

## Bahrain Report NCPI

### NCPI Header

#### COUNTRY

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

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#### Describe the process used for NCPI data gathering and validation:

The UNGASS reporting process was explained to each respondent and they were asked to review and fill out the NCPI reporting form to the best of their ability. Respondents from Part A met together to jointly agree on the responses to all questions. Dr. Somaya, former Head of the National Committee for the Prevention of AIDS, was consulted to fill in gaps in information that could not be provided by other respondents attending the meeting. The final completed questionnaire was reviewed by MOH for accuracy and representativeness. For Part B, respondents were interviewed to review the NCPI responses with the exception of the UNDP representative who submitted a completed form. The final completed questionnaire was reviewed by all respondents.

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

Discussions resolved most disagreements. In some cases, the numerical ranking was obtained by averaging the responses. This applied solely to Part B where representatives of different organizations had widely different perspectives on the situation.

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

In several cases where the question was not applicable or the answer was unknown, no response was possible. Some questions were unclear or could have multiple interpretations and would have benefited from explanatory instructions. Due to lack of a formal review of existing laws and policies in Bahrain, there was uncertainty among the respondents on the human rights section. Most persons working on HIV had a limited perspective of the overall national response and could only answer from their own point of view.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
MOH	Dr. Mariam Al-Shetti	Yes	Yes	Yes	Yes	Yes	Yes
MOH	Dr. Jameela Al-Salman	No	No	No	Yes	Yes	Yes
MOH	Dr. Kadhim J. Al Halwaji	Yes	Yes	Yes	Yes	Yes	Yes
MOH	Dr. Adel Salman Alsayyad	Yes	Yes	Yes	Yes	Yes	Yes
MOH	Dr. Kubra S. Nasser	Yes	Yes	Yes	Yes	Yes	Yes
MOH	Dr. Wafa Al Sahrbati	Yes	Yes	Yes	Yes	Yes	Yes
MOH	Mr. Mohammed Ali	Yes	Yes	Yes	Yes	Yes	Yes
Council of Representatives	Dr. Somaya Al-Jowder	Yes	Yes	Yes	Yes	No	No
MOH	Dr. Mariam Al-Hajeri	Yes	Yes	No	Yes	No	No
MOH	Dr. Ashwaq Abdalla Sabt	Yes	Yes	No	Yes	No	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
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UNDP	Mr. Ali Salman Saleh	Yes	No	Yes	Yes	Yes
Bahrain Reproductive Health Society	Dr. Tawfeeq Naseeb	Yes	No	Yes	Yes	Yes
PLHIV representative	Anonymous	Yes	Yes	Yes	Yes	Yes

## A - 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):**

Yes

**IF YES, what was the period covered:**

2008-2010

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

Previous strategy (2008-2010) is the first strategy in Bahrain and is still in use. Plans to revise the strategy were delayed.

Answers in 1.1-1.10 refer to this strategy.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

National Committee for the Prevention of AIDS

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	No
Yes	No
Yes	No
Yes	No
No	No
Yes	No
Yes	No

**Other [write in]:**

Ministry of Human Rights and Social Development

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

No

**Prisons:**

No

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

No

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

Key populations were identified through available data about the most common risk factors for HIV in the Kingdom of Bahrain.

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

Injecting drug users, sex workers, migrants & uniformed personnel, youth, women, general public

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

**1.6. Does the multisectoral strategy or operational plan include**

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

No

**c) Detailed costs for each programmatic area?:**

No

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

No

**e) A monitoring and evaluation framework?:**

No

**1.7**

**1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:**

-

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

-

**1.9**

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

-

**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?:**

-

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

-

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

-

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

-

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

-

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

-

**5.3. Is HIV programme coverage being monitored?:**

-  
5.4. Has the country developed a plan to strengthen health systems?:

-  
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

-  
6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

-  
Since 2009, what have been key achievements in this area:

-  
What challenges remain in this area:  
-

## A - II. POLITICAL SUPPORT AND LEADERSHIP

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

**A. Government ministers:**

Yes

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

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

Bahrain ambassador spoke on the importance of HIV/AIDS at the UN General Assembly plenary in June, 2011. Minister of Health gave a speech on AIDS at the World Health Assembly The Head of the NCAP participated in the GCC meeting culminating in the Riyadh Charter, which re-affirmed Bahrain's commitment to respond effectively to HIV in Gulf States. Minister of Health gave speech on World AIDS Day. Director of Public Health was interviewed in the newspaper about AIDS.

