

Survey Response Details

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Response Details

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1) Country

United Arab Emirates (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Dr. Mahmoud Fikree CEO for Health Policies

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7) Date of submission:

Please enter in DD/MM/YYYY format

25/03/2010

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8) Describe the process used for NCPI data gathering and validation:

Data gathered and reported in this report was based on interviews with key stakeholders from the Ministry of Health at the UAE, local health authorities, as well as representatives of civil society (Women's Union, Red Crescent) and international organizations (UNDP).

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

Should disagreements arise, the international consultant contacted stakeholders for further clarification. Evidence supporting reported facts and figures was requested. The very few unresolved disagreements were tackled during the consensus meeting with key stakeholders.

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

Although there was an opportunity to share the reported information with a large forum attended by key stakeholders, including H.E. the Minister of Health, there was no opportunity to share the information with the general public.

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Dr. Nada Al-Marzouqi	NAP Manager	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Dr. Ibrahim Al-Qadi	Director of Preventive Medicine Department	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Dr. Mahmoud Fikri	CEO for Health Policies	A.II, A.III, A.IV
Respondent 4	Dr. Jamal Al Mutawa	Head of the communicable disease and public health & research department at the health authority of Abu Dhabi	A.II, A.III, A.IV, A.V
Respondent 5	Dr. Farida Al-Hosani	Senior Regional officer in Communicable Diseases section of Public Health & Policies, Health Authority, Abu Dhabi	A.II, A.III, A.IV, A.V
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent			

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Respondent
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13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Colonel Dr. Mohamed AlMur	Director General of Department of Legal and Disciplinary control	B.I, B.II, B.III

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Ahlam Saeed ALamki	Head of Research and Studies Department	B.I, B.II, B.III
Respondent 3	Fathiyya Al-Nizari	Director of Community Safety, Red Crescent	B.I, B. II, B. III
Respondent 4	Mrs. Manar Yezbick	Program Associate, UNDP	B.I, B.II, B.III, B.IV
Respondent 5			
Respondent			

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Page 5

15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

No (0)

Page 6**16) Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****IF NO or NOT APPLICABLE, briefly explain why**

The country has started to put a National multisectoral Strategic Framework and plan in 2007-2008. It had involved all sectors: health, education, labour, military/police, women and civil society (Red Crescent Authority). No specific budget has been allocated from any of the sectors. It had addressed young men/women, children and high risk groups (MSM, IDUs), emphasizing the settings of schools, workplace and prisons, and the issue of human rights protection and reducing stigma and discrimination. Since 2008, little has been done in the implementation and indorsement of the draft strategy.

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17)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

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18)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 17

19)

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

Yes (0)

Page 18

20)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	No
Condom provision	No
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

Page 19

21)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV testing and counselling is a requirement for enrollment in uniformed services at UAE.

22)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

23)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

24)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

There is a regulation to prevent human trafficking in UAE with emphasis on protection of women & youth. A national multi-sectoral committee is in place to ensure conformance to this law.

25)

Briefly comment on the degree to which these laws are currently implemented:

The above mentioned strategy has been implemented efficiently

Page 21

26)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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27)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

28)

IF YES, briefly describe the content of these laws, regulations or policies:

laws criminalizing IDUs, MSM and FSWs

29)

Briefly comment on how they pose barriers:

Difficulties in reaching the IDUs, MSM and FSW populations because they do not trust the health authorities and are afraid that they will be reported to the police. The absence of NGOs advocating for the rights of the above mentioned MARPs further compounded the problems and led to further marginalization of these groups.

