

# Saudi Arabia Report NCPI

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## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 12/08/2013

**To date:** 03/20/2014

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

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

**Data measurement tool / source:** GARPR

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:** Dr.Sanaa Mustafa Filemban,National AIDS Program Manager

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**Describe the process used for NCPI data gathering and validation:** There has been an intense effort put in by the NAP in the last four months in engaging the stakeholders not only for the implementation of the overall program, but also for seeking inputs for the two key processes KSA is currently engaged in i.e. developing the KSA NSP (2014-2017) and GARPR 2014 reporting. Utilizing existing opportunities and creating some new initiatives was the strategy undertaken for reporting on the progress made since the last GARPR 2012 report. A focal point person was identified from within NAP team to coordinate the process. Efforts were made to collect data and information for the recommended indicators of GARPR , NASM, NCPI (Part A and B). This brought us to interact with stakeholders of other Governmental departments. Inputs from NGOs have been very valuable towards developing this report. To name some of them - are the Board members and staff of SACA, Halfway House for IDUs in Riyadh, PLHIV and ex-IDU support groups and their networks, volunteers and outreach workers of Halfway House and others. The field visit to the NGO working sites, ART and VCT centers and interaction with the community members and their networks have been immensely beneficial. Following data compilation, the GARPR narrative report was completed and shared with the National Scientific Committee, which is the highest decision making body in the KSA . Most of the invited were in attendance, which included representation from different governmental departments, and treating physicians from various hospitals. The review of results from the last reporting round of 2012 along with high lighting changes since then was presented to the committee members. Comments and additions were incorporated to make improvements in the report. The report presented has thus been endorsed and validated by this committee.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** All comments from the stakeholders of Part A and Part B have been included. The meetings with stakeholders provided opportunities for further collaboration and address identified gaps through this process.

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):** There was couple of problems encountered during this process. Data collection for indicators was a difficult task as in most of the cases data was scattered and not in the format as required for reporting. In most cases there were no estimation figures, denominator information thus unavailable. Reporting on over fifty indicators for GARP, UA AND HS has been a heavy burden. Secondly, information for NASA was not available in such detail as required.

