

UNGASS COUNTRY PROGRESS REPORT 2010

YEMEN

Narrative Report (Draft)

I. GLOSSARY OF TERMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral Therapy
FSW	Female Sex Workers
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MARPs	Most at risk populations
MENA	Middle East and North Africa
MOHE	Ministry of Higher Education
MOPHP	Ministry of Public Health and Population
MSM	Men Having Sex With Men
MTCT	Mother to Child Transmission
NAP	National AIDS Program – Ministry of Health
NGOs	Non Governmental Organizations
NPC	National Population Council
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infection
UNAIDS	The United Nations Joint Programme on HIV/AIDS.
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
WHO	World Health Organization

Table of Contents

I. GLOSSARY OF TERMS	i
II. STATUS AT A GLANCE	1
(A) The Inclusiveness Of The Stakeholders In The Report Writing Process.....	1
(B) The Status Of The Epidemic.....	1
(C) The Policy And Programmatic Response	3
(D) UNGASS Indicator Data In An Overview Table	5
III. OVERVIEW OF THE AIDS EPIDEMIC.....	8
Bio Behavioral Study Among Sex Workers In Aden	8
The Youth Study In Mukalla.....	8
Biological Surveys	9
Impact.....	Error! Bookmark not defined.
IV. NATIONAL RESPONSE TO THE AIDS EPIDEMIC	10
(A) Political Leadership & Supportive Policy Environment.....	10
(B) Prevention Programs.....	11
Awareness activities	11
Blood screening	11
Condom use	12
VCT	12
PMTCT	12
(C) Care, Treatment And/Or Support Programs	13
Capacity building.....	Error! Bookmark not defined.
V. BEST PRACTICES	14
(A) Rapid Scaling-Up Of Specific HIV Prevention Among The Most-At-Risk Groups.....	14
(B) PLWHA Involvement	15
(C) Civil Society Involvement:	15
(D) Political Commitment.....	16
VI. MAJOR CHALLENGES AND REMEDIAL ACTIONS.....	16
(A) Challenges	16
(B) Opportunities:	17
VII. SUPPORT FROM THE COUNTRY’S DEVELOPMENT PARTNERS	18
(A) Support from the Country’s Development Partners	18
VIII. MONITORING AND EVALUATION ENVIRONMENT.....	19
IX. REFERENCES.....	21

II. STATUS AT A GLANCE

(A) The Inclusiveness Of The Stakeholders In The Report Writing Process

The National AIDS Control Program avails its special gratitude to the representatives of governmental institutions, UN agencies in Yemen, international organizations and all national non-governmental organizations, working with the target groups of the national HIV/AIDS program, for their valuable contribution for providing financial and technical assistance for HIV activities, interventions and programs, with special thanks to The Global Fund to fight AIDS, TB, & Malaria. We thank them for their contribution to the National Response and in the preparation and validation of this report.

