

UNGASS COUNTRY PROGRESS REPORT

Kingdom of Bahrain

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Importantly, we would like to recognize through this report our work with and for people living with HIV and AIDS in the Kingdom of Bahrain.

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II. Status at a Glance

a. The Inclusiveness of the Stakeholders in the Report Writing Process

A wide range of governmental stakeholders from the Kingdom of Bahrain's Ministries of Health, Education, Interior, Information Departments, non-governmental organizations, the United Nations Development Program (UNDP) as well as persons living with HIV were consulted throughout the process to develop Bahrain's 2010 United Nations General Assembly Special Session (UNGASS) Progress Report. The process to compile the relevant information for the Kingdom of Bahrain's 2010 report has been led by members of the National AIDS Program and the National Committees for Information and Research. A two-month UNGASS reporting plan for 2010 (Annex I) was developed during a one-day meeting and through bi-lateral consultations with key stakeholders within the different line ministries involved in the national response effort, in order to determine key available data, identify data sources and to follow-up on data collection.

The objectives, process and outcomes of UNGASS reporting were also shared with His Excellency Dr. Faisal bin Yaqoop Al Hammar, the Kingdom of Bahrain's Minister of Health. During the meeting, H.E. Dr. Yaqoop endorsed the process and reiterated the importance of monitoring, evaluation and reporting of Bahrain's national response efforts on HIV and AIDS.

The Kingdom of Bahrain has a robust computerized health information system infrastructure, including information pertaining to HIV and AIDS. During initial bi-lateral consultation meetings, the information required for UNGASS reporting was readily available and as such, has facilitated the development of reporting on the UNGASS indicators for 2010. The administration and analysis of the National Policy Composite Index (NCPI) was carried out in a collaborative effort and focused on soliciting input from government, civil society and persons living with HIV. For the final report writing process, all data collected was analyzed and shared during bi-lateral meetings with stakeholders to be validated. This took place over the course of one week and provided an opportunity to ensure that the data provided in this report comprehensively and accurately reflects the efforts of the Kingdom of Bahrain on HIV and AIDS.

b. The Status of the Epidemic

UNAIDS estimates in 2005 regarding the AIDS epidemic in the Middle East point to approximately 720,000 people living with HIV in the region with up to 210,000 newly infected adults and children in 2006 alone. The Kingdom of Bahrain has a relatively low prevalence of HIV and AIDS with less than a thousand people in total estimated to be living with HIV in 2008. Between 1986 and 1998, a total of 201 HIV cases were reported amongst Bahraini's, with the majority of cases between the ages of 25-34 years old¹. A cumulative 10% of the reported AIDS cases in Bahrain before 2001 were acquired through contaminated blood transfusion. However, since that time, strict adherence to the ban on import of blood, to Standard Operating Procedures, and to external quality assurance has resulted in zero reporting of infection through blood transfusion. More recent statistics provided by the Communicable Disease Section of the Department of Public Health in Bahrain, reveal that the total number of new HIV cases during 2006, 2007, 2008 and 2009 did not rise above 22 cases of HIV infection amongst Bahraini nationals for each of these years. In 2009, the total number of new cases was reported to be 17, with injecting drug use representing 50% of cases and 50% as heterosexual sex, as the modes of transmission.

c. Overview of the policy and programmatic response

¹ Public Health Department Laboratory, Kingdom of Bahrain

The goal of the Kingdom of Bahrain's three-year National Strategy for AIDS Prevention (2008-2010) is "a society in which HIV and AIDS is kept at the lowest level due to increased awareness and knowledge among the people of Bahrain and a population which is committed to behaviors and practices that reduce the risk to HIV infections and transmissions". In 1995, The National Committee for the Prevention of AIDS (NCAP) was established under the supervision of the Ministry of Health, and in accordance with the Cabinet Decree #20 and #8 (for 1995 and 2004 respectively) of the Council of Ministers. Since that time, the National Committee for the Prevention of AIDS has been given the political mandate by the office of the Prime Minister to guide, coordinate and monitor the national response to HIV and AIDS in Bahrain.

In 2007, the Government of Bahrain committed a total of US\$ 458, 580 for the implementation of this National Strategy, which is well aligned to the National Health Care Strategy of Bahrain, and as such, supports the realization of the overall health sector policy goals. The involvement of a number of Ministries in the development of the strategy reflects strong political commitment to and engagement on the national HIV and AIDS strategy. Strong partnerships exist within the different departments within the MOH, as well as with other line ministries such as the Ministry of Education, Ministry of Health and the Ministry of Interior, all of whom deliver particular aspects of the National Strategy.

Prevention, treatment, care and support are at the heart of the National Strategy for AIDS Prevention in Bahrain. Respondents to the NCPI stated that there are considerable, through sporadic, prevention efforts being conducted in Bahrain to raise awareness about the mode of transmission of the disease, among the general population. Much of this effort has focused on behavioral change communication, and education strategies for the general population as well as in schools. The strategy also focuses on scaling up of outreach and behavior change programs in Bahrain to key populations, with IDUs being the top priority within the National Strategy. Given the low prevalence rate of HIV in Bahrain, and possible concentration of the epidemic amongst particular groups, representatives from the Ministry of Health placed importance on further and more deliberate actions being needed to reach most-at-risk groups that are currently not being reached through general prevention programs.

One of the core priorities articulated in Bahrain's National Strategy for AIDS Prevention is to improve care and support for people living with HIV. For HIV positive Bahraini nationals, anti-retroviral therapy is available free of charge, and provided only by the central Salmaniya hospital. NCPI respondents from civil society cited the need for greater efforts to be exerted to ensure more quality and effectiveness of pre and post-test counseling for people living with HIV (PLHIV), and support provided to HIV positive individuals and their families. To date, a total number of 40 people are receiving AR therapy throughout Bahrain, two of which have been identified in 2009, and one of whom has TB. Currently, there are no voluntary counseling and testing facilities throughout Bahrain in order to encourage more client-initiated testing. However, testing and counseling is available to Bahrainis and non-Bahrainis through their family physicians. A pilot is being proposed to house one voluntary counseling and testing (VCT) center within the Bahraini Red Crescent Society.

d. (d) UNGASS indicator data in an overview table

The following Table summarizes the update on UNGASS and other national indicators. More details on each indicator value are to be found in the on-line report as well as in the body of this report.

