Qatar Progress Report 2012

January 2010 – December 2011

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Glossary OF Terms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CDC	Communicable Disease Clinic in HMC
CSO	Civil Society Organization
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HMC	Hamad Medical Corporation
HP&CDC	Health Protection and Communicable Disease Control unit in SCH
GCC	Gulf Cooperation Council
IDU	Injecting Drug Use
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa
MSM	Men Having Sex with Men
MTCT	Mother to Child Transmission
NGOs	Non-governmental Organizations
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
QRCA	Qatar Red Crescent Authority
SCH	Supreme Council of Health
STD	Sexually Transmissible Disease
TB	Tuberculosis
UNAIDS	The United Nations Joint Program on HIV & AIDS
UNGASS	United Nations General Assembly Special Session on HIV & AIDS
WHO	World Health Organization

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I. Status at a glance:

a. The Inclusiveness of the stakeholders in the report writing process:

The information in this report was collected and processed by a task force that was assembled in the Supreme Council of Health's (SCH) Health Protection and Disease Control (HPDC) Department in collaboration with UNAIDS representative that included:

- Representatives from different departments in the SCH who span different areas of expertise such as the Health Intelligence Department and the HPDC
- Epidemiologist from the Medicine Department in Hamad Medical Cooperation (HMC)[1]

Other stakeholders participated by providing relevant information depending on their field of expertise such as the Qatari Red Crescent Scoiety, Weill Cornell Medical College in Qatar, people living with HIV (PLHIV), Pharmacy Department in HMC and The Social Rehabilitation center (Al-Aween).

Data/information was collected from the following sources:

- SCH annual report – Communicable Disease Unit
- HMC annual report – Communicable Disease clinic, TB clinic and HIV clinic
- Medical Commission annual report
- Independent studies conducted in Qatar (2006-Present)
- Desk review of government, UN and social and educational institutions
- Interviews conducted with stakeholders
- National TB program

b. Country Background:

Qatar's exceptionally rapid economic growth, which has contributed to impressive gains in social and human development, has stimulated numerous large-scale medical infrastructure and expansion projects. Qatar is striving to provide health services that are patient-centered to ensure that the healthcare needs of the country's diverse and rapidly growing population are met. Qatar's health sector faces a number of challenges, which must be overcome in order to develop the aspired for health system:

- Less than optimal national integration, quality guidelines, planning and performance monitoring

[1] HMC is the premier non-profit healthcare provider in Doha, Qatar. Established by Emiri decree in 1979, the Corporation manages four highly specialized hospitals: Hamad General Hospital, Rumailah Hospital, Women's Hospital, Psychiatric Hospital and the Primary Health Care Centers.

- The current morbidity and mortality patterns reflect an increasing prevalence of non-communicable diseases, including chronic diseases and those linked to lifestyle and behavior, as well as a considerable rate of injuries, primarily from road traffic accidents (RTAs) and workplace-related incidents
- Rapidly increasing and fluctuating population, causing increasing demands on the healthcare system
- Shortages in a quality workforce, which span the entire sector, both within provision of services as well as regulation and administration of the health system. Recruitment and retention strategies are not adequate and have not succeeded in filling these shortages
- An imperative need for strengthening the health sector's regulatory and policy framework which is necessary for an effective and efficient system

These challenges are addressed in the National Health Strategy 2011-2016 that outlines specific goals for the Supreme Council of Health.

c. Status of the HIV epidemic:

Qatar remains a low prevalence country with a steady rate of new HIV infections diagnosed every year (less than 10 new cases diagnosed per year). In 2010 and 2011 combined, only 14 new cases were reported. These 14 cases added to a total of 88 PLVIV now in Qatar and a total of 261 cases ever recorded in the history of Qatar. Up to 2000, the main mode of transmission was contaminated imported blood and blood products, but this is no longer an observed mode of transmission thanks to regulations introduced and implemented in relation to blood handling. Although no study to date has formally determined the main mode of transmission, available data suggests that the main mode is heterosexual sex**.** Although there is no developed HIV surveillance system, current data do not support the presence of much epidemic transmission in the population including most at risk populations.

d. The policy and the programmatic response:

Due to the low prevalence in the country and the steady rate of new HIV, the response and the policies in Qatar have been mainly focused on maintaining this low prevalence and supporting current PLHIV in the country.