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

| Organization  | Names/Positions   | Respondents to Part A |
|---|---|-----------------------|
| Ministry of Health  | Dr. Ziad Ahmed Memish, Deputy Minister for Public Health  | A1,A2,A3,A4,A5,A6     |
| Ministry of Health  | Dr. Raafat Faisal Al Hakeem, Director General, General Directorate of Infectious Disease Control. | A2                    |
| Ministry of Health  | Dr Sanaa Mostafa Abbass Filemban, National AIDS Program Manager                                   | A1,A2,A3,A4,A5,A6     |
| Ministry of Health  | Dr.Batool Mohammed Ali Suliman, Consultant infectious disease control                             | A5                    |
| Ministry of Social Affairs.   | Ms. Samara MostafaZaza,   | A1                    |
| Radio and Television Corporation  | Mr. Adil Al Khaleel   | A1                    |
| Radio and Television Corporation  | Mr. Fahd Al Hadeeb  | A1                    |
| Radio and Television Corporation  | Mr. Mohammed Al Dakheel   | A1                    |
| Ministry of Islamic Affairs   | Mr. Sulaiman Fahd Al Khamees  | A1                    |
| Ministry of Justice   | Shiekh. Miohammed Al Babtain  | A1                    |
| Ministry of Labor.  | Mr. Sultan Al Harbi   | A1                    |
| Ministry of Labor.  | Ms. Muna Al Juaid   | A1                    |
| Ministry of Higher Education  | Dr. Fahd Ahmed Hassan Arab  | A1                    |
| Ministry of Education   | Dr. Adil Al Otaibi  | A1                    |
| Ministry of Education   | Dr. Hayel Abdul Fattah  | A1                    |
| General Presidency of Youth Welfare   | Mr. Abdullah Ahmed Al Dakheel   | A1                    |
| Preventive Medicine, Ministry of Interior   | Dr. Bandar Al Bakr  | A1                    |
| General Directorate for Prisons, Ministry of Interior                             | Col. Ali Al Sagheer   | A1                    |
| General Directorate for Prisons, Ministry of Interior                             | Maj. Mohammed Aayed Al Baqmi  | A1                    |
| Ministry of Economy and Planning  | Mr. Ali Ahmed Al Gamdi  | A1                    |
| Ministry of Economy and Planning  | Mr. Abdul Rahman Rashid Al Hamd   | A1                    |
| General Directorate of Narcotics Control, Ministry of Interior                    | Col. Abdullah Salem Al Nijem  | A1                    |
| General Directorate of Narcotics Control, Ministry of Interior                    | 1st Lt. Ahmed Dakhelullah Al Malki  | A1                    |
| Preventive Affairs Administration, Ministry of Interior                           | Mr. Abdul Rahman Aaida Al Zahrani   | A1                    |
| Preventive Affairs Administration, Ministry of Interior                           | Mr. Abdul Aziz Mutaab Al harbi  | A1                    |
| PH Consultant, HIV Health Education Counselling, NAP                              | Dr. Abdullah. I. Fidail   | A1,A4,A5,A6           |
| HIV/AIDS Surveillance & Research Focal Point, NAP                                 | Dr. Sayedgotb M Elrashied   | A1,A4,A5,A6           |
| Infectious Disease Specialist, NAP STI Unit                                       | Dr. MagdyHamed Hussein  | A1,A4,A5,A6           |
| Training Coordinator & STI, NAP   | Dr. Yasser AwadhallahYasein   | A1,A4,A5,A6           |
| Infectious Diseases Consultant, King Fahd Hospital, Jazan                         | Dr. Mohammed Mohammed Al Hazmi  | A4,A5                 |
| Infectious Diseases Consultant, Asir Central Hospital, Asir                       | Dr. Tariq Abdullah Al Azraqi  | A4,A5                 |
| Infectious Diseases Consultant, King Faisal Hospital, Makkah Al Mukarramah        | Dr. Mamoon Al Jammal  | A4,A5                 |
| Infectious Diseases Consultant, King Faisal Hospital, Makkah Al Mukarramah        | Dr. Fatin Imran   | A4,A5                 |
| Infectious Diseases Consultant, Al Nour Specialist Hospital, Makkah Al Mukarramah | Dr. Manal Mansour Al Quthami  | A4,A5                 |
| Infectious Diseases Consultant, Al Nour Specialist Hospital, Makkah Al Mukarramah | Dr. FoadMontasir  | A4,A5                 |
| Infectious Diseases Specialist, King Faisal Hospital, Al Taif                     | Dr. Hussien Salih Ba'Eid  | A4,A5                 |
| Infectious Diseases Consultant, King Fahd Hospital, Jeddah                        | Dr. Mohammed Al Gamdi   | A4,A5                 |
| Infectious Diseases Consultant, King Saud Medical City, Riyadh                    | Dr. Riyadh Abdul Aziz Al Khulaif  | A4,A5                 |
| Paediatrics Consultant, King Saud Medical City, Riyadh                            | Dr. Mubarak Mufrrah Al Shamrani   | A4,A5                 |

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



**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Transportation:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**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?:**

**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:** Yes

**Elderly persons:** 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:** Yes

**Sex workers:** No

**Transgender people:** No

**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:** 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?**

**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:** Yes

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:** STIs patients, Discordant couples

: Yes

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

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

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

**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.:** The relationship with the civil society and the NGOs has been enhanced over the last 4 years significantly and participation in the national steering committee has been insured, beside active engagement in the development of the multisectoral strategy for the current national strategic plan, operational plan and M&E framework.

**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:** Yes

**National Social Protection Strategic Plan:** Yes

**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 development plans?**

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** N/A

**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:** N/A

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

**Reduction of stigma and discrimination:** Yes

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

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

**Other [write in]:**

:

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

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

**4. Does the country have 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 and children:** - Treatment centers are being developed - Capacity building for the staff - Blood safety issues are being covered - Infection control system - VCT's are introduced and developed - STI's are being well handled and introduced syndromic and etiologic approach for their treatment

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

**a) HIV Counselling & Testing with Sexual & Reproductive Health:** Few

**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:** None

**e) ART and Tuberculosis:** Many

**f) ART and general outpatient care:** None

**g) ART and chronic Non-Communicable Diseases:** None

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

**i) Other comments on HIV integration: :**

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 9**

**Since 2011, what have been key achievements in this area:**  Research studies undertaken eg.on bio- behavioral studies amongst illegal immigrants, qualitative behavioral studies for men & women at higher risk currently in the planning stages.  Expansion of the technical & support staffing at the central national AIDS program unit.  Proactive engagement with multisectoral partners (establishment of multisectoral national AIDS committee)  Program strengthening through effective monitoring ,supportive supervision and enhancing technical capacity building initiatives  Efforts to expand the current prevention program run by the NGOs through satellite units and branches in other cities and establish greater engagement of other NGOs