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

Yes

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

**Have terms of reference?:**

Yes

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

Yes

**Have an official chair person?:**

Yes

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

? Dr. Somaya Al-Jowder, Head of National Committee for Prevention of AIDS. However, Dr. Al-Jowder has resigned (effective mid-2011) and a new director has been selected, announcement pending.

**Have a defined membership?:**

Yes

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

10 full committee members and 4 sub-committees

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

2 at subcommittee level

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

1

**Include the private sector?:**

Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

No

**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

**IF YES, briefly describe the main achievements:**

The NACP subcommittees provide a mechanism for multi-sectoral coordination in programme implementation since their membership includes representatives from government ministries, civil society, universities, and the private sector.

**What challenges remain in this area:**

Due to the political situation, the subcommittees of the NACP have not met for over a year. More representatives from CSOs and the private sector are needed on the NACP and more commitment is needed from these sectors. Higher ranking government representatives (at the decision-making level) are needed on the NACP.

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

-

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

No

**Technical guidance:**

Yes

**Other [write in below]:**

-

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

Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**

No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

The Minister of Health's office took the responsibility to ask for a speech for World AIDS Day.

**What challenges remain in this area:**

Political unrest over the past year has sidelined HIV/AIDS issues.

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

No

Other specific vulnerable subpopulations [write in]:

-

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

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

Equality and non-discrimination for all citizens is guaranteed under Article 18 of the Constitution. Additional response (below) added 2012/05/22: The Constitution states that all citizens are equal.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

All governmental services (e.g. educational services, health services) are provided to all citizens equally.

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

There is a high level of governmental commitment to implement the laws on non-discrimination

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

Yes

IF YES, for which subpopulations?

**People living with HIV:**

No

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs :**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

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

-

**Briefly describe the content of these laws, regulations or policies:**

There is some uncertainty among respondents about the content of laws, regulations and policies since a formal policy review has not been conducted. There are laws in place which criminalize prostitution and drug use. Drug users are arrested and admitted to rehabilitation programs. Needles and syringes are easily available through pharmacies for diabetics only. Non-diabetics require a prescription. Possession of needles and syringes for non-diabetics is grounds for arrest for drug use. Non-citizens are deported if HIV-positive. Male to male sex is prohibited by Islamic law. HIV is a notifiable communicable disease and therefore all cases are reported to MOH with identifying information.

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

Prevention programs are not conducted among MSM, FSW and actively injecting drug users. Anonymous VCT is not available. Non-citizens refrain from testing because of fear of deportation if positive. Needle and syringe exchange programs cannot be carried out.

## A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

No

**Avoid inter-generational sex:**

No

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**Delay sexual debut:**

No

**Engage in safe(r) sex:**

No

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

Yes

**Know your HIV status:**

No

**Males to get circumcised under medical supervision:**

No

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

No

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

Yes

**Reduce the number of sexual partners:**

No

**Use clean needles and syringes:**

No

**Use condoms consistently:**

No

**Other [write in below]:**

Religious-based messages to avoid "forbidden sex" are indirect messages to avoid commercial sex and male-to-male sex.

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

No

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

Yes

**Secondary schools?:**

Yes

**Teacher training?:**

Yes

**2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:**

Yes

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

No

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

Yes

**Briefly describe the content of this policy or strategy:**

IEC for key populations is included in the National AIDS Prevention Strategy.

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	No	Yes	No	No	Youth, Migrants,
Yes	No	No	No	No	-
Yes	No	No	No	Yes	-
Yes	No	No	No	No	-
Yes	No	Yes	No	Yes	Youth, Migrants,
No	No	No	No	No	-

Yes	No	Yes	No	No	Youth, Migrants,
No	No	Yes	No	No	-

**3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

The proposed HIV Law under consideration in Parliament would allow for anonymous HIV testing and protection of confidentiality. It would also reorganize the coordination of the national response to increase the authority of the steering committee and establish an implementing body.