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30)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

31)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

No (0)

32)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

33)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current needs only (0)

34)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

35)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

36)

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

Yes (0)

Page 27

37)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

Pregnant women, students going to universities, workforce people at employment, TB patients

38)

Briefly explain how this information is used:

To guide resource allocation and service delivery expansion

Page 2839) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

40)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

At the level of the seven Emirates that are part of the federation (Dubai, Abu Dhabi, Ajman, Sharjah, Ras Al-Khimah, Fujairah and Umm Al-qiwain)

41)

Briefly explain how this information is used:

The information is used to ensure equitable coverage among the various emirates and to optimize resource used as per the needs of the various emirates

42)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

43)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

5 (5)

44)

Since 2007, what have been key achievements in this area:

Drafting a regulation to protect the rights of PLHIV Proposing a new organizational chart with new re-design of the National HIV/AIDS program A draft national multi-sectoral strategic framework & operational plan, Involving multiple governmental and non-governmental stakeholders, were devised in 2007-08

45)

What are remaining challenges in this area:

Need an updated strategic and operational plans to guide UAE's response to the epidemic Need additional human resources to coordinate, devise, implement, monitor and evaluate plans Need for more technical support in strategic planning and strategy implementation, esp. M&E Need to additional support from policy makers

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46)

Part A, Section II: POLITICAL SUPPORT**1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

President/Head of government	
Other high officials	Yes
Other officials in regions and/or districts	Yes

47)

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

Yes (0)

Page 32

48)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2006

49)

2.2 IF YES, who is the Chair?

Name
Position/title Minister of Health

50)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	No
have a defined membership?	Yes
include civil society representatives?	No
include people living with HIV?	No
include the private sector?	No
have an action plan?	No
have a functional Secretariat?	No
meet at least quarterly?	No
review actions on policy decisions regularly?	No
actively promote policy decisions?	No
provide opportunity for civil society to influence decision-making?	No
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	No

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51)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

52)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Partnerships with civil society and private sector to conduct HIV awareness activities Providing health education materials to them (i.e. leaflets and posters)

53)

Briefly describe the main challenges:

Weak communication & coordination. Need to ensure sustainable communication through formal administrative structure (e.g. joint committees and taskforces) No M&E system

54)

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

Information on priority needs	No
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	No
Capacity-building	No
Other: Please specify	

55)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

No (0)

Page 38

56)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

7 (7)

57)

Since 2007, what have been key achievements in this area:

The multi-sectoral involvement in HIV awareness activities Drafting a bylaw for the rights of people living with HIV and AIDS patients Inclusion of civil society organizations in HIV planning efforts & partnering on awareness campaigns.

58)

What are remaining challenges in this area:

Support the drafting of a national AIDS strategic and operation plans More coordination between governmental agencies More coordination between governmental bodies and the civil society Need to support the establishment of NGOs A need to build the M&E system in the country Decentralization of IDUs More efforts to decrease discrimination & stigma Centralization of the HIV/AIDS reporting system

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59)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

60)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- c. Be faithful (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- o. Prevent mother-to-child transmission of HIV (0)

61)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

No (0)

Page 41

62)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

63)

2.1 Is HIV education part of the curriculum in:

primary schools? No
 secondary schools? Yes
 teacher training? No

64)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

65)

2.3 Does the country have an HIV education strategy for out-of-school young people?

No (0)

66)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

67)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Prison inmates
Stigma and discrimination reduction	
Condom promotion	
HIV testing and counselling	Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	
Needle & syringe exchange	

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68) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what

are "other populations".

Prisoners, young people at universities, pre-marital information for couples going to marry

Page 44

69)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

70)

What are remaining challenges in this area:

communicable diseases are not viewed as a priority

Page 45

71)

Part A, III. PREVENTION

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

No (0)

Page 46

72)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	N/A
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	N/A
Risk reduction for sex workers	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	Agree

School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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73)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

74)

Since 2007, what have been key achievements in this area:

Regular Health education and prevention awareness activities Collaborative IEC activities between various stakeholders Expanded routine HIV surveillance efforts

75)

What are remaining challenges in this area:

Need to establish and promote VCT Need to carry out KAP studies & behavioral surveys Need to enhance IEC programs in schools and educational institutions Increase the number of qualified staff to work on HIV/AIDS awareness and prevention Enhance the skills of current health educators Build a synergy between the role of various stakeholders and strengthen partnerships

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76)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

77)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

78)

1.2 IF YES, does it address barriers for most-at-risk populations?

No (0)