**What challenges remain in this area:**  Full integration of other health services  Fulfilling all the information gaps remaining

## **A.II Political support and leadership**

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

**A. Government ministers:** Yes



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

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

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** A Royal directive was made in 2013 on the necessity of collaboration with the ministry of health by all governmental and private sectors in implementing the national strategic plan 2013 -2017. A ministerial decree was issued by the minister of health on in Feb 2013 on strengthening the HIV prevention ,care and support services in all the regions of the kingdom through expediting the provision of a financial , logistic and technical support to the most in need regions.

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

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

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

**Have terms of reference?:** Yes

**Have active government leadership and participation?:** Yes

**Have an official chair person?:** Yes

**IF YES, what is his/her name and position title?:** Dr. Ziad Ahmed Memish, Deputy Minister for Public Health

**Have a defined membership?:** Yes

**IF YES, how many members?:** 30

**Include civil society representatives?:** Yes

**IF YES, how many?:** 2

**Include people living with HIV?:** Yes

**IF YES, how many?:** 1

**Include the private sector?:** Yes

**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 coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:** Yes

**IF YES, briefly describe the main achievements::**  Well established multisectoral committee with clear roles & responsibilities & specialy planning , implementation of HIV intervention  Establishment of linkages with regional networks such as REGIONAL ARAB NETWORK AGAINST AIDS(RANAA)  Involvement & engagement of pharmaceutical companies in HIV interventions

**What challenges remain in this area::** Need to strengthen the role & involvement of NGOs.

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:** 15

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

**Capacity-building:** Yes

**Coordination with other implementing partners:** Yes

**Information on priority needs:** Yes

**Procurement and distribution of medications or other supplies:** No

**Technical guidance:** Yes

**Other [write in]:**

: No

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:** 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:** A bylaw protecting the human & civil rights of PLHIV & AIDS patients is going through formal approval processes and is expected to be approved over the next few months.

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::** Policy regarding pre-employment testing is to be clearer.

**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?:** 9

**Since 2011, what have been key achievements in this area::**  Royal decree by the necessity of multisectoral involvement in HIV response & integration of HIV in their own strategies  The Kingdom of Saudi Arabia took the initiative & called for a regional meeting involving all GCC countries in Oct 2011, that meeting resulted in "Riyadh Declaration" on the regional response to HIV  During the ministerial meeting in March 2012, Saudi Arabia proposed development of a regional response to HIV  In Nov 2012 Saudi Arabia hosted regional forum to draft the regional strategic framework 2013-2015.

**What challenges remain in this area::**  Creation of enabling environment for reaching out to men and women at higher risk of acquiring HIV.

### **A.III Human rights**

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

**People living with HIV:** Yes

**Men who have sex with men:** No

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

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

: No

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

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::** Article 8 of the Basic Law of Saudi Arabia issued on 3/1/1992 says: Governance in the Kingdom of Saudi Arabia on the basis of justice, consultation and equality in accordance with Islamic law.

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** There is a human rights body in the country that accept complaints from any individual living at KSA , complaints are investigated & pursued in courts if necessary , there is also a human rights association protecting the human & civil rights of individuals living in KSA.

**Briefly comment on the degree to which they are currently implemented::** They are implemented as a general human rights and a part of isalmic jurisprudence.

**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?:** No

**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:** No

**Prison inmates:** No

**Sex workers:** No

**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:**

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

## **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:** Yes

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

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

**Reduce the number of sexual partners:** No

**Use clean needles and syringes:** Yes

**Use condoms consistently:** 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 communication and other preventive health interventions for key or other vulnerable sub-populations?:** Yes

**Briefly describe the content of this policy or strategy::** Within the National Strategic Plan, there are six strategic objectives: "these 2 are dedicated to the key populations and the other vulnerable groups" □ To scale up and improve the quality of HIV-prevention programmes and services for most-at-risk populations (MARPs) with the aim to reach universal access; □ To scale up and improve the quality of key HIV-prevention programmes and services for the general population, with a special focus on vulnerable groups

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

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

**Men who have sex with men:**

**Sex workers:**

**Customers of sex workers:**

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

**Other populations [write in]:** Discordant couples, STIs patients, Blood donors, TB patients, Premarital, Legal & illegal migrants, Military academies & services

: 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)

**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?: 9**

**Since 2011, what have been key achievements in this area?:**  Establishment & expansion of VCT clinics  PMTCT  Universal access to treatment  Infection control program

**What challenges remain in this area?:** There is still a need to work on stigma reduction, to give more space for everyone to come up and speak loudly on his concerns.