**What challenges remain in this area:**

The proposed HIV Law is still under discussion and anonymous testing is not available in the country. Other policies limit harm reduction among IDU, the most affected population, as well as identification of and prevention programs for other key populations, specifically MSM, FSW and actively injecting drug users.

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

Yes

**IF YES, how were these specific needs determined?:**

Through studies and consultations during the development of the National Strategic Plan.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Disagree

**Harm reduction for people who inject drugs:**

Disagree

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

Disagree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

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

Strongly Agree

**Prevention for people living with HIV:**

Agree

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

Agree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Strongly Disagree

**Risk reduction for sex workers:**

Strongly Disagree

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

Agree

**Universal precautions in health care settings:**

N/A

**Other[write in]:**

-

**5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:**

6

## A - V. TREATMENT, CARE AND SUPPORT

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:**

Yes

**If YES, Briefly identify the elements and what has been prioritized:**



The National Strategy for AIDS Prevention (2008-2010) lists the following components: ARV treatment, prophylaxis and treatment of opportunistic infections, psychosocial support, adherence counseling (pre- and post-initiation), palliative and home-based care

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

Free treatment is available to all Bahraini citizens, centralized to one hospital in the capital city.

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Agree

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

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

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

Agree

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

Strongly Agree

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

Strongly Agree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Strongly Agree

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

Strongly Agree

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

Strongly Disagree

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

Strongly Agree

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

Disagree

**Sexually transmitted infection management:**

Strongly Agree

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

Strongly Agree

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

Strongly Agree

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

Strongly Agree

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

Strongly Agree

**Other [write in]:**

Vaccinations as needed (Hepatitis A and B, streptococcus, H. influenza, Influenza, Tetanus)

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

Yes

**Please clarify which social and economic support is provided:**

Not specific to HIV. Social assistance is provided for citizens who are orphans, widows, divorced women, elderly, disabled, needy families and families of prisoners. The Grameen Foundation signed an MOU with government of Bahrain to open a microfinance bank in early 2010.

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

No

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

Yes

**IF YES, for which commodities?:**

All drugs, including ARVs.

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

More drug combinations are available for treatment of HIV. The central hospital now has a specialized clinic staffed by infectious disease specialists where HIV patients (among others) are treated. A nurse coordinator position for HIV patients

has been approved (but not yet filled). Genotyping and regular viral load testing are now available.

**What challenges remain in this area:**

Drug stockouts persist, although the situation is improving in 2011. A clear mechanism for referral from primary care for early diagnosis and treatment is needed. Psychosocial and nutritional services are not universally available.

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

N/A

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

**Since 2009, what have been key achievements in this area:**

Not applicable. Charities and government both provide services to orphans in general. There are very few children orphaned due to HIV in the country.

**What challenges remain in this area:**

-

## A - VI. MONITORING AND EVALUATION

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

No

**Briefly describe any challenges in development or implementation:**

Shortage of human resource capacity in M&E. HIV is not a high priority. Limited coordination of HIV programmes.

**Briefly describe what the issues are:**

-

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

-

**A data analysis strategy:**

-

**A data dissemination and use strategy:**

-

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

-

**Guidelines on tools for data collection:**

-

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

-

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

No

**Briefly describe any obstacles:**

Financial and human resource constraints.

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

**In the Ministry of Health?:**

-

**In the National HIV Commission (or equivalent)?:**

-

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

-

**Briefly describe the data-sharing mechanisms:**

-  
What are the major challenges in this area:  
-

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

No

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

Yes

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

HIV data is managed by the Disease Control Section of the Public Health Department in the MOH.

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

No, none of the above

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

Governate level

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

Yes

8. How are M&E data used?

**For programme improvement?:**

No

**In developing / revising the national HIV response?:**

No

**For resource allocation?:**

No

**Other [write in]:**

-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

M&E data are not generated for use for program planning or advocacy. There are no national indicators for impact or outcomes to measure progress.

9. 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

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

4

**Since 2009, what have been key achievements in this area:**

Maintained basic surveillance system even during political unrest. A robust health information system remains in place.

**What challenges remain in this area:**

A national M&E plan is needed to provide a framework for monitoring activities. Human resource capacity is limited.

