims not reporting their cases.

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: 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

Transgender people: No

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:: Some restrict articles like in advertisement of pornography, and strong restrictions on combating drug use cause difficulties to deliver or organize and involve them in essential care and services to that community. Laws and regulations concerning human rights issues, such as Code on Promiscuity which has provisions of sanction for sex workers, including 14-30 day detention, pose contradictions in HIV/AIDS response and outreach activities . Due to cultural characteristics of having no specific regulations, policies and laws on the so-called ‘sensitive’ issues, there is no problem at the policy level. However, negative and lack of knowledge on the matter reflect policy-and decision-making at all levels.

Briefly comment on how they pose barriers:: Proposing changes on those laws on advocacy level. It needs to be intensified in future. Human-right based NGOs in Mongolia have been working on a wide range of trainings including HIV/AIDS/STIs prevention and treatment, sexual orientation and /or gender identity and expression, sexual diversity, masculinities, gender justice and social justice etc. Overcoming these challenges collectively proves to be an effective approach.

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.:   Amended draft of Domestic Violence Law is to be discussed and adopted during the upcoming parliament session. This updated version is more inclusive and gender sensitive. Law Against Violence Law on Constitution Law on Crime Law on Gender equity

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:: There is specific objective on enabling human rights and at risk population groups right which is one of fundamental principle of the NSP (2010-2015); There is specific objective on enabling human rights and at risk population groups right which is one of fundamental principle of the NSP (2010-2015); Not to disclose the HIV status. Organizations, officials and citizens shall be prohibited from disclosing information about a person diagnosed with HIV infection or AIDS unless otherwise provided by the law. When reporting new HIV-positive cases, make sure individuals' confidentiality is protected. Protection of rights of person with HIV infection or AID; Not to require a HIV test upon recruiting new staff, etc. Not to refuse to employ or dismiss a person on the grounds of infection if the health conditions of a person with HIV or having AIDS does not conflict with the requirements of the job or the working conditions are not harmful to his health; All forms of stigmatization and discrimination against people diagnosed with HIV Infection or AIDS shall be prohibited;

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:: At present there is not nationwide recognized mechanism or structure yet. However, Mongolian National Human Rights Commission has progress on this issue. Complaints and Inquiry Division of the National Human Rights Commission of Mongolia (NHRCM) receives the documentation of human rights violation. However, awareness about this mechanism among public is relatively low. It needs some progress. LGBT center works in this area. Some initiation has started in some work places.

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: No

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

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: In Mongolia HIV infection related service and care is free for everyone. NCCD provides some food supplement, vitamins to PLWHA within their limited budget. Also the center provides breast milk supplement to infants born to HIV positive mothers. There is system to provide social benefit to people who lost their capacity to work, including PLWH infection. Such assistance based on joint orders N247 and 138 on 17 December 2008 of Ministers of Health and Labor and Social Protection. The minimum

requirements are phase of infection, changes in CD4 count, and occurrence of one of opportunistic infection. Based on those indicators percentage of lost of capacity to work (up to 60-90%) and duration will be estimated .Not everyone with HIV infection will benefit unless met those requirements. HIV-positive individuals face discriminatory attitudes and mistreatment when getting the relevant treatment and services. They do not even have a patient's treatment record kept at health organizations, so when they have serious health problems, hospitals and doctors would have no idea what kind of treatment they had in the past.

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:: MSM, FSWs, Young people and Mobile population Ministry of Health focuses on MSM, transgender people, women and girls, female sex workers as target populations, but other population groups are often outside of attention.

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:: Scaling up coverage and utilization of key prevention programmes and services for (1) female SWs; (2) MSM; and (3) injecting drug users: Implementation of behavior change interventions ; Effective implementation of the 100% condom use programme for SWs ; Provision of client-friendly STI treatment services as well as SRH services including STI/HIV testing and treatment; Promotion of client-friendly VCT services; Establishment and provision of comprehensive harm-reduction services for IDUs; Establishment of community multi-service and/or drop-in centers for SWs, MSM and IDUs; and Reduction of stigma and discrimination that hamper HIV prevention; HIV and STI prevention among STI clients; (b) HIV and STI prevention among clients of sex workers; (c) HIV and STI prevention among mobile populations; (d) HIV and STI prevention among people in custodial settings; (e) HIV and STI prevention among uniformed services; (f) HIV and STI prevention among young people; and (g) condom promotion and HIV and STI education among the general population. PLHIV/AIDS Social and psychological support services for PLHIV and their family members; Strengthening the PLHIV network and empowerment; Advocacy and lobbying campaigns to reduce stigma and discrimination of PLHIV; Development of clinical standards, protocols and guidelines for HIV and AIDS careand support; Increased availability and accessibility of ARV and drugs to treat opportunistic infections; Ongoing technical capacity building for health professionals providing ARV andother treatments to PLHIV; and Improve facilities and equipment for HIV and AIDS clinical management at central, district and aimag levels.