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

**IF YES, how were these specific needs determined?:** Needs were estimated based on program monitoring and consultation with input from stakeholders & international organizations.

**IF YES, what are these specific needs? :** More in depth study to have a clearer estimates.

#### **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:** Agree

**Economic support e.g. cash transfers:** Strongly agree

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

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

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Strongly agree

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

**Prevention for people living with HIV:** Strongly agree

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

**Risk reduction for intimate partners of key populations:** N/A

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

**Risk reduction for sex workers:** N/A

**Reduction of gender based violence:** Agree

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

**Treatment as prevention:** Agree

**Universal precautions in health care settings:** Strongly agree

**Other [write in]:**

:

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

## **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:** Treatment, HIV testing& counseling, psychological care.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**  Expansion of treatment centers  Capacity building for HCP  PMTCT  ART for children  Full coverage of ART to all PLHIV  Raising the threshold for to start ARV from CD4 350 cell/mm<sup>3</sup> -500 cell/mm<sup>3</sup>

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

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

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Strongly agree

**Economic support:** Strongly agree

**Family based care and support:** Disagree

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

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

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

**Nutritional care:** Strongly agree

**Paediatric AIDS treatment:** Strongly agree

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

**Post-delivery ART provision to women:** Strongly agree

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

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

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

**Sexually transmitted infection management:** Strongly agree

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

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

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Strongly agree

**Other [write in]:**

:

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

**Please clarify which social and economic support is provided:**  Each PLHIV & his/her family receive monthly economic support from the ministry of social affairs(2000SAR /person/month)  In case PLHIV is unemployed, he also receives 2000 SAR /month as part of the support for the unemployed  National loan bank in Saudi Arabia provides loan and has microcredit/microfinance programs to help the PLHIV to start small business.  PLHIV & their families receive support from civil society organizations in the form of nutritional support, income generation activities etc....

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

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

**IF YES, for which commodities?:** ARV drugs, HIV testing kits and opportunistic infection treatment.

**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?:** 10

**Since 2011, what have been key achievements in this area?:**  Comprehensive and unlimited coverage for the treatment and care for Saudi nationals living with HIV and AIDS patients  PMTCT  Treatment for TB patients  Early testing and treatment for infants born to women with HIV  Treatment of HIV related infections  Establishment of new ARV treating centers

**What challenges remain in this area?:** More efforts to address stigma & discrimination at communicable level to encourage more people to come up for HIV testing.

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

Yes



**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** Yes

**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?:** 7

**Since 2011, what have been key achievements in this area::** There is governmental support for PLHIV & their families including orphans.

**What challenges remain in this area::** To have accurate estimate for the orphans and vulnerable children to inform targeted interventions at them.

## **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::**  More needs to be done to get reliable data on the real nature and scale of the HIV epidemic in Saudi Arabia.  The health-sector-based surveillance system is limited to reporting of cases detected through routine screening of specific populations, which makes it hard to map the key population.  Need to improve reporting system  Need to improve the capacity building of the staff  Need to improve the communication vertically and horizontally

**1.1. IF YES, years covered:** 2013-2017

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

**Briefly describe what the issues are::** Developing and timely reporting on a multi-sectoral harmonized plan is a big challenge.

**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:** Yes

**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?:** Yes

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:** 8

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

**Briefly describe any obstacles::** Delays in receiving reports as they follow a long chain of processes.

**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?                        |
|---|------------------------|------------------------------------|
| NAP Manager   | Full-time              | 2010                               |
| Surveillance Program Officer  | Full-time              | 2002                               |
| Program Officer   | Full-time              | 2004                               |
| STIs and Treatment Centers Coordinator  | Full-time              | 2008                               |
| Data System Manager   | Full-time              | 2010                               |
| Technical officer at directorate of PHC for monitoring and reporting of STIs to NAP Unit                  | Temps plein            | 2002                               |
| National AIDS coordinators based in the Governates (20 nos) for regional program monitoring and reporting | Temps plein            | 1986                               |
| IT Programmer   | Full-time              | 2011                               |
| Statistic department  | Temps plein            | Provide support as and when needed |
| M&E Officer   | Full-time              | 2013                               |
| M&E Officer   | Full-time              | 2013                               |

| POSITION [write in position titles]           | Fulltime or Part-time? | Since when?          |
|---|------------------------|----------------------|
| Data Entry Operator                           |                        | As and when required |
| Data Analyst                                  |                        | As and when required |
| Technical consultants                         |                        | As and when required |
| Field investigators for surveys/research work |                        | As and when required |
| Principle investigator/research persons       |                        | As and when required |