## B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

2

**Comments and examples:**

Very few NGOs are active in HIV/AIDS. Some NGOs, like Bahrain Reproductive Health Association have had some inputs on an ad hoc basis, i.e. workshops with Parliamentarians. Most others have not had high level impact.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

1

**Comments and examples:**

Although NGOs are listed as members of the subcommittees of the National Committee for Prevention of AIDS (NCAP) and as contributors to development of the National Strategy, their contribution to the strategy was limited and the subcommittees meet irregularly. The NCAP and its subcommittees have not met for over one year.

3.

**a. The national HIV strategy?:**

2

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

0

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

3

**Comments and examples:**

The national HIV strategy is broad and general, without specific information on which organization will provide services. However, partnerships with NGOs and PLHIV are mentioned as a general principle for implementation. There is no national budget for HIV. Civil society services are included in national HIV reports that are prepared for international reporting only. The only national HIV reporting is on HIV testing data from MOH.

4.

**a. Developing the national M&E plan?:**

0

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

:

0

**c. Participate in using data for decision-making?:**

1

**Comments and examples:**

There is no national M&E plan. There is no national M&E working group for HIV. The two related NCAP committees (research and epidemiology) have not met in the past two years. One NGO (BRHA) conducted a 2006 KABP survey among university students and uses those findings in programme planning

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:**

1

**Comments and examples:**

Civil society groups working on HIV include Red Crescent Society, Bahrain Reproductive Health Association, youth organizations, women’s organizations, and an NGO comprised of health workers working with former drug addicts. Religious groups are coordinated through regional networks. There is only one PLHIV support group (not formally registered as an NGO - application denied because headed by former drug addict) but has not met for over one year due to the political situation.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

**a. Adequate financial support to implement its HIV activities?:**

2

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

2

**Comments and examples:**

Wide variation in CS responses with PLHIV rating = 0 and BRHA rating = 5. PLHIV support group finds it difficult to get local funding since many members and leadership are former drug addicts. However, they have secured some private sector funding to print educational materials and international funding to hold a workshop. BRHA has secured funding from IPPF internationally and technical support from MOH.

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

**People living with HIV:**

-

**Men who have sex with men:**

-

**People who inject drugs:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Testing and Counselling:**

<25%

**Reduction of Stigma and Discrimination:**

>75%

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

<25%

**Home-based care:**

-

**Programmes for OVC\*\*:**

51-75%

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:**

2

**Since 2009, what have been key achievements in this area:**

Ongoing implementation of programmes has been continued, including health education on HIV and STI with youth and general population

**What challenges remain in this area:**

Political unrest in 2011 curtailed civil society activities and shifted NGO priorities toward political issues. Limited human resource capacity limits scale up of activities

## **B - II. POLITICAL SUPPORT AND LEADERSHIP**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

No

## **B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

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

-

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

Yes

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

The Constitution states that all citizens are equal.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

-

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

-

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

Yes

2.1. IF YES, for which sub-populations?

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs:**

Yes

**Prison inmates:**

-

**Sex workers:**

Yes

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

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

-

**Briefly describe the content of these laws, regulations or policies:**

There is much uncertainty about laws, regulations and policies. In general, it is believed that there are laws criminalizing prostitution and drug use. Needles and syringes are available through pharmacies for diabetics. Non-diabetics require a prescription. Possession of needles and syringes for non-diabetics is grounds for arrest for drug use. Non-citizens are deported if HIV-positive. Non-citizens are excluded from free ART. HIV is a notifiable communicable disease and therefore details of all cases are reported to MOH.

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

Prevention programs are not conducted among MSM and FSW. Anonymous VCT is not available. Non-citizens refrain from testing because of fear of deportation if positive. Needle and syringe exchange programs cannot be carried out.

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

No

**Briefly describe the content of the policy, law or regulation and the populations included:**

-

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

Yes

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

Protection of human rights is a cross-cutting principle in national HIV strategy. Specifically, Objective 2 includes enforcing rights of PLHIV and addressing discriminatory policies and practices.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

No

**6. Does the country have a policy or strategy of free services for the following?**

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Yes	-	-
Yes	-	-
Yes	-	-

**If applicable, which populations have been identified as priority, and for which services?:**

Free ARV treatment is not provided to non-Bahrainis. Nearly all HIV-positive non-Bahrainis are deported at time of diagnosis. For those few remaining because of extenuating circumstances (advanced pregnancy, married to citizen, etc), special permission for free treatment can be applied for on a case-by-case basis.