Table 1: UNGASS and National Indicators Overview table

NATIONAL COMMITMENT AND ACTION INDICATORS	
No NASA was conducted to generate information on total expenditures from Government, UN Agencies, civil society or other sources for 2009.	1. National Spending
A total of 8 NCPI questionnaires were administered (4 to Government and from 6 PLHIV, 2 from CSOs and 1 from the UNDP in Bahrain). An analysis of responses is included throughout this report.	2. National Composite Policy Index
INDICATORS OF NATIONAL PROGRAMS	
<p>Numerator: Number of Blood Units Screened in quality assured manner 23, 654 (18, 543 from Salmaniya Hospital and 5, 111 from Bahrain Defense Force Hospital)</p> <p>Denominator: Number of Blood Units Donated: 23, 654 Blood Units</p> <p>(Value: 100%):</p> <p>Mandatory screening of all blood donations is in place. This takes place primarily at the Salmaniya Hospital Blood Bank and the Bahrain Defense Force Hospital. There is external quality assurance in UK, SOP are written and certified.</p>	3. Percentage of donated blood units screened for HIV in a quality assured manner
Antiretroviral treatment (ART) is available for Bahraini nationals only. According to Program monitoring data, there are a total of 40 people receiving ART throughout Bahrain, with two cases detected in 2009. There are no Spectrum projections for Bahrain to provide estimates for adults and children with advanced HIV infection.	4. Percentage of Adults and Children with advanced HIV Infection receiving ART
There were no referrals of pregnant women to Salmaniya Central Pharmacy in Bahrain in 2009. Anti-natal screening is not routine in Bahrain, and takes place only for high-risk women. Out of 2, 098 screened in 2008 at the Bahrain Defense Force Hospital no cases were detected, and 1, 951 pregnant women screened in 2009, with no cases detected. There are no Spectrum projections for Bahrain to provide estimates number of HIV infected pregnant women in the last 12 months.	5. Percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission
All TB patients are tested for HIV routinely by age and sex. Two HIV positive Bahraini and 5 non-Bahraini had TB in 2009 and the two Bahrainis were treated for both (HIV treatment is not provided to non-Bahrainis/repatriation).	6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV
No population-based survey was undertaken in Bahrain. The total number of HIV tests conducted in 2009, was 87, 690 tests conducted according to data from the Dept. of Public Health. (Premarital, blood bank and pre-employment and other sources and not all by age/sex disaggregation). There is mandatory testing of all prison population, whether Bahraini and non-Bahraini.	7. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results
2006 IDU KABP Survey (only IDUs), the most recent study on IDUs in Bahrain, did not ask about testing and knowledge of test results.	8. Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results
No data is available because of lack of Behavioral surveillance or other special surveys.	9. Percentage of most-at-risk populations who

	reached with HIV prevention programs
Topic is not relevant to country epidemic status. Mainly for generalized epidemics. All orphans and vulnerable children in Bahrain are provided educational and medical support by virtue of a Royal Decree.	10. Percentage of orphans and vulnerable children aged 0-17 whose households received free basic external support in caring for the child
No School based Survey conducted All schools (205 governmental and 68 private schools) have life skills integrated in curriculum into primary, intermediate and secondary schooling.	11. Percentage of schools that provided life-skills based HIV education within the last academic year
INDICATORS FOR KNOWLEDGE AND BEHAVIOURS	
Topic is not relevant to country epidemic status. Mainly for generalized epidemics.	12. Current school attendance among orphans and non-orphans aged 10–14
No population based surveys undertaken. 2006 University Students KABP Survey. Age category from 18 years, and approximately 2, 200 respondents out of total 10,000 students in Universities in Bahrain.	13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
2006 IDU KABP Survey	14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
No population based surveys undertaken. Mainly for generalized epidemics	15. Percentage of young women and men who have had sexual intercourse before the age of 15
No population based surveys undertaken. Mainly for generalized epidemics	16. Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months
No population based surveys undertaken. Mainly for generalized epidemics	17. Percentage of women and men aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last sexual intercourse
No behavior survey conducted, no accessibility to sex workers	18. Percentage of female and male sex workers reporting the use of a condom with their most recent client
No behavior survey conducted, no accessibility to MSM	19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner
2006 IDU KABP Survey	20. Percentage of injecting drug users reporting

	the use of a condom the last time they had sexual intercourse
2006 IDU KABP Survey	21. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected
IMPACT INDICATORS	
No biological survey conducted.	22. Percentage of young people aged 15-24 who are HIV-infected
No IBBS conducted. Data available from M. of Interior for IDUs/prison population only.	23. Percentage of most at risk populations who are HIV-infected
No new cases on	24. Percentage of adults and children with HIV still alive and known to be on treatment 12 months after initiation of ART
No Spectrum Projections for Bahrain	25. Percentage of infants who are born to HIV-infected mothers who are infected

III. Overview of the AIDS epidemic

UNAIDS estimates in 2005 regarding the AIDS epidemic in the Middle East point to approximately 720,000 people living with HIV in the region with up to 210,000 newly infected adults and children in 2006 alone. The Kingdom of Bahrain has a relatively low prevalence of HIV and AIDS with less than a thousand people in total estimated to be living with HIV in 2008. Between 1986 and 1998, a total of 201 HIV cases were reported amongst Bahraini's, with the majority of cases between the ages of 25-34 years old². A cumulative 10% of the reported AIDS cases in Bahrain before 2001 were acquired through contaminated blood transfusion. However, since that time, strict adherence to the ban on import of blood, adherence to Standard Operating Procedures, and to External Quality Assurance has resulted in zero reporting of infection through blood transfusion.

More recent statistics provided by the Communicable Disease Section of the Department of Public Health in Bahrain, reveal that the total number of new HIV cases during 2006, 2007, 2008 and 2009 did not rise above 22 cases of HIV infection amongst Bahraini nationals for each of these years. In 2009, the total number of new cases was reported to be 17, with injecting drug use representing 50% of cases and 50% as heterosexual sex, as the modes of transmission.

Despite the fact that most cases of HIV transmission are reported among IDUs, the shift towards an increased transmission rate among the category of heterosexual men is not well recorded. The prison population in Bahrain is also reported to be at higher risk due to the sub-optimal health conditions in the prisons, and prevalent drug habits. Additionally, gender inequalities, a mobile population, rising commercial sex work, and increasing risky behavior such as unprotected sexual behavior and injecting drug use, are being detected within recent KAPB studies conducted in Bahrain in 2006.