**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::**  Quarterly reports  Monthly reports& annual reports

**What are the major challenges in this area::** Strengthen the coordination and the collaboration for the data sharing mechanism.

**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?:** Yes

**IF YES, briefly describe the national database and who manages it.:** 1. HIV case notification routinely received at the NAP central unit through the NAP coordinators 2. Routine reporting from STI clinics at PHC syndromic and aetiological case diagnosis and management through the Directorate on PHC and thence to STI & Treatment Centre Coordinator based at the NAP unit. 3.Data available on request from National TB programs, premarital screening, blood banks, drug rehabilitation and detoxification center.

**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?:** Treatment of HIV & the associated co-infection with related services from all government implementing centers from the twenty regional governorates are included. Information specifically related to Female Sex workers and MSM are not included as the term sex worker is not relevant in the sociocultural and religious context of Kingdom of Saudi Arabia. For women and men who are vulnerable and at higher risk of acquiring HIV, the need for prevention services is recognized.

## **6.2. Is there a functional Health Information System?**

**At national level:** Yes

**At subnational level:** Yes

**IF YES, at what level(s)?:** Information from PHC and other centers received at regional Governorates and then sent to the National AIDS Program Unit.

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

**7.2. Is HIV programme coverage being monitored?:** 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?:**  STI's patients  Prisoners  People who inject drugs  Blood donors

**Briefly explain how this information is used::**  A proxy to estimate the approximate prevalence & incidence in general population as well as in key population groups  Also in analyzing trends of HIV epidemics in the kingdom

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

**IF YES, at which geographical levels (provincial, district, other)?:** The Kingdom is divided into 20 regions, each region is subdivided into provinces.

**Briefly explain how this information is used::**  Analysis of the trends of HIV epidemic in the kingdom in different regions as well as comparing between regions & also between provinces  Monitoring & evaluation of HIV interventions by regions.

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

## **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]:** Annual program report utilizes M&E data for planning and up-scaling of national program.

: Yes

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**  Analysis of the trends of HIV by regions to determine & guide prioritization of interventions in these regions.  There is a clear example of the IDU's, the analysis of data led to strengthening the targeted interventions at them.  The data on the reported new cases are used in forecasting for ARV & other HIV management related supplies planning & procurement.

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

**At national level?:** Yes

**IF YES, what was the number trained::** 40

**At subnational level?:** Yes

**IF YES, what was the number trained:** 600

**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?:** Yes

**IF YES, describe what types of activities:** 1. Program monitoring and reporting has been of part of training content in HIV and STI related training activities during theyear. 2. Training field investigators and laboratory technicians on data collection specific for research on HIV/AIDS 3. HIV andSTI Surveillance trainings are being carried out currently. 4. Investigative visits to strengthen infection control practices throughtraining and capacity building of hospital staff on universal precautions.

**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?:** 7

**Since 2011, what have been key achievements in this area:**  Recruitment ,addition of 2 more staff to support M&E  HIV data registering & reporting tool were introduced in the new electronic information management system "HESN" with the aim to improve & obtain detailed & exact information on HIV/AIDS

**What challenges remain in this area:** To have estimation of numbers of HIV positive individuals and reporting against the required indicators is required.

## **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?:** 3

**Comments and examples:** SACA,actively involved with PLHIV in the Kingdom through building their capacities& helping them to come out openly & raise their concerns & challenges which in turn influenced all the political decisions & support.

**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)?:** 3

**Comments and examples:** SACA established formal & informal partnerships with other civil society, government and private sector institutions, and thus strengthened its position as key player in the national response to HIV/AIDS.

**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?:** 4

**b. The national HIV budget?:** 3

**c. The national HIV reports?:** 4

**Comments and examples:** SACA provides all kind of support for PLHIV, psychological, financial, supporting them when they have some legal issues, guiding them to the treating centers, arranging marriages between them, educating them on all ways of prevention etc....