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

General policy of equal access to public health services, not specific to HIV.

8.1

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:**

No

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

No

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

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

Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:**

No

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

Most human rights groups are not focusing on HIV-related issues. The most recent example is a 2007 report by the Bahrain Center for Human Rights calling for an end to the forced deportation of HIV positive migrants and full access to ART for non-citizens.

11. In the last 2 years, have there been the following training and/or capacity-building activities

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:**

Yes

**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:**

Yes

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

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

No

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

No

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:**

Yes

**IF YES, what types of programmes?**

**Programmes for health care workers:**

Yes

**Programmes for the media:**

No

**Programmes in the work place:**

Yes

**Other [write in]:**

-

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**

2

**Since 2009, what have been key achievements in this area:**

Over the past 2 years, an HIV law has been proposed in Parliament that included several clauses in violation of human rights conventions. The law has been challenged by those who are working to ensure a rights-based approach to HIV and the debate is ongoing

**What challenges remain in this area:**

Rights-based approach for HIV is a new area for Bahraini Parliament.

**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to**

**implement human rights related policies, laws and regulations in 2011?:**

2

**Since 2009, what have been key achievements in this area:**

Efforts are being made to revise proposed HIV law in line with a rights-based approach. Former Head of National Committee on Prevention of AIDS has been elected to Parliament and is leading the efforts.

**What challenges remain in this area:**

Political unrest stalled progress in discussions on the HIV Law. The NCAP leadership is in transition.

## **B - IV. PREVENTION**

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

Yes

**IF YES, how were these specific needs determined?:**

In 2006/2007, KABP surveys and key informant interviews were conducted as part of the development of the National Strategy for AIDS Prevention (2008-2010). However, this information was not in-depth on key populations and needs updating.

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Disagree

**Harm reduction for people who inject drugs:**

Strongly Disagree

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

Agree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

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

Agree

**Prevention for people living with HIV:**

Disagree

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

Strongly Agree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Strongly Disagree

**Risk reduction for sex workers:**

Strongly Disagree

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

Agree

**Universal precautions in health care settings:**

Strongly Agree

**Other [write in]:**

-

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:**

4

**Since 2009, what have been key achievements in this area:**

UNDP supported prison workshops for guards and inmates. BRHA and UNDP conducted awareness and prevention activities for women's societies and religious leaders.

**What challenges remain in this area:**

Efforts need scaling up. Lack of outreach programmes for key populations. Social and cultural barriers to harm reduction and condom promotion. Anonymous testing not allowed. Limited human resource capacity.

## **B - V. TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**



Yes

**IF YES, Briefly identify the elements and what has been prioritized:**

ART, OI prophylaxis and treatment, psychosocial support, adherence counseling, palliative and home based care.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

Free care available at one central hospital.

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

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

Strongly Agree

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

Disagree

**Early infant diagnosis:**

Agree

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

Agree

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

Agree

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

Agree

**Nutritional care:**

Disagree

**Paediatric AIDS treatment:**

Agree

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

Agree

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

Disagree

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

Agree

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

Agree

**Sexually transmitted infection management:**

Agree

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

Agree

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

Agree

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

Agree

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

Agree

**Other [write in]:**

-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

7

**Since 2009, what have been key achievements in this area:**

Working on improving coordination and follow up of patients, as well as increasing range of available drugs. Pediatric treatment improved. Psychosocial support is available by referral to psychiatric hospital on request.

**What challenges remain in this area:**

Despite free ART availability, many patients start treatment late in the course of their disease. Stock-outs of drugs persist. Some patients still on drug regimens with high rate of side effect. Viral load not done regularly. Adherence counseling and psychosocial support are not routinely provided. Patient files and lab request slips are prominently labelled "HIV," leading to stigma and discrimination.

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

No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

8

**Since 2009, what have been key achievements in this area:**

General needs of orphans are met, but no HIV-related OVC services. However, because of the low number of orphans due to HIV, the current services are adequate.

**What challenges remain in this area:**

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**Source URL:** <http://aidsreportingtool.unaids.org/32/bahrain-report-ncpi>