To date there is no formal strategic plan dedicated especially for HIV & AIDS, but there is a national health plan (National Health Strategy 2011-2016) that includes HIV. Various sectors in the country respond to HIV depending on their field of expertise and scope of work to cover prevention, screening and supporting vulnerable groups. There is extensive HIV testing in the country –over 500,000 HIV tests/year- as there are multiple venues in which testing is available or mandatory such as premarital testing, pregnant women testing, and migrant worker testing.

On the other hand, treatment is readily available free of charge to all PLHIV. A clinic dedicated for HIV & AIDS has been established in HMC where all PLHIV receive their treatment and counseling. In the very few cases of HIV positive pregnant women, treatment was given during pregnancy leading to negative HIV tests in the newborns in all the cases. The clinic in HMC functions as a VCT in the country through a unique integrated approach for all the care PLHIV need from treatment to education and other services and support.

e. Indicator data in an overview table

Due to low prevalence in the country, the limited active research/monitoring programs and the unique context of HIV & AIDS in a country like the State of Qatar, the data provided for the following indicators needed to be modified and reported as following:

Targets	Indicators		Remarks
Target 1. Reduce sexual transmission of HIV by 50% by 2015 *General population*	1.1	Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Percentage of people who responded yes to the following: 1. Avoiding extra-marital relations: 69% 2. Proper condom use as a preventive measure: 59% 3. Can a healthy looking person have HIV: 59% 4. HIV cannot be transmitted by mosquito bite: 38.9% 5. HIV is transmitted by sharing food with someone who is infected: 49.9%
	1.2	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Not relevant in Qatar as a low prevalence country
	1.3	Percentage of adults aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months	Not relevant in Qatar as a low prevalence country
	1.4	Percentage of adults aged 15-49 who had more than one sexual	Not Relevant in Qatar

		partner in the past 12 months who report the use of condom during their last sexual intercourse	
	1.5	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	N/A, however there are many venues for screening in the population for example: pre-employment for all citizens and residents, pre-marital and pre-travel testing for students travelling abroad. There are around 500,000 HIV tests/year (Qatar's population is 1.8 Million)
	1.6	Percentage of young people aged 15-24 who are living with HIV	N/A. 1 out of 14 new cases in the last two years was in this age group
Sex workers	1.7	Percentage of sex workers reached with HIV prevention program	N/A
	1.8	Percentage of sex workers reporting the use of a condom with their most recent client	N/A however condoms are available in all supermarkets and pharmacies at reasonable prices (avg <0.5 $/condom) with no legal restrictions or regulations limiting their distribution and use
	1.9	Percentage of sex workers who have received an HIV test within the last 12 months and know their results	N/A, however HIV testing is done upon the arrival of migrant workers as well as in other venues of HIV testing
	1.10	Percentage of sex workers who are living with HIV	N/A.
Men who have sex with Men	1.11	Percentage of men who have sex with men reached with HIV prevention program	N/A. No programs are developed for this group but all PLHIV receive treatment in HMC regardless of their sexual orientation
	1.12	Percentage of men reporting the use of condom the last time they had anal sex with a male partner	N/A

	1.13	Percentage of men who have sex with men and have received an HIV test in the last 12 months and know their results	N/A.
	1.14	Percentage of men who have sex with men who are living with HIV	N/A. 1 out of the 14 new cases in the last two years was an MSM
Target 2. Reduce transmission of HIV among people who inject drugs by 50% by 2015	2.1	Number of syringes distributed per person who injects drugs per year by needle and syringe programs	N/A, there are no programs for needles exchange or distribution
	2.2	Percentage of people who inject drugs who report the use of condoms at last sexual intercourse	N/A
	2.3	Percentage of people who inject drugs who reported using a sterile injecting equipment the last time they injected	
	2.4	Percentage of people who inject drugs that have received an HIV test in the last 12 months and know their results	
	2.5	Percentage of people who inject drugs who are living with HIV	N/A, however there have been no people who inject drugs out of the new HIV & AIDS cases between 2010-2011
Target 3 Eliminate mother to child transmission of HIV by 2015 and substantially reduce AIDS related maternal deaths	3.1	Percentage of HIV positive pregnant women who receive ART to reduce the risk of mother to child transmission	100% there was one case in 2011 and another in 2008 of HIV positive pregnant women. Both received ART and babies tested negative after birth
	3.2	Percentage of infants born to HIV positive women receiving a virological test for HIV within 2 months of birth	100% within the last two years. Only one case present
	3.3	Mother to child	0%