**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:** The continuous feedback from the civil society organizations including SACA was very instrumental in forming the development of the National work plans & strategies.

**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:** The empowerment of women, promoting civil rights, working on raising awareness, decreasing stigma.

**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?:** 3

**b. Adequate technical support to implement its HIV activities?:** 4

**Comments and examples:** □ Ministry of social affairs has contributed significantly to the funding of the Saudi charity association for AIDS patients , generous private contribution has also been received □ UNAIDS has provided valuable support and training to the civil society □ Technical support is also provided from academic institutions

**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:**

**People who inject drugs:**

**Sex workers:**

**Transgender people:**

**Palliative care :** 25-50%

**Testing and Counselling:** <25%

**Know your Rights/ Legal services:** 25-50%

**Reduction of Stigma and Discrimination:** 25-50%

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

**Home-based care:**

**Programmes for OVC:** 25-50%

**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?:** 6

**Since 2011, what have been key achievements in this area::** 1. They are members of multisectoral national AIDS committee 2. They are actively involved in the peer education program 3. Civil society organizations regularly participate in the national & subnational events such as world AIDS day

**What challenges remain in this area::**  Need for further acknowledgement & endorsement of NGOs and enhance their participation  Still stigma & discrimination detain PLHIV from coming up openly & participating in HIV prevention programs.

## **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::** PLHIV through the existing body “SACA” are represented in the multisectoral national committee which is in charge of developing and shaping HIV response programs and policies.

## **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:** Yes

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

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

: No

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

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:** Article 8 of the Basic Law of Saudi Arabia issued on 3/1/1992 says: Governance in the Kingdom of Saudi Arabia on the basis of justice, consultation and equality in accordance with Islamic law.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:** There is a human rights body in the country that accept complaints from any individual living at KSA , complaints are investigated & pursued in courts if necessary , there is also a human rights association protecting the human & civil rights of individuals living in KSA.

**Briefly comment on the degree to which they are currently implemented:** They are implemented as a general human rights and a part of isalmic jurisprudence.

**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?:** No

**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:** No

**Prison inmates:** No

**Sex workers:** No

**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:**

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

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

**Briefly describe the content of the policy, law or regulation and the populations included.:** The law consists of 17 articles, the Convicted of psychological and physical abuse faces punishment of imprisonment for a period of up to one year and a fine of up to 50 000 Saudi Riyal ,13300 USD.

**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 Guiding Principles of the National Response to HIV/AIDS is: Promoting human rights- The Saudi national response to HIV/AIDS builds on the fundamental human rights of all Saudi citizens, including the freedom from discrimination on account of race and sex; the right to health; the right to work; the right to participation; and the right to information. Protection of these human rights is particularly important in the context of HIV, which disproportionately affects vulnerable population groups such as people living with HIV (PLHIV), women engaging in high-risk behaviours (WRBs); Men engaging in high-risk behaviours with other men (MRBM); and injecting drug users (IDUs), who often face stigma, discrimination, social exclusion and denial of their human rights. In this context, a human-rights-based approach emphasises the legal obligations of the Saudi state to protect the rights of its citizens - including the right to health - as well as the importance of active involvement of communities and individuals infected or affected by HIV.

**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?:** Yes

**IF YES, briefly describe this mechanism.:** Recording of these cases is through the NGOs, and there is an upcoming law "Rights of PLHIV", soon to be implemented.

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

**Antiretroviral treatment:**

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



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

**Provided, but only at a cost:** No

**HIV prevention services:**

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

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

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

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

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

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:**  PLHIV  Women engaged in high risk Behaviors(WRBs)  Men engaging in high risk behaviors with men(MRBM)  Injecting drug users (IDUs)  Out of school young people ,young people in general

**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::** Everyone has the right for prevention services , treatment, care and support The Saudi national response to HIV/AIDS builds on the fundamental human rights of all Saudi citizens, including the freedom from discrimination on account of race and sex; the right to health; the right to work; the right to participation; and the right to information. Protection of these human rights is particularly important in the context of HIV, which disproportionately affects vulnerable population groups such as people living with HIV (PLHIV), women engaging in high-risk behaviours (WRBs); Men engaging in high-risk behaviours with other men (MRBM); and injecting drug users (IDUs), who often face stigma, discrimination, social exclusion and denial of their human rights. In this context, a human-rights-based approach emphasises the legal obligations of the Saudi state to protect the rights of its citizens - including the right to health - as well as the importance of active involvement of communities and individuals infected or affected by HIV.