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:: According to the amended AIDS Bill, employment restrictions that prevented HIV positive people from undertaking certain jobs, including in the food industry, have been scrapped; also this amendment will be included in Law on Labor which is in the process of reform.

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

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

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

IF YES on any of the above questions, describe some examples:: At Mongolian Human Rights Commission office one lawyer works on HIV/AIDS cases.

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 enforcement46 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?: No

IF YES, what types of programmes?:

Programmes for health care workers: No

Programmes for the media: No

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?: 4

Since 2011, what have been key achievements in this area::   Newly amended law and other related amended laws; This issue was specially highlighted on the Human Right Commission’s Report 2013. Several progress including Resolution by the Legal Standing Committee etc.; More people had information and knowledge on HIV/AIDS, but only theoretically, not practically. On the other hand, number of target groups to seeking their right protection is increasing. In some level their effort started to be heard. Less violation of privacy and confidentiality of new HIV-positive cases.

What challenges remain in this area:: Need to intensify law enforcement. Also awareness raising activities such as introducing laws, policy and legal mechanisms to affected communities need to be carried; Projects, programs and initiatives targeting MARPs all the time, not to the general populations; Not improving the education quality on this matter and not discussing it freely or openly; Analyzing the issues intersection-wise or involving various sectors is lacking; Lack of finance to CSOs/NGOs working with at risk communities; Due to no existence of efficient mechanism and coordination to protect human rights, violation of human right;

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?: 4

Since 2011, what have been key achievements in this area:: Newly amended law and other related amended laws; Newly amended law and other related amended laws; This issue was specially highlighted on the Human Right Commission’s Report 2013. Several progress including Resolution by the Legal Standing Committee etc. Active involvement of the NHRCM, Ministry of Justice, National Legal Institute and other governmental agencies; More dynamic, young human right based NGOs emerged and proved their visibility.

What challenges remain in this area:: Needs improvement of implementation and mechanism for it. Lack of civil and human rights education in the national curriculum; Human right issues being viewed as secondary priority issues; There is no one or no lawyer, attorney, investigator and case–registrar were specialized in human right; on the other hand most human right violations connected to person’s honor and before claim his/her complain there is risk to disclose person’s secret and affect honor. Beuaracracy of state servants ; Ignorance of CSOs/ NGOs; Bribery; Lack of transparency.

B.IV Prevention

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

IF YES, how were these specific needs determined?: Although until the present no cases of HIV infection were reported among injecting drug users (IDUs) in Mongolia, the country identified IDUs as a risk population and considers controlling HIV epidemic among IDUs as one of the priority objectives of the NSP. Due to novelty of the issue, PMTCT services are not yet integrated with ANC services and the national programmes on maternal and child health.Integrate PMTCT services into existing ANC service which has a very good coverage. 14 Availability and quality of HIV/TB co-infection treatment and services are still limited in rural areas. Inadequate human resources, diagnosis and treatment capacity in peripheral areas are common across almost all healthcare services in Mongolia.14 Emergence of multi-drug resistant TB threatens Mongolia’s progress in controlling TB and the first case of an MDR-TB in an HIV-positive person has been already diagnosed. MDR-TB treatment is more expensive and lasts longer with more adverse side effects.14 External donor funds are decreasing due to global trend of HIV/AIDS resource flattening and the shift of Mongolia to a middle-income country. Since external financing comprise more than 70% of the total HIV/AIDS spending, the country may face serious decline in financial resources. Although renewed edition of AIDS law has provisions that local governors, business entity and organizations should mobilize resources needed for prevention of HIV/AIDS, the implementation of the law remains passive.