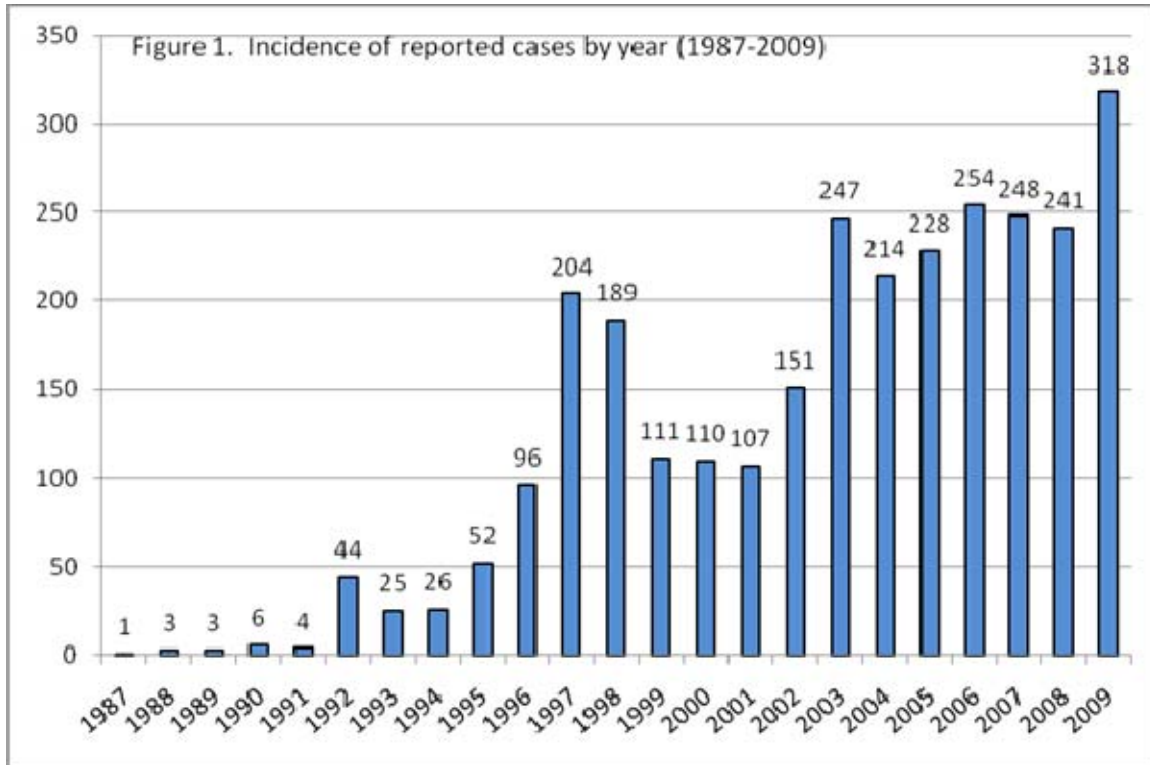
(B) The Status Of The Epidemic

YEMEN is still a country with low HIV prevalence in the general population. However, the country faces a great challenge related to the possibility of rapid development of concentrated epidemics in separate group identified as most-at-risk. Some local epidemiological and behavioral studies have drawn presented some evidence on the increasing vulnerability among sex workers and men who have sex with men.

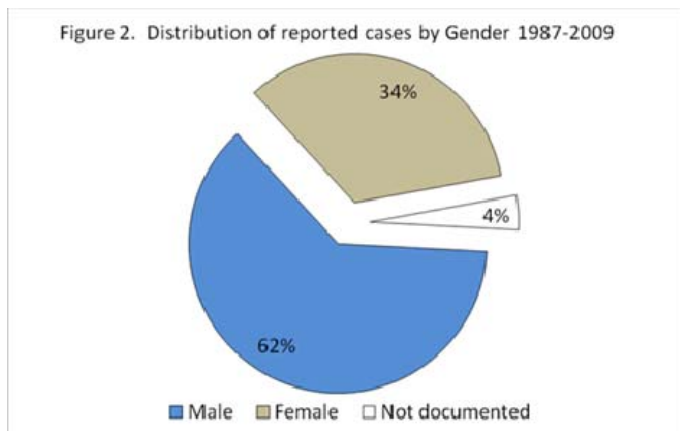
Since the official recognition of the first case in 1987, the number of officially reported HIV infections and AIDS cases has grown to 2493(as of September 2008). Heterosexual transmission accounts for the majority (47%) of reported HIV cases, with the next most frequent mode of transmission (8%) being related to infection through contaminated blood or blood products. The remainder of the reported HIV cases are linked with infection through homosexual or bisexual sex (6%), and mother to child transmission (1.3%). Transmission modes for 35% of the reported HIV cases are unknown. But over the years, mobility and migration had created conditions in which people became vulnerable to infection. It is commonplace in Yemen for men to travel away from their homes to find work, either within the country or abroad. This separation from their spouses, families and communities can result in loneliness and isolation, and can lead migrants to engage in social and sexual practices that put them at risk.