79)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

80)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Yearly requirements of testing material and medications are assessed based on the information on consumption in previous year along with some calculated estimations

81)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	N/A
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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82)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

83)

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

Yes (0)

Page 52

84)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

ARV Medications

Page 53

85)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

86)

Since 2007, what have been key achievements in this area:

Availability of unlimited and free care, treatment and support services to UAE nationals

87)

What are remaining challenges in this area:

Lack of regular training for development of knowledge and skills of healthcare workers Lack of qualified staff in HIV management Consider a policy to promote generic drugs for ARV Need to enhance communication with clinical facilities Need to enhance home care programs

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88)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

N/A (0)

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89)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

In progress (0)

Page 65

90)

5. Is there a functional national M&E Unit?

In progress (0)

Page 71

91)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

92)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

Central Preventive Medicine Dept in MOH is managing the central HIV database It receives info from all MOH faciiltes and most of other governmental health authorities

93)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, but only some of the above (0)

Page 73

94)

7.3 Is there a functional* Health Information System?

At national level Yes
 At subnational level Yes

Page 74**95) Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

On the level of local governmental health authorities

96)

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

Yes (0)

97)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

2 (2)

Page 75**98) Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

2 (2)

Page 76

99)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

2 (2)

Page 77**100) Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, but only addressing some levels (0)

Page 78

101) Part A, Section V: MONITORING AND EVALUATION

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at subnational level (0)

102)

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

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

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103)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

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104) Part A, Section V: MONITORING AND EVALUATION

Question 10.2 (continued)

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

3 (3)

105)

Since 2007, what have been key achievements in this area:

Awareness on the importance of having M&E plan and system

106)

What are remaining challenges in this area:

There is no established M&E system and plan at the country

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107)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

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108)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

A national regulation protecting the rights of PLWHIV and AIDS patients is moving through formal approval processes and is expected to be approved over the next few months

109)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

110)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

- a. Women Yes
- b. Young people Yes
- c. Injecting drug users
- d. Men who have sex with men
- e. Sex Workers
- f. prison inmates
- g. Migrants/mobile populations
- Other: Please specify

111)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

A national committee for the prevention of human trafficking

112)

Briefly describe the content of these laws:

Protecting people, especially women and children, from human trafficking

113)

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

There is evidence that the law is being well implemented

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114)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

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115)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. SexWorkers	Yes
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

116)

IF YES, briefly describe the content of these laws, regulations or policies:

Homosexuality, prostitution and drug addiction are considered criminal acts under the current legal framework at the UAE.

117)

Briefly comment on how they pose barriers:

These laws has contributed to the stigmatization of IDUs, MSMs and FSWs and made it very difficult to map out MARPs.

Page 88**118) Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

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119)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Rights for education, employment and for proper care, treatment and support services for UAE Nationals

120)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

No (0)

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121)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

No (0)

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122)

7. Does the country have a policy of free services for the following:

a. HIV prevention services

Yes

b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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123)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Universal and unlimited coverage is extended to all UAE nationals for all care, treatment and support services. UAE expatriates are not covered and are repatriated for treatment in their countries of origin.

124)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

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125)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

126)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

No (0)

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127)

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

No (0)

128)

11. Does the country have a policy to ensure that HIV research protocols involving

human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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129)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

130)

IF YES, describe the approach and effectiveness of this review committee:

Scientific ethics and research committees that are available at MOH, local health authorities and academic settings review and approve research protocols as per ethics protocols & guidelines

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131)

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

Yes (0)

132)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

133)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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134)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

UAE has independent national institutions for the promotion and protection of human rights such as the human rights society Worth mentioning is the existance of a human rights department at Dubai police to ensure the respect of human rights of detainees and prisoners, including PLWHIV and AIDS patients

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135)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

136)

– Legal aid systems for HIV casework

No (0)

137)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

138)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

No (0)

139)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

No (0)

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140)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

5 (5)

141)

Since 2007, what have been key achievements in this area:

The drafting of a bylaw protecting the rights of PLWHIV and AIDS patients

142)

What are remaining challenges in this area:

Need to establish additional NGOs defending the rights of and delivering support services for MARPs Decriminalization of IDUs Approval of the drafted bylaw Stronger coordination and collaboration between governmental bodies and civil society organization Representation of PLWHIV on HIV/AIDS planning and coordination committees

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143)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

7 (7)

144)

What are remaining challenges in this area:

Need to organize training and education programs to sensitize the members of the judiciary to HIV and human rights issues that may arise in the context of their work

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145)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

2 (2)

146)

Comments and examples:

A collaborative project comprised of a series of workshops was co-organized by UNDP and Abu Dhabi Health Authority in 2008. The workshops aimed at building capacity and raising the awareness of key stakeholders including health, legislators, media, religious and private sector leaders and governmental officials about HIV/AIDS at UAE and the way they can help in decreasing stigma and discrimination against PLWHIV and AIDS patients.

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147)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

4 (4)

148)

Comments and examples:

The civil society was extensively involved in carrying out the situation analysis and the formulation of national AIDS strategy in 2007. Regretfully, the strategy has not been implemented and the national AIDS committee has not met for the last three years.

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149)

a. the national AIDS strategy?

4 (4)

150)

b. the national AIDS budget?

1 (1)

151)

c. national AIDS reports?

1 (1)

152)

Comments and examples:

The membership of the national aids committee that formulated the 2007 national AIDS strategy and plan included representatives from Red Crescent, Women's Union, Dubai Police, UAE university medical school and Ministry of Islamic Affairs

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153)

a. developing the national M&E plan?

0

154)

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

0

155)

c. M&E efforts at local level?

0

156)

Comments and examples:

There are currently no systematic M&E activities, no national M&E plan and no national M&E committee

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157) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

2 (2)

158)

Comments and examples:

There are no networks for PLWHIV and no NGOs for MSMs, IDUs or FSWs. Yet, Faith based organizations, Women's union and red crescent have been partners contributing to the formulation of the 2007 national AIDS strateg.y

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159)

a. adequate financial support to implement its HIV activities?

4 (4)

160)

b. adequate technical support to implement its HIV activities?

4 (4)

161)

Comments and examples:

Civil society organizations received generous private donations in support of its programming including those aiming at raising the awareness about HIV. International organizations have also

contributed to providing funding and technical support to civil society organizations. For example, Red Crescent received support from UNDP and UNFPA to contribute to HIV prevention activities. Women's Union have also organized HIV awareness campaigns for Women in rural and remote area in collaboration with UNDP.

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162) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	
- Sex workers	
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	

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163)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

164)

Since 2007, what have been key achievements in this area:

Enhanced collaboration with civil existing civil society organizations on HIV awareness programs

165)

What are remaining challenges in this area:

Need for additional NGOs to reach out to specific MARPS, especially IDUs, FSWs and MSMs. Need to renew commitment to include civil society representatives in the planning and implementation of AIDS programs and activities. Need to include PLWHIV and AIDS patients in the membership of AIDS prevention, treatment, care and support coordination committees both at the national and sub-national levels

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166)

Part B, Section III: PREVENTION

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

Yes (0)

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167)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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168)

Part B, Section III: PREVENTION

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

169)

Since 2007, what have been key achievements in this area:

Scaling up of awareness and education campaigns building partnerships between various governmental and non-governmental stakeholders

170)

What are remaining challenges in this area:

Need to establish VCT clinics at the UAE (the new regulation stipulates the establishment of VCTs but it has not been approved yet) Need to enhance HIV prevention and awareness contents in the curricula of schools Additional efforts are needed to decrease the stigma directed at PLWHIV and AIDS patients

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171)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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172)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

Material and medication consumption is monitored yearly. The needs for care treatment and support services are estimated based on previous year's consumption factoring in the anticipated increase based on demographic information

173)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree

Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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174)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

175)

Since 2007, what have been key achievements in this area:

Unlimited and free care, treatment and support services provided to UAE nationals

176)

What are remaining challenges in this area:

Standardize care protocols across various treatments facilities across UAE Promote the use of generic drugs for ARV treatment

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177)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

N/A (0)