IF YES, what are these specific needs? : Focus more on MSM and FSWs communities and improve accessibility. Use ART as prevention (treatment as prevention); Reach to hard to reach population via CSOs Bring down to zero transmission from mother to child HIV infection and blood transmission; Service and counseling that affect personal behavior change.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to…:

Blood safety: Agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Agree

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

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

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

Prevention for people living with HIV: Disagree

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 2013?: 5

Since 2011, what have been key achievements in this area:: Mid-term review on NSP on HIV/AIDS and STI was conducted . Monitoring and Evaluation Pan of national response to HIV/AIDS and STI (2012-2015) was developed. Guideline on VCT centers PCR technology was introduced in the National Center for Transfusion Medicine in 2012, With support of the Asian Development Bank (ADB), the workplace programme was piloted in mining and infrastructure sectors, and the guidelines on package of activities and policy recommendations were designed to be scaled up. Mongolian Employers’ Federation (MONEF) demonstrated considerable skills in coordinating and cooperating with programme partners to establish the workplace programme in 240 companies, which cover a large population o vulnerable migrant workers.

What challenges remain in this area:: Donors financing on prevention from HIV infection has decreased. Also Government share on prevention still remains low. Lack of specialized human resource on behavior change and attitude. Needs to change current IEC oriented approaches Need to enable favorable working conditions for trained and specialized human resources

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:: “Guideline on STI/HIV/AIDS/ STI care and service”: Key principles: 1. HIV testing 2. HIV diagnosis 3. HIV/AIDS care and treatment 4. Clinical management of HIV/AIDS 5. Universal precaution 6. HIV/AIDS reporting guideline.

Briefly identify how HIV treatment, care and support services are being scaled-up?: The guideline on HIV, AIDS and STI care and services was approved. ART would start when the CD4 cell count is 350cell/mm3. . Currently ART service has exoanded to three health facilities (other than NCCD) in aimags (provinces). One stop services system for syphilis control among pregnant women and their partners and detection of congenital syphilis inn 6 districts and 8 aimags. The contact tracing and partner management system is under development. 47 sites provide VCT or PITC (provider initiated testing and counseling). Client-friendly, stigma-free, a community- based HIV VCT and STI services offered by the Together MSM –based clinic. The center newly equipped with laboratory equipment for Hepatitis C and B analysis. However, coverage remains low, with only 300-500 MSM reached due to limited peer-outreach, Five drop-in centers in the district STI clinics in Ulaanbaatar to offer services to sex workers including STI management and condom promotion.

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: Agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

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

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: Disagree

Paediatric AIDS treatment: Disagree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Agree

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

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: 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?: 6

Since 2011, what have been key achievements in this area:: Government allocated budget for ART. Cost for STI treatment and service is started to be covered by the Health insurance Testing and diagnostic capacity of the National Blood Transfusion Center has improved. Guideline on AIDS/ STI care and service is renewed. TB preventive therapy for people living with HIV: there have been some improvements in HIV screening among TB patients. Out of 4220 TB notified patients in 2012, 3465 (82%) were screened for HIV and four positive people started ART. A total of 17cases of HIV infection were diagnosed through TB services , and referred to the HIV services. In March, 2013 19(15%) out of 131 PLWHD diagnosed with TB and isoniazid preventive therapy was introduced to prevent TB infection

What challenges remain in this area:: Still need to improve skills of doctors and medical personnel on continuing base Improve access, close counseling and testing for HIV infection among at MARP is still insufficient HIV care and support in the workplace (including alternative working arrangements) is weak. Need to improve care and support. For example counseling on nutrition is very poor. Some PLHIV have received small amounts of funding or other types of logistical support to deliver peer support though informal network; and limited amount of vitamins and food supplements were provided through funding from the GF. As psychosocial support for people living with HIV and their families is perceived to be very essential, but clients and their families could not get professional support on continuous basis. They got some emotional support from their

peers at some level. PLWHA have not received training on how to provide peer support. Although prevention from HIV mother to infants is carried at NCCD. However there is no trained personnel or unit to provide comprehensive pediatric AIDS treatment. Informal networks of people living with HIV currently deliver support services informally and these services are either funded insufficiently or not at all. CBS may currently receive some funding however, this funding is at risk given contraction of donor funds and programmes . There is currently no post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault) TB infection control in HIV treatment and care facilities. Although isoniazid preventive therapy was introduces to prevent TB infection.1, but requirement for the therapy follows old national guidelines and not latest WHO guidelines, hence most qualified newly identified PLHV who qualify are not on IPT. NCCD is planning to updated national guidelines.

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?: 6

Since 2011, what have been key achievements in this area:: There is no specific HIV related programs for orphan and vulnerable children. Social welfare and benefit services regulated by the Law on social welfare

What challenges remain in this area:: Divorce is increasing due to overseas employment Poor family support Increase in alcohol consumption