While the Kingdom of Bahrain has achieved significant successes in maintaining a low HIV prevalence rate, there remains the challenge of addressing factors such as awareness, and misinterpretation of facts, and stigma associated with HIV and AIDS. The HIV epidemic in the Kingdom of Bahrain is driven by particular behaviors that expose individuals to the risk of infection. According to NCPI responses from government representatives, information on knowledge and on the intensity of risk behavior related to HIV and AIDS in Bahrain, while essential in identifying populations most at risk for HIV infection, remains limited.

The most recent and reliable of studies conducted with regards to knowledge and behaviors is from the three second-generation behavioral surveys conducted to assess the HIV/AIDS/STI Knowledge, Attitudes, Behaviors and Practices (KABP) among three population groups, injecting drug user³, pregnant women⁴ and university students⁵. The surveys, conducted in collaboration with United Nations Development Program (UNDP) aimed to generate information concerning key factors in HIV prevention so as to develop appropriate information, education and communication strategies.

Primary data was obtained from 388 pregnant women, 2145 university students from 12 universities aged 18-25, and 460 IDUs. General findings of the surveys conclude that 95% of the three groups surveyed had heard of HIV and AIDS but did not possess the accurate knowledge associated with transmission. Although the three groups possessed 'moderate knowledge', the three KAPB surveys revealed a considerable gap between knowledge and practice, and

² Public Health Department Laboratory, Kingdom of Bahrain

³ UNDP and MOH, HIV/AIDS Knowledge Attitudes Behaviors Survey among HIV/AIDS Knowledge Attitudes Behaviors Survey among Bahraini Injecting Drug Users, (2006)

⁴ UNDP and MOH, HIV/AIDS Knowledge Attitudes Behaviors Survey among Pregnant Women Attending Antenatal Clinics, (2006)

⁵ UNDP and MOH, HIV/AIDS Knowledge Attitudes Behaviors Survey among University Students, (2006)

considerable prevalent myths about transmission routes. In general, the most frequent misconception among survey participants was that HIV/AIDS could be transmitted by mosquito bites. Another common misconception was that HIV/AIDS could be transmitted from public toilets, cited by 43% of pregnant women, 48% of students and 64% of IDUs. The fact that a healthy looking person can be infected was well known to 86% among IDUs, but to a lesser extent amongst students (69%) and pregnant women (55%).

IV. National response to the AIDS epidemic

1. National Commitment/National Expenditure on HIV

Indicator #1: Domestic and International AIDS spending by categories and financing sources

According to the 2005 World Health Organization estimates⁶, Bahrain's expenditure on health is 3.7% of the GDP, standing second highest in levels of spending amongst Gulf Cooperation Council countries. According to Bahrain's Ministry of Health 2005 official statistics, the total Ministry of Health (MOH) budget amounted to BD 118,007 million, about 7.5% of the total government expenditure. Approximately, 22 percent is spent on primary health care, 57% on secondary health care, but information of how much of these resources are spent by particular health issue is unknown. No National AIDS Spending Assessment was conducted to allow reporting by budget commitment or expenditure for the UNGASS reporting period. As such, information on budget amounts for current spending on infectious diseases in general in Bahrain, particularly on current spending on HIV and AIDS is not available. Currently, the Kingdom of Bahrain maintains that there are separate cost accounts for spending on health by the different ministries in Bahrain, which makes it difficult to capture total allocation and/or expenditure by year made by different governmental and non-governmental stakeholders on any health issue, and in this case on national resource commitments to HIV and AIDS.

HIV and AIDS-related activities are primarily led by the Ministry of Health. It is therefore possible to track AIDS spending by tracing expenditure through the NAP, as well as the costs of prevention programs, hospital admission days, cost of ART and other activities conducted by the associated Ministries of Education, Interior and Islamic Social Affairs. Financial statements on resources allocations by UN agencies or of any actual expenditure were not obtained for this reporting period. Similarly, spending by civil society organizations could not be traced given the limited information civil society organizations' activities in the field of HIV and AIDS.

Indicator # 2: National Policy Composite Index

A total of 4 responses from government, 6 people living with PLHIV, 2 CSOs and UNDP in the Kingdom of Bahrain inform this NCPI analysis.

Strategic Plan

Bahrain's National Strategy for AIDS Prevention (2008-2010) was developed in close collaboration with UNDP and incorporates a multi-sectoral response to the epidemic. The three-year National Strategy was developed in response to the recommendations of the Bahrain Millennium Development Report (2003), which urged for definite interventions to address HIV/AIDS and the threat it causes to developmental gains made by Bahrain in recent years. It is widely acknowledged through NCPI responses that the strategy was developed through multi-sectoral collaboration, involving governmental ministries, community based organizations, and faith based groups and the UN. The goal of this national strategy is "a society in which HIV and AIDS is kept at the lowest level due to increased awareness and knowledge among the people of Bahrain and a population which is committed to behaviors and practices that reduce the risk to HIV infections and transmissions⁷".

Three strategic priority areas constitute the strategy, namely:

⁶ 2008 WHO Country Case Study Bahrain Health Care Financing (<http://gis.emro.who.int/HealthSystemObservatory>)

⁷ Kingdom of Bahrain National Strategy for AIDS Prevention (2008-2010),

- Capacity building and Program Management, intended to strengthen the national capacity in coordinating and managing the multi-sectoral response to HIV and AIDS;
- Prevention of STIs/HIV and AIDS, in order to maintain the current national rate of less than 0.0001%;
- Provision of care, treatment and support, to reduce the impact of the disease of individuals, families and the community at large.

The Government of Bahrain committed a total of US\$ 458, 580 for the implementation of this National Strategy. The 2008-2010 National Strategy is aligned within the Health Care Strategy of Bahrain, and as such, supports the realization of the overall health sector policy goal of “reducing the burden of disease by addressing priority health areas, through the development of national protocols and standards for the prevention and treatment of these conditions”. The 2006-2010 National Health Strategy articulates the actions and outputs associated with HIV and AIDS. It is also well aligned with the National Youth Strategy (2005-2009), the Social Development Strategy for Bahrain, the National Education Strategy and more recently the Youth Strategy in Bahrain.

In 1995, The National Committee for the Prevention of AIDS (NCAP) was established under the supervision of the Ministry of Health, and in accordance with the Cabinet Decree #20 and #8 (for 1995 and 2004 respectively) of the Council of Ministers. Since that time, the National Committee for the Prevention of AIDS has been given the political mandate by the office of the Prime Minister to guide, coordinate and monitor the national response to HIV and AIDS in Bahrain. The NAC has also established of 4 technical sub-committees by virtue of a Ministerial Decree in which civil society and PLHIV are members. These sub-committees coordinate and implement services on HIV and AIDS awareness and counseling, treatment, research, information and public health. Respondents to the NCPI from civil society highlight that the NAC’s overall mandate, coordination efforts and membership have yet to be fully utilized.