**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 access is done through different approaches  Health care centers  reproductive care units  Youth groups  Prisons  Drug treatment and rehabilitation centers  NGOs  Peer support groups  Mobile and static VCT centers

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

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

**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::** Representative of human rights from NGOs in government committees stressing on PLHIV rights.

**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<sup>46</sup> on HIV and human rights issues that may come up in the context of their work?:** Yes

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

**a. Legal aid systems for HIV casework:** Yes

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

**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]:** Human rights NGOs, NGOs taking care of PLHIV and other private sectors.

: Yes

**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?:** 7

**Since 2011, what have been key achievements in this area::**  Campaigns have been done.  Expansion of VCT's.  Media campaigns.  Involvement of multisectoral or government representatives in implementing National Strategy of HIV which included the rights of PLHIV

**What challenges remain in this area::** Stigma is still a major challenge in the Middle East prohibiting full benefit to be gained by affected people.

**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?: 6**

**Since 2011, what have been key achievements in this area?:**  Campaigns have been done.  Expansion of VCT’s.  Media campaigns.  Involvement of multisectoral or government representatives in implementing National Strategy of HIV which included the rights of PLHIV

**What challenges remain in this area?:** Stigma is still a major challenge in the Middle East prohibiting full benefit to be gained by affected people.

## **B.IV Prevention**

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

**IF YES, how were these specific needs determined?:** These needs were identified based on the in-depth situation analysis.

**IF YES, what are these specific needs? :**  Strengthen the focus on MARPS & expanding the coverage of HIV prevention programs tailored to their specific needs  HIV prevention among general population with a focus on vulnerable groups  Strengthening the gender focus of HIV response  Strengthening the positive prevention approaches with active involvement of PLHIV

### **1.1 To what extent has HIV prevention been implemented?**

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

**Blood safety:** Strongly agree

**Condom promotion:** Agree

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

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

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Strongly agree

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

**Prevention for people living with HIV:** Strongly agree

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

**Risk reduction for intimate partners of key populations:** N/A

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

**Risk reduction for sex workers:** N/A

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

**Universal precautions in health care settings:** Strongly agree

**Other [write in]:**

:

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

**Since 2011, what have been key achievements in this area?:**  Establishment of NGOs  Establishment of VCT clinics & mobile clinic partnership between governments & NGOs on organizing conference & workshops for raising the awareness & decreasing the stigma  Condom distribution through STI clinics

**What challenges remain in this area?:** More education & awareness efforts need to be dedicated especially with youth need to enhance IEC efforts to combat stigma.

## **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?:** Treatment, HIV testing& counseling, psychological care.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**  Expansion of treatment centers  Capacity building for HCP  PMTCT  ART for children  Full coverage of ART to all PLHIV  Raising the threshold for to start ARV from CD4 350 cell/mm<sup>3</sup> -500 cell/mm<sup>3</sup>

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

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

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Strongly agree

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

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

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

**Nutritional care:** Strongly agree

**Paediatric AIDS treatment:** Strongly agree

**Post-delivery ART provision to women:** Strongly agree

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

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

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

**Sexually transmitted infection management:** Strongly agree

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

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

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Strongly agree

**Other [write in]:**

:

**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?:** 9

**Since 2011, what have been key achievements in this area:**  Comprehensive and unlimited coverage for the treatment and care for Saudi nationals living with HIV and AIDS patients  PMTCT  Treatment for TB patients  Early testing and treatment for infants born to women with HIV  Treatment of HIV related infections  Establishment of new ARV treating centers

**What challenges remain in this area:**  Strengthening the referral system to prevent case drop out from the point of identification to the treatment service point  More efforts to address stigma & discrimination at community level to encourage more people to come up for HIV testing and hence treatment

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

Yes

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** Yes

**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?:** 8

**Since 2011, what have been key achievements in this area:**  Comprehensive and unlimited coverage for the treatment and care for Saudi nationals living with HIV and AIDS patients  PMTCT  Treatment for TB patients  Early testing and treatment for infants born to women with HIV  Treatment of HIV related infections  Establishment of new ARV treating centers

**What challenges remain in this area:**  Strengthening the referral system to prevent case drop out from the point of identification to the treatment service point  More efforts to address stigma & discrimination at community level to encourage more people to come up for HIV testing and hence treatment.