		transmission of HIV	
Target 4 Have 15 million people living with HIV on ART by 2015	4.1	Percentage of eligible adults and children currently receiving ART	100% ART is provided for all PLHIV who test positive free of charge both for Qataris and non-Qataris
	4.2	Percentage of adults and children with HIV known to be on treatment 12 months after the initiation of ART	100%
Target 5 Reduce tuberculosis death in people living with HIV by 50% by 2015	5.1	Percentage of estimated HIV positive incident TB cases that received treatment for both TB and HIV	N/A. There has been only one case reported in 2008 of a patient who had both HIV and TB and this patient received treatment for both. All HIV positive persons are screened for TB routinely.
Target 6 Reach a significant level of annual global expenditure (US$22-24 billion) in low and middle income countries	6.1	Domestic and international AIDS spending by categories and financing resources	All spending related to HIV (screening, treatment, care and support) is provided by HMC –governmental non-profit institution- as part of medical services. The budget for health care is open. Treatment for an HIV patient costs 25000$/year fully supported by HMC for all the 88 patients of PLHIV
Target 7 Critical enablers and synergies with development sectors	7.1	National commitment and policy instruments (prevention, treatment, care and support, human rights, civil societies involvement, gender, workplace programs, stigma and discrimination and monitoring and evaluation)	See annex for NCPI
	7.2	Proportion of ever married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	N/A.

	7.3	Current school attendance among orphans and non-orphans aged 10-14	Not Relevant in Qatar
	7.4	Proportion of the poorest household who received external economic support in the last 3 months	Not Relevant in Qatar

II. Overview of the AIDS epidemic:

Qatar remains a low prevalence country with an over-all population prevalence rate of less than 0.2%. The cumulative number of cases ever reported up to December 2011 is 261 cases. Among those are 88 PLHIV. HIV & AIDS are broken down as follows:

Table 1: Number of new HIV & AIDS cases reported per year 2000-2011

Year	Number of cases
Up to 1999	154
2000	7
2001	3
2002	15
2003	8
2004	11
2005	14
2006	9
2007	10
2008	11
2009	5
2010	7
2011	7
Total	261

Table 2: Age Distribution of all HIV & AIDS reported 2000-2011

Age	Number	Percentage
0-4	13	4.9%
5-9	6	2.2%
10-14	9	3.4%
15-19	15	5.7%
20-24	23	8.8%
25-29	37	14.1%
30-34	36	13.7%
35-39	30	11.4%
40-44	33	12.6%
45-49	26	9.9%

50-54	10	3.8%
55-60	10	3.8%
>60	9	3.4%
Unknown	3	1.1%
Total	261	100%

Table 3: HIV & AIDS cases in 2010 and 2011

	HIV		AIDS	
Age Group	Males	Females	Males	Females
<15				
15-19				
20-24	1			
25-29	1			
30-39				1
40-49			5	3
>50			2	1

Table 4: Mode of Transmission 2010-2011

	HIV cases		AIDS cases	
Mode Of Transmission	Males	Females	Males	Females
Men who have sex with men	1			
Heterosexual contact	1		8	4

Up to the year 2000 the main mode of transmission was through contaminated blood and blood product that were mainly imported to Qatar. This has been eliminated by screening all blood donors before donating blood and limiting the use of imported blood. Every year there are approximately 16000 to 18000 blood donations in the country all of which are screened for HIV with no HIV positive cases.

HIV transmission within the country appears to be very limited. Despite the lack of formal studies conducted to determine the mode of transmission in Qatar, current reports and documents suggest that the dominant mode of transmission is heterosexual sex mainly from exogenous HIV exposures abroad which are then transmitted to the immediate sexual partners within the country. There is also no evidence of epidemic transmission within networks of most at risk population. There is a very high number of migrant workers in Qatar and most of them are single male workers who might be vulnerable to HIV, however repeated HIV testing on migrant workers consistently indicate very low HIV prevalence. There is no tangible evidence of epidemic transmission of HIV in Qatar whether generalized or concentrated.