The involvement of a number of Ministries in the development of the strategy reflects strong political commitment to and engagement on the national HIV and AIDS strategy. However, the NCPI responses also denote that the engagement of Ministries has sometimes been sporadic and largely dependent on budget availability. Partnerships exist within the different departments within the MOH, as well as with other line ministries such as the Ministry of Education, Ministry of Health and the Ministry of Interior, all of whom delivery to some extent particular aspects of the National Strategy. However the collaboration between the different Ministries in the response effort is yet to be fully realized. Civil society organizations and PLHIV were moderately involved in the development of the strategic plan and continue to be moderately involved in the national response effort.

National Policies

Some National Policies are in place, especially as relates to HIV testing. These include:

- The policy of mandatory testing for HIV for all expatriates entering the country for employment. The policy stipulates the repatriation of all expatriates who are confirmed to be HIV-positive;
- The policy of pre-marital testing for all couples. In 2007, out of 10,000 pre-marital tests for Bahraini couples last year only one HIV positive result was recorded;
- The mandatory testing of all entrants into Bahraini Prisons for HIV and other diseases is in place. However, it is important to note that there is little in place in terms of pre-post counseling for prison entrants.

Client-initiated voluntary counseling and testing (VCT) services are not available in Bahrain due to the requirement by government for mandatory testing reporting of HIV and. However, testing and counseling is available to Bahrainis and non-Bahrainis through their family physicians. Obstacles to voluntary testing and counseling include fear or deportation amongst expatriates, and fear of enforced quarantine for HIV infected people, which a widespread notion

amongst university students and local youth and prevalence of low risk perceptions amongst the majority of Bahraini youth, as recorded by the 2006 University Students KAPB study.

Prevention

Prevention is at the heart of the National Strategy for AIDS Prevention in Bahrain. There are considerable prevention efforts being conducted in Bahrain to raise awareness about the mode of transmission of the disease, among the general population. Much of this effort has focused on behavioral change communication, and education strategies for the general population. Another strategic approach taken has been in collaboration with the Ministry of Education, to integrate issues of HIV and AIDS into the public school curriculum, as well as to promote public awareness through messages provided by non-governmental organizations in Bahrain.

Prevention efforts identified as part of Bahrain's National Strategy include sensitization of government, and community and religious leaders as well as media personnel in order to get accurate HIV messages out to the general population. In collaboration with the UNDP, there has been a focus on workshops for religious leaders to increase their awareness of and engagement on HIV related issues.

The strategy, includes some reference to 'scaling up of outreach and behavior change programs' in Bahrain to key populations, with IDUs being the top priority within the National Strategy. However, there are currently limited community-based drug rehabilitation services and more significantly the absence of an outreach program for IDUs in Bahrain. This, despite the fact that in more than 70 percent of HIV cases in Bahrain have spread through syringe sharing among drug users and that IDU is the leading mode of transmission for HIV in Bahrain⁸.

Given the low prevalence rate of HIV in Bahrain, and possible concentration of the epidemic amongst particular groups, there is an acknowledged need for more deliberate actions to be taken to reach high-risk groups, that are currently not being reached through general prevention programs.

Treatment, Care and Support

One of the core priorities articulated in Bahrain's National Strategy for AIDS Prevention is to improve care and support for people living with HIV. As such, the national strategy seeks to establish a counseling unit within the Hamad Medical Center, to train clinical staff on providing the appropriate medications for PLHIV, to train community nurses for home based and palliative care, as well as to hire and train PLHIV as pre/post ARV adherence counselors.

For HIV positive individuals, anti-retroviral therapy is available free of charge to all Bahraini nationals, and is provided only by the central Salmaniya hospital. Current efforts are being exerted to ensure more quality and effectiveness of pre and post test counseling for PLHIV, and support provided to HIV positive individuals and their families. To date, the total number of people receiving ART is 40, with two new cases recorded in 2009. Registers of all those who are on treatment are available at the central Salmaniya pharmacy. PLHIV who responded to the NCPI stated that several barriers were faced in that medications are provided through one central site, that sustainability of medications represents a constraint, that medication options were limited, and that some PLHIV were not aware of their treatment options. Additionally, respondents to the NCPI from civil society stated that issues of stigma and discrimination within the health care provision setting, have yet to be addressed and mainstreamed into the health setting, and as such, there continues to be the fear of accessing available services and/or necessary treatment.

Currently, there are no voluntary counseling and testing facilities throughout Bahrain in order to encourage more client-initiated testing. However, a pilot is being proposed to house one VCT within the Bahraini Red Crescent Society. Although it was planned to have a nationwide chain of VCT testing centers in 2008, this has yet to happen. If this were to happen, Bahrain would be the second country in the Gulf region after Saudi Arabia to set up such

⁸ Al-Haddad MK, Baig BZ, Ebrahim RA (1997) Epidemiology of HIV and AIDS in Bahrain. *J Commun Dis* 29: 321-328.

centers. The objective of these centers is mainly to reach hundreds of people who may be infected without being aware and who are afraid of social stigma or of policies around repatriation of foreigners.

Bahrain also ensures that all people living with HIV must be screened regularly for TB and that those found with TB are provided with effective TB treatment and those HIV patients without TB are entitled to receive preventive therapy.

There is a peer support group for people living with HIV in Manama, Bahrain. The support group meets every Monday, is made up of PLHIV, some of who are former IDUs, and has intentions to officially establish as an NGO in support of PLHIV in Bahrain. This peer group has been supported in terms of their capacity through attending workshops sponsored by the different UN agencies.

Civil Society Engagement

There were approximately 400 civil society organizations registered in the Kingdom of Bahrain, most of which were sports clubs and charitable organizations. Civil Society engagement in issues of HIV and AIDS in Bahrain is limited and primarily focus on issues of gender equality and women's empowerment. CS respondents to the NCPI stated that they deemed their engagement in the national response as moderate, given their own capacities, but also but also that their potential had not been fully utilized.

According to the National Strategy document and current efforts, the civil society organizations that are involved support a few interventions that mainly focus on IDUs and youth. Their interventions focus mainly on prevention and education, carried out through production and dissemination of IEC messages. The Reproductive and Family Planning Society and the Bahrain Red Crescent Society (BRC) are involved in peer education activities. It is also planned that the BRC society will house the first of Bahrain's VCT centers. Additionally, the Bahraini Women's Development Association is relatively active in the area of increasing awareness of HIV and AIDS issues. The General Federation of Bahrain Trade Unions has also been active in providing IEC materials and support to awareness campaigns as well as amongst members of the trade unions.

There were three major human rights NGOs that reported on issues of concern: Bahrain Human Rights Society, Bahrain Human Rights Watch Society (BHRWS), and Bahrain Center for Human Rights (dissolved in 2004), the latter of which continues to report on human rights issues, including rights issues associated with HIV and AIDS. In a 2007 report, the Center highlighted that the current system, countries in the Region, to detect illness amongst expatriates, could also be contributing to the spread of diseases, such as HIV, because the fear of deportation was actually preventing many sick expatriates in Bahrain from seeking treatment and calls for Bahrain, which hosts some 250,000 expatriate workers, to discard HIV status as an exclusionary condition and the forced deportation of HIV positive migrants. The Center has also called for health services to be responsive to the needs of migrants, to be accompanied by full access to antiretroviral therapy and to uphold principles of non-discrimination under prevailing laws and policies.

Indicator # 3: Percentage of donated blood units screened for HIV in a quality assured manner

Numerator: Number of Blood Units Screened in quality assured manner 23, 654 (18, 543 from Salmaniya Hospital and 5, 111 from Bahrain Defense Force Hospital)

Denominator: Number of Blood Units Donated: 23, 654 Blood Units

(Value: 100%):

While there was once concern about the possibility of infection through blood transfusions, strict screening procedures have been in place in Bahrain to prevent an infection occurring this way. According to the Bahrain National Strategy for AIDS Prevention, by law, 100% screening for all donated blood and blood products is strictly

applied. This takes place at the Central Blood Bank in Salmaniya hospital as well as in the Bahrain Defense Force Hospital. All blood that is donated to the 22 health centers in Bahrain is screened for HBV, HCV and HIV. Since 2001 a strict ban has been enforced on the import of blood to Bahrain.

Bahrain has written and certified Standard Operating Procedures as well as adheres to external quality assurance Scheme. The Ministry of Health received Canadian Accreditation in early 2010.

Indicator #4: Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy

Anti-retroviral therapy is available free of charge to all persons reported to have HIV, and is provided by the central Salmaniya hospital Pharmacy. According to National AIDS Program data, the total number of adults and children with advanced HIV infection needing ART is forty, all of who are receiving ART provided by the Ministry of Health. Two are children and two have other co-infections, namely TB. In 2009, two new cases were reported to have advanced HIV infection and both are receiving treatment. The Salmaniya hospital adheres to the WHO guidelines for the initiation of ARV, but there is no specific system of registration of PLHIV or follow-up cards that document treatment outcomes. There are currently no spectrum projections for Bahrain to provide reporting for estimates on number of adults and children with advanced HIV infection.

Indicator #5: Percentage of HIV positive pregnant women who received antiretroviral medicines to reduce the risk of mother to child transmission

Plans to institutionalize Prevention of Mother-to-Child Transmission Program are at an advanced stage in the Kingdom of Bahrain. To date, however, the Bahrain Defense Force (BDF) Hospital is the only hospital throughout Bahrain that carries out routine testing in its antenatal clinic. Out of the 2, 098 pregnant women in 2008, no HIV infections were detected amongst pregnant women and 1, 951 pregnant women screened in 2009, with no cases detected to date. According to records from the Salmaniya pharmacy in 2009, no referrals were made from any of the ANCs throughout Bahrain for HIV positive pregnant women to receive AR medicines to prevent mother to child transmission. There are no Spectrum projections for Bahrain to provide estimates number of HIV infected pregnant women in the last 12 months.

Indicator #6: Percentage of estimated HIV positive incident TB cases that received treatment for TB and HIV

All TB patients are tested for HIV routinely by age and sex. According to the 2009 TB ward registry data, two HIV positive Bahraini and 5 non-Bahraini had TB in 2009 and the two Bahrainis were treated for both (HIV treatment is not provided to non-Bahrainis, and result in repatriation). This information on co-infection was also made available and validated through the Salmaniya pharmacy registry that provides both the HIV and TB medications.

Indicator #7: Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the results.

No population-based survey has been conducted recently in the Kingdom of Bahrain. HIV counseling and testing is an entry point to prevention, care and treatment and support. In Bahrain, detecting HIV is limited to provider-initiated approaches, where patients admitted for medical care, who display HIV related symptoms, are tested for HIV for diagnostic purposes. HIV testing also occurs for cases of premarital certification and pre-employment certification. The total number of HIV tests conducted in 2009, was 87, 690 tests conducted according to data from the Dept. of Public Health (premarital, blood donations and pre-employment testing and other sources and not all by age/sex disaggregation). There is mandatory testing of all prison population, whether Bahraini and non-Bahraini. As is practice, those who are tested are 1) notified of the result if HIV positive or 2) not notified in the event of a negative test result.

People in Bahrain generally fear confirmation of their HIV sero-status due to high levels of stigma in society. There is also a perception of low risk amongst the general public.

Indicator #8: Percentage of most at risk populations that have received an HIV test in the last 12 months and who know the results.

There remains a scarcity of information in the Kingdom of Bahrain with regards to most-at-risk groups, with number of all registered drug users at around 3,000 of whom around 2,000 cases are active IDUs, but with no similar size estimates for commercial sex workers or men who have sex with men (MSM). To date, no behavioral surveillance or other special surveys have been conducted for high-risk groups, with the exception of IDUs. HIV prevalence amongst IDUs in Bahrain widely varies depending on information source from 0-2.3% to 21.1%⁹. Despite this, IDUs are the only most at risk population in Bahrain where information is currently available. The 2006 IDUs survey did not include questions regarding testing for HIV status and knowledge of test results. All entrants to prison, whether male and female, in Bahrain are subject to mandatory HIV testing, are informed of their results if found to be HIV positive and are confined to separate prison wards.

Indicator #9: Percentage of most at risk populations reached with HIV prevention programs

There is documented evidence of concentrated epidemics among most at risk groups such as IDUs, FSWs, and MSM in several MENA countries. In Bahrain, the HIV epidemic among injecting drug users in Bahrain might 'possibly' be an established concentrated epidemic¹⁰. Despite this, there is no IEC targeting most-at-risk groups in Bahrain, acceptance and practice of harm reduction amongst IDUs is low, no needle exchange programs for IDUs and no/limited condom distribution whether through an outreach service, a drop in center or at health clinics. NGOs in Bahrain that are engaged in this field do not provide such services and therefore at-risk-populations remain largely inaccessible. To date, no behavioral surveillance or other special surveys have been conducted to ascertain effectiveness of prevention programs for MARPS, given that there are also no prevention programs being implemented for these most-at-risk groups.