There is no evidence of mother-to-child-transmission (MTCT) in Qatar. According to the women's hospital, there have been only two cases of pregnancies among HIV positive mothers one in 2008 and one in 2010 both of which were completed to term. The mothers received ART during pregnancy and both of their children tested negative after birth.

As mentioned before, every year there is over 500,000 HIV tests being done for a population of less than two millions which show very small number of positive cases.

A study of HIV/AIDS knowledge and attitudes among youth in the age group16-24 showed that although there is a high basic knowledge of HIV & AIDS, comprehensive knowledge of the infection is still rather low. Most misconceptions related to HIV modes of transmission. Though there were mixed attitudes towards PLHIV, overall the attitudes tended in the positive side. Media and more specifically TV and the Internet were the main sources of information about HIV/AIDS in contrast to educational institutions, religious leaders or awareness campaigns.

III. National response to the AIDS epidemic

Prevention and Control:

There is limited centralization of HIV response and efforts are distributed among the various stakeholders and sectors in the country. There are no well-developed prevention programs targeting the most at risk populations or the general population. Most at risk populations are not yet formally identified in order to engage them in prevention programs. The lack of NGO's working with them and the weak involvement of civil society make implementation of future prevention programs challenging.

There is easy access for prevention methods such as condoms that are readily and widely available at reasonable prices (avg <0.5$/condom), and without any legal or health restrictions. There are no condom programs or condom distribution in the country including in HMC as it is not considered to be a medical device. There are also no programs for dissemination of knowledge regarding the use of condoms and its health effects. HIV testing and counseling is available to all citizens and residents of the country and it has been offered in certain settings such as pre-marital screening that is highly recommended but not obligatory. However counseling and testing is not provided through a full-fledged VCT program. A contributor to the low prevalence in Qatar is the adoption of blood safety precautions. As it was mentioned earlier, transmission through blood and blood products was the main mode of transmission until new regulations were implemented using only blood from local donors of which the blood is screened for HIV before its use and stopping the use of imported blood. These regulations have successfully eliminated the risk of transmission of HIV through blood and blood products.

HIV screening has been incorporated in pre-employment, pre-marital and pre-residency permit procedures for everyone. Screening for HIV has been implemented for all blood donations in the blood bank, and is encouraged for all women in the women hospital upon their first visit and with every pregnancy, all drug users referred for psychiatric treatment in the psychiatric hospital, and all students travelling abroad. The vast majority of the population of Qatar has been tested for HIV at least once in the last few years.

Qatar hosted several events and conferences that pertain to HIV & AIDS. The 2011 HIV & AIDS Symposium in Qatar was the most recent one and attracted regional attention. These conferences also provide a catalyst for other conferences in the region. Among other recent activities in relation to HIV are a one day event held in Qatar University for HIV & AIDS to increase awareness about the disease and to eliminate stigma and discrimination against PLHIV. Also the national Committee for Drug and Alcohol held several events and programs targeting youth to increase their awareness about drug use and the risks associated with it. Efforts in prevention have been relatively limited in scope partially due to weak involvement by the civil society and the lack of NGOs working directly with most at risk populations in Qatar

Treatment, care and support:

Qatar Government provided free of charge HIV management central at Hamad Medical Corporation Hospital this includes HIV treatment and care and other preventive HIV services such as laboratory testing, PMTCT, anti-retroviral (ARV) therapy (front-line and alternative triple therapy regimens), treatment for opportunistic infections and counseling physiological support. All services are offered free of charge and under strict confidentiality privileges for Qataris and non-Qataris.

The low prevalence status in Qatar was advantageous in terms of providing quality support to all PLHIV and being able to provide free services since there is a small number of PLHIV in Qatar hence each person can be fully supported. However, it was disadvantageous at the public health level as HIV does not rank highly among the public health issues in the country. This has led to lack of specific HIV & AIDS response programs. There are currently no needle exchange programs, active surveillance or M&E. The involvement of the civil society remains scattered and inadequate.