Indicator #10/12: Percentage of orphans and vulnerable children aged 0-17 whose households received free basic external support in caring for the child

Bahrain has not recorded any children orphaned due to both parental deaths from HIV. Assistance is extended to widows and children through the Bahrain Royal Charity Organization. This is a governmental organization that extends health, education and income for widows and children.

Indicator #11: Percentage of schools that provided life skills-based HIV education in the last academic year

The School Health Program of the Ministry of Education, in collaboration with the Department of School Health of the Ministry of Health, runs a comprehensive education program that includes the topic of HIV. This program is fully integrated in the curriculum of the junior and senior high 208 and public and 68 private schools throughout the Kingdom of Bahrain (total of 276 schools). In addition, the Ministry of Health has recently developed an extra-curricular module on life skills training for all schools levels. The life skills program has been implemented since 2004. However, no program assessment has taken place to date to assess the impact of these education programs on the knowledge and behavior of school students. Such an assessment will be undertaken in 2010 in collaboration with the WHO and the Center for Disease Control. No comprehensive school surveys or education program reviews have taken place to date to inform this indicator.

Indicator #13: Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

No population-based surveys have taken place in Bahrain to enable accurate reporting on this indicator. The three surveys mentioned provide key indicators on the levels of knowledge and misconceptions among the IDUs, ANC and

9 Middle East and North Africa HIV/AIDS Epidemiology Synthesis Report(2008)
10 Al-Haddad MK, Khashaba AS, Baig BZ, Khalfan S (1994) HIV antibodies among intravenous drug users in Bahrain. J Commun Dis 26: 127-132.

University student population. They do not provide *behavioral* data since associated questions were not included in the study questionnaires due to cultural and religious considerations in asking behavioral questions.

Amongst University Students:

The Youth survey captures the responses from 2,145 Bahraini university students between 18 and 25, on their knowledge of HIV and AIDS. The study reveals that even though the majority of students have heard of HIV and AIDS, they do not possess all the information required to protect themselves from infection. Only 64.3% of boys and 55.8% of girls reported knowing of condoms as a method of protection. This was attributed to lack of comfort among teachers in discussing issues of HIV and AIDS although this topic is integrated into the Bahraini school curriculum. With regards to knowledge about HIV mode of transmission and prevention, a relatively high proportion of university students recognized that people can protect themselves from HIV by using clean unused needles (88%), by having one uninfected faithful sex partner (73%), while (60%) knew that failing to use a condom every time they have sex could increase the risk of being infected with HIV. The majority of university students (88.8%) were aware that a woman with HIV can transmit the virus to her unborn child, however only (48.7%) reported that the virus could be transmitted through breastfeeding.

There are still some widespread misconceptions about the HIV mode of transmission such as person getting HIV from mosquitoes bites (60%), from public toilets (52%), by sharing a meal with someone who is infected (44%) and touching a person who is infected with HIV (32%). The youth survey also captures widespread stigma and discrimination amongst students associated with HIV and AIDS.

Amongst Pregnant Women Receiving ANC

The ANC survey inquired about the knowledge of 400 pregnant women attending eight out of Bahrain's 22 health centers. About 34% of the women were in the age group 15-25. With regards to modes of transmission and prevention of HIV/AIDS, a relatively high proportion (96%) of pregnant women recognized that people can protect themselves from HIV, by using clean unused needles and (91%) by having one uninfected faithful sex partner. Only 39% of women knew that failing to use a condom every time they have sex can increase the risk of being infected with HIV. The majority of women (88%) were aware that a woman with HIV can transmit the virus to her unborn child, however only 44% of women reported that the virus could be transmitted through breastfeeding. Almost three quarter of the women did not know what could be done to reduce the risk of HIV transmission to the unborn child, a small proportion (5%) mentioned taking antiviral medicine. The survey also revealed that there are still some widespread misconceptions about the HIV mode of transmission such as women reporting that a person can get HIV from mosquitoes bites (60%), from public toilets (57%), by sharing a meal with someone who is infected (40%) and touching a person who is infected (32%).

Indicator #14: Percentage of most at risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

There is limited recent and representative information available in Bahrain with regards to the level of knowledge of risk groups, namely IDUs, sex workers and men who have sex with men due to the lack of special behavioral surveys. The behavioral survey carried out amongst IDUs in Bahrain in 2006, sheds light on levels of knowledge amongst the IDU population in Bahrain. For this indicator, 522 IDUs responded to knowledge related questions, with the overwhelming majority stating that they had ever heard of HIV or the disease called AIDS (99.6%), while more than half (52.6 %) had a friend or relative who is infected with HIV or has died of AIDS.

With regards to drug users' knowledge about HIV mode of transmission and prevention, a sizable proportion of respondents recognized that people can protect themselves from HIV by getting injections with clean unused needles, (67%), by having one uninfected faithful sex partner (67.3%) and (72 %) knew that failing to use a condom every time they have sex can increase the risk of being infected with HIV. The majority of drug users (78.1%) were aware

that a woman with HIV can transmit the virus to her unborn child, however only (51.6%) reported that the virus could be transmitted through breastfeeding. Only (21.5%) mentioned that an infected pregnant woman may reduce the risk of HIV transmission to her unborn child by taking antiviral medicine. There are also misconceptions about the HIV mode of transmission among the drug users, including transmission from mosquito bites (77%), from public toilets (36 %), by sharing a meal with someone who is infected (33%) and touching a person who is infected (23%). The results of the survey do not indicate how many of the respondents answered all five questions correctly.

Indicator #15: Percentage of young women and men aged 15-24 who had sexual intercourse before the age of 15

A relatively large proportion of young people characterize the total population of Bahrain (725, 649), with some 36% being under the age of 15 years. However, while this is a relevant subject matter, no population-based surveys have been undertaken. Questions regarding marital/pre-marital sexual behavior is a culturally and socially sensitive issue in Bahrain. In the absence of population-based surveys, there is very little in terms of data on knowledge and behavior amongst individuals of this age category, especially with regards to sexually transmitted diseases, besides HIV/AIDS. This is a barrier to accessing information regarding what will be the largest segment of the population.

Indicator # 16: Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months

No population-based survey was conducted.

Indicator #17: Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse

No population-based surveys have been conducted.

Although condoms are easily available in pharmacies in Bahrain, condom use and its promotion as a protective measure against HIV infection remains a sensitive issue in Bahrain. There are current discussions with both the Ministry of Islamic Affairs to promote the religious messages associated with protection within marriage and also amongst high-risk groups. Additionally, the Maternal and Child Health Department have agreed to procure and promote condoms as part of their family planning strategy.

Indicator#18: Percentage of female and male sex workers reporting use of a condom with their most recent client

No special surveys have been conducted for FSW.

Indicator #19: Percentage of men reporting use of a condom the last time they had anal sex with a male partner

No special surveys have been conducted for MSM.

Indicator # 20: Percentage of injecting drug users who report the use of a condom at last sexual intercourse

The 2006 behavioral study amongst drug users yielded important information, such as low rates of HIV testing and condom use, coupled with high rates of needle sharing. Young IDUs in Bahrain particular are at risk, there is no IEC and other preventative health interventions for most-at-risk groups, IDUs in Bahrain do not have the knowledge or skills to protect themselves from infection via contaminated injecting equipment or condom use. IDUs also have limited access to the correct knowledge about prevention methods, and that misconception and fear of prejudice contribute to their reluctance to seek the required health care. Additionally, there is a prevalent notion that seeking condoms is regarded as socially, religiously, unacceptable in the community.

The 2006 IDU study revealed that nearly 90% of IDUs surveyed stated that they were sexually active, only one quarter of them said that they had ever used a condom. Less than 50% of those who responded stated that they used

condoms consistently. Amongst those who do not use condoms in a marital relationship, the prevalent justifications were that they “did not think it was necessary” (63.1%).

Three quarter of drug users who had a commercial sex partner had ever used a condom, of whom 85% used it regularly during the year prior to the survey. The respondents were also asked if they used a condom the last time they had sex. Responses were received from only 61 of the IDUs surveyed, with 41 (80%) saying that they did use a condom the last time they had sex. The survey did not provide an analysis of the number of respondents who report having injected drugs and have had sexual intercourse during the last month.

Indicator # 21: Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected

The 2006 IDUs Survey results highlighted that out of 421 IDUs surveyed, 84% stated that they had access to new needles and syringes. The survey also highlighted the need for sterile needles to be more accessible to IDUs, because only 35% reported they were able to buy them from a pharmacy. One quarter of IDUs said they had shared a needle or a syringe. Over half of the respondents had an intravenous drug injection one month prior to the survey. One quarter of the IDUs reported ever sharing a needle or a syringe that had previously been used by someone else (15%). Among those who ever shared a needle, 38.2% did not share one in the month prior to the survey, while 31.8% shared a needle on a regular basis and 30% said that they sometimes shared needles. The survey results did not outline how many of the 408 IDUs who responded to these questions used *sterile* equipment the last time they injected drugs.

The injecting partners were mainly friends (87.3%) followed by drug dealers (28.6%) and very few would share a needle with a regular sex partner (5.6%) or an irregular sex partner (4.2%). Those who do share a needle have frequently multiple partners, and only one third of them would share a needle with just one injecting partner.

Indicator #22: Percentage of young women and men aged 15-24 who are HIV infected

National level data exits from pregnant women attending antenatal clinics in HIV sentinel surveillance sites in Bahrain. The only available data comes from one site, the Bahrain Defense Force Hospital, covering 500 pregnant women tested for HIV in 2009 with two HIV positive cases detected.

Indicator # 23: Percentage of most at risk populations who are HIV infected

This data is not available as HIV surveillance amongst most at risk groups did not take place.

Indicator #24: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

There were no new adults and children started treatment in 2008 and are registered to be on treatment 12 months after initiation of antiretroviral therapy. There are 40 Bahrainis receiving ART, and their therapy was initiated prior to 2008.

Indicator #25: Percentage of infants born to HIV infected mothers who are infected.

Spectrum projections are not available for Bahrain. However, no HIV infected mothers were registered for 2008 or 2009 in Bahrain.

V. Best practices

- **Modified outreach program in prison:** Carried out in 2009 and currently an on-going effort amongst IDUs in the prison setting in Bahrain. The group was started with 13 IDUs and has currently expanded to include 76 IDUs, two of who are HIV infected. The objective of modified outreach program is primarily to implement a harm reduction strategy in the prison setting, to ensure that the IDUs maintain abstinence from drugs and sex while in this high-risk setting. The program also tries to support IDUs to avoid relapse, and to provide life skills training to cope after being released prison.
- **The School Health Program:** Considerable prevention efforts are underway to raise awareness about the mode of transmission of the disease, amongst students in governmental and private schools. The School Health Program of the Ministry of Education, in collaboration with the Department of School Health at the Ministry of Health, runs a comprehensive education program that includes the topic of HIV. This program is fully integrated in the curriculum of the junior and senior high 208 and public and 68 private schools throughout the Kingdom of Bahrain (total of 276 schools). In addition, the Ministry of Health has recently developed an extra-curricular module on life skills training for all schools levels. Topics covered include leadership, decision-making, self-confidence and communication skills. The program has been implemented since 2004 and is hailed as a successful model in the region in terms of providing accurate information on HIV and AIDS as well as other sexually transmitted diseases.
- **PLHIV support group activity:** With the participation of PLHIV, some 30 activities took place in 2008 to provide awareness and IEC to the general population. PLHIV were involved in sharing their experience and in providing information on how to reduce harm and to provide accurate information on modes of transmission. By being a source of information to the general population, the objective was to increase awareness regarding PLHIV and to fight stigma and discrimination within the health care setting. PLHIV are currently moderately involved in the sub-committees to ensure that their voices are heard, as well as gradual involvement in post-testing counseling for PLHIV. The peer group is currently looking into options for the establishment of an NGO to support the needs and rights of PLHIV.
- **Integration of HIV services in the Primary health care system:** The family physician is trained for counseling, and testing on HIV. The physician is also trained on the syndromic approach of sexually transmitted diseases. Treatment is provided centrally for those who are referred to the Salmaniya pharmacy. More efforts are underway to ensure the recording and documentation of cases overseen by family physicians.