All funding for HIV & AIDS activities or programs have been governmental in nature with no bilateral agencies or private sector funding. The budget allocation from the government is however sufficient to cover all costs with an opportunity to be increased upon request. Treatment for each HIV patient costs around $25000 annually fully supported by the government for all PLHIV both Qataris and non-Qataris. In a country like Qatar with the highest per capita income in the world, resources are available and it does not constitute an obstacle in providing treatment or any other services for PLHIV. With the recent establishment of world-class academic and

research institutions in Qatar, research budgets in millions of dollars have been allocated for HIV & AIDS research well beyond Qatar. Further advancement in HIV & AIDS response is anticipated in the future facilitated by the country's abundant resources.

Stigma and Discrimination:

Qatar has made substantial efforts to reduce stigma and discrimination against PLHIV in regards to employment and discrimination in the health care sector. The theme of the last World AIDS Day activities was stigma among healthcare providers. A workshop to this end was held at HMC and was well attended by healthcare workers.

IV. Best Practices

Qatar offers excellent care for PLHIV through the integrated HIV clinic that was established in HMC. The clinic offers free treatment for all patients and education and counseling as well as social support and help in their employment process. The beneficiaries of such services are Qataris and non-Qataris who were diagnosed with HIV in Qatar. All PLHIV in the country even within the private sector are referred to this clinic for follow up.

There is still limited research and studies done on different aspects of HIV & AIDS in Qatar, however with the establishment of institutions like Weill Cornell Medical College in Qatar, Qatar Science and Technology Park, and Qatar National Research Fund –all members of Qatar Foundation- research initiatives are blooming and it is anticipated that there will be progress in this area in the coming years. Already millions of dollars have been allocated for HIV research with a global health perspective.

Al-Aween Social Rehabilitation center was established 3 years ago to provide rehab services free of charge with an open door policy to drug users and alcoholics. The center uses an integrated approach in which they provide support for detoxification services –mediated by HMC, occupational therapy, psychiatric therapy and cognitive behavior therapy. They also provide employment opportunities for their patients. The center holds several educational programs targeting students, parents, social workers and teachers to increase their awareness about drugs and alcohol. "Second Chance" program for prisoners was implemented where the NGO provides prisoners with social and medical support and workshops for religious leaders in mosques to promote awareness among other programs and activities.

V. Major challenges and Remedial Actions

Major Challenges:

- Though all indications suggest low prevalence of HIV in Qatar, there is no concrete evidence of HIV prevalence among most at risk populations as the tools and programs to identify such populations are not yet developed.
- There is a need for second generation surveillance in order to evaluate the prevalence and patterns of the epidemic among these populations.
- There are no full-fledged HIV prevention programs in the country due to multiple obstacles such inadequate cooperation between the different sectors.
- High risk populations are not yet formally identified in order to engage them in prevention programs.
- There is no official Monitoring and Evaluation (M&E) framework to assess HIV efforts in Qatar despite the high capacity and the abundant resources within the various sectors.
- Social stigma remains the most challenging aspect that PLHIV face.

Remedial Actions:

Recent initiatives have been initiated to further develop a comprehensive national response. The most recent effort is the Gulf Cooperation Council (GCC) initiative that was launched in the Kingdom of Saudi Arabia. This initiative started in April of 2011 as a Saudi initiative but was scaled up to include the GCC. The initiative grew in 2012 to include the rest of the Arab world. There were 10 recommendations that the charter included which were:

- Conduct research in the GCC countries to identify the main modes of transmission, recent HIV infections and the nature and the background of key populations
- Increase the collaboration among ministries, health, religious and social authorities in terms of training and HIV awareness raising programs
- The GCC committee to work with relevant authorities in developing media charter to tackle HIV issues in the media
- Support availability of services to prevent mother-to-child-transmission of HIV
- Review and enact laws and legislations that preserve the human rights of people living with HIV
- Scale up HIV counseling and testing programs
- Enhance the involvement of the civil society and the private sector in the AIDS response
- Develop HIV prevention programs focusing on young people
- Develop a strategy and adopt mechanisms to ensure the implementation of the Riyadh Charter.

An HIV & AIDS specific National Health Strategy is in progress along with initiatives to start a hotline for HIV where anyone can call for free to obtain counseling and information regarding HIV & AIDS.

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