VI. Major challenges and remedial actions

Information and Programming for MARPS: There is also a stark void in data relating to knowledge and behavior amongst the general and at risk populations in Bahrain, with a pronounced absence of data on most-at-risk populations. While the literature suggests a wide range of risk behaviors amongst high-risk populations in Bahrain, most often in reference to injecting drug users (IDUs), it also reveals a lack of information regarding sex workers and men who have sex with men. Cultural and social sensitivities maintain silence and denial over the presence of high-risk groups such as sex workers and men who have sex with men. An additional challenge remains with regards to undertaking special surveys in a contextually appropriate manner and using the information generated by such studies to develop programs that specifically target high-risk groups. As a result, there are currently no outreach programs for MARPS, IEC or harm/risk reduction program options have yet to be considered.

Treatment of PLHIV: PLHIV who responded to the NCPI stated that several challenges were faced. These included the fact that medications are provided through one central site, namely the Salmaniya Central Pharmacy and that it sometimes takes time to access needed treatment. They also raised the issue that sustainability of medications represents a constraint, that medication options were limited, and that some PLHIV were not aware of their treatment options. PLHIV stated that due to levels of stigma and discrimination amongst some health care providers, PLHIV remained fearful of accessing the services provided and treatment in a consistent manner.

Assessment of Current Programs for their effectiveness: To date, there has been no assessment of the National AIDS Program, or other on-going programs such as the school health or health education programs. Respondents to the NCPI from government stated that there is a need to carry out such assessments in order to ascertain whether or not the knowledge and education being provided was yielding the required prevention targets and/or the behavior change. It is also unclear whether these programs are cost effective. In the absence of such assessments, some of the challenges in the programs are not being identified. Such assessments are being considered, depending on budget availability, given that Bahrain is on its final year of implementing the current National Strategy and such assessments can help to build on the successes and lessons learnt from current programs.

Capacity of the National AIDS Program: The National AIDS Program is currently led by the Director and several part time staff. An ambitious national strategy requires that greater human resource and financial capacity be invested. This is cited by NCPI respondents as one of the critical challenges facing the implementation of the national strategy. Additionally, monitoring, documentation and evaluation needs for the program have been limited and therefore it is difficult to ascertain the effectiveness of the current program and to build the new strategy on lessons learnt. A thorough M&E systems assessment is being considered to identify areas specific systems as well as capacity strengthening is needed.

VII. Support from the country's development partners

The National AIDS Program has been receiving considerable support from the United Nations Development Program (UNDP) over the course of the last several years. This collaboration has resulted in the development of the National Strategy, but more recently in a mass media campaign, the training of religious leaders to increase their awareness of HIV related issues as well as other key awareness raising workshops. The UNDP has been instrumental in technically guiding and funding the 2006 KAPB studies mentioned in this report. UNDP support will be solicited for the development of Bahrain's new HIV and AIDS Strategy, as well as needed studies on MARPS to inform the new strategy and necessary programs.

Likewise, the WHO and UNAIDS have continued to provide regional learning opportunities and technical assistance to the national AIDS program, bringing together NAP Managers for cross regional information sharing and most recently for the updating of the guidelines of the ART, which is to be disseminated to key stakeholders involved in treatment. Further assistance will be requested in terms of spectrum projections, national spending assessments on HIV and AIDS, and special studies for MARPs.

Civil society is a critical development partner in this effort, and moving forward, the Bahrain Red Crescent Society or the General Federation of Bahrain Trade Unions are being considered for Bahrain's first VCT pilot. Support from CS organizations will be expected in terms of increased outreach harm reduction and risk reduction programming.

VIII. Monitoring and evaluation environment

While Bahrain has developed its National Strategic Plan and established its National AIDS Program in line with the 'Three Ones' Principle, it has yet to develop a comprehensive National Level Monitoring and Evaluation (M&E) Plan to guide the monitoring and reporting on progress towards national and global targets. Additional M&E System limitations include the lack of operational plans with standardized indicators for all stakeholders involved in the national response, guidelines on tools for data collection, data analysis strategy and data dissemination plans. As such, there is no mechanism in place for the NAP and implementing partners to submit routine reports and to share data, so as to ascertain the collective contribution to the national response on HIV/AIDS.

The National AIDS Program is currently fully reliant on its Director, who receives support from part time staff, and engages on issues of M&E with nationally established, though not fully functional, research, information, and epidemiology committees. Much of the experience in implementing the current national strategy has not been adequately assessed and/or documented. According to NCPI responses, M&E capacity is cited as one of the critical challenges facing the implementation of the National Strategy.

Currently, the Department of Public Health houses much of the data on the status of the epidemic in the country. Information that is available is predominantly focused on numbers of people reported with HIV, number of people receiving ART, mother to child transmission and treatment for TB/HIV co-infection. This data is shared with the Health Information Department, and is included in the Annual Health Report issued by the Government of Bahrain.

In terms of surveillance, HIV/AIDS surveillance is included in the national guidelines for communicable disease surveillance. There are 22 health centers and hospitals across Bahrain, through a strong computer-based infrastructure, the relevant data on HIV and AIDS health services and outcomes is made available. These facilities carry out various activities, including screening for blood and HIV testing of suspected cases. In 2007, an antenatal sentinel surveillance site was established in the Bahrain Defense Force Hospital, which carries out HIV tests for pregnant women.

Representatives from the Department of Public Health stated that there is a systematic lack of information of critical groups such as female sex workers and men who have sex with men. With an increasing acceptance for special surveys to be conducted, more information is being generated on IDUs, and is restricted to information regarding knowledge, rather than behaviors of most-at-risk groups. Behavioral questions are usually omitted from special surveys, within the context of a conservative operating environment.

The 2010 UNGASS reporting process in Bahrain and other countries in the region has helped pave the way for a broad and inclusive dialogue and critical review of the M&E systems and priority M&E needs for Bahrain's HIV and AIDS National Strategy for AIDS Prevention, particularly for 2010. As such, the National AIDS Program has prioritized certain aspects of M&E system strengthening for 2010-2011, whether related to strengthening its surveillance, research, monitoring and reporting capacity.

Evaluation of the Bahrain 2008-2010 National Strategy for AIDS Prevention

A priority activity for 2010, which will require UNAIDS engagement and support, is the evaluation of the Bahrain 2008-2010 National Strategy for AIDS Prevention. 2010 is the final year of implementation of the current NSP and therefore is important to focus efforts on assessment of the program, its strategies and initiatives as well as the contribution of the different stakeholders to the National Strategy. This is an opportunity to consider the assessments of current programs and evaluation of the National Strategy as a learning exercise, to identify areas of strengths and gaps in the current response as well as to inform the development of Bahrain's next National Strategy and M&E Guide.

ANNEXES

ANNEX 1: Consultation/preparation process for the country report

ANNEX 2: National Composite Policy Index questionnaire