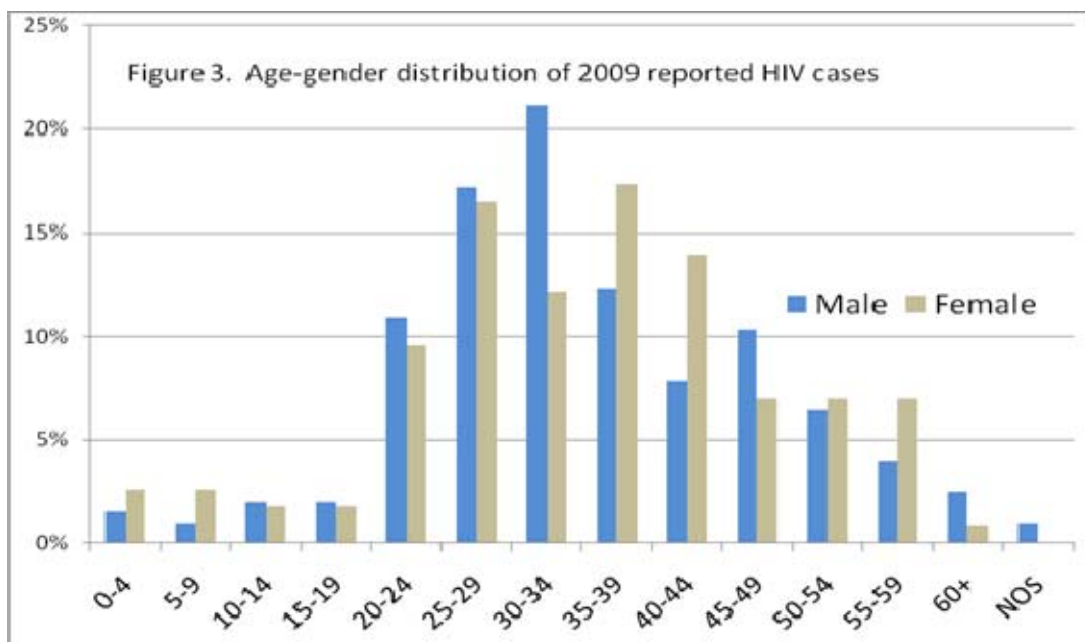
Although the current HIV prevalence rate, estimated at 0.14 - 0.2% of the total population (WHO/UNAIDS Working Group Estimation, 2007), is quite low, there is very limited data in Yemen for a proper situation analysis and planning. In comparison to 2008, the annual number of newly registered

cases increased by 30% as 318 cases were reported in 2009 (Figure 1). This increase in the number of registered cases in 2009 is to a great extent due to the provision of HIV prevention services, referral for counseling and testing, care and support under the “Prevention and Control of HIV/AIDS” program, financed mainly by the Global Fund to Fight AIDS, Tuberculosis and Malaria.



Furthermore, the 2009 reported HIV cases showed that 35% are females (Figure 2) and that around 81% of all the cases are aged 15-49 years (Figure 3).





Heterosexual transmission accounts for the majority (62%) of the reported HIV cases, with the next most frequent mode of transmission (7%) being homosexual transmission and 4.7% of the cases being transmission from mother to child (Table 1).

Table 1: Distribution of 2009 HIV cases by mode of transmission

Mode Of Transmission	Gender		Total	
	female	male	#	%
Heterosexual	82	115	197	62%
Homosexuals	0	21	21	7%
Mother To Child	7	8	15	5%
Blood Transformation	1	5	6	2%
Multiple	2	1	3	1%
Using Injection(Infected Instruments)	2	0	2	1%
Others	0	1	1	0%
Unknown	20	53	73	23%
Total	114	204	318	100%

(C) The Policy And Programmatic Response

The government of Yemen began responding to HIV/AIDS epidemic by setting up the NAP in 1987, and the AIDS project of National Population Council in 2005.

The Ministry of Public Health and Population (MOPH&P) is responsible for the health sector response to the increasing HIV epidemic through the National AIDS Programme (NAP). The NAP is also actively involved in HIV awareness campaigns, including providing information and counseling services through hotline telephone number 175.

On the other hand, the AIDS project of the National Population Council (NPC) is responsible for coordination, monitoring and evaluation of the multi-sectoral and non-health sector responses in the country.

As part of the efforts of Government and the UN agencies towards scaling up a harmonized HIV response in the country, the National Strategic Framework (NSF) for the control and prevention of HIV/AIDS was developed in 2002, which was further revised to incorporate emerging challenges in HIV prevention treatment, care and support in 2009.

The AIDS response has so far focused on building both institutional and technical capacity of partners including health delivery services; advocacy on HIV with political, community and religious leaders to gain increased political commitment and establish a foundation for a broader more coordinated multi-sectoral response; strengthening civil society to support community-based initiatives, including; establishing broad based education and communication programs to improve knowledge and attitudes to people living with and affected by HIV; and developing National Prevention and Treatment Clinical guidelines and training programs to support the rollout of prevention and treatment facilities, including the treatment of TB and HIV co-infection

Despite the high level of political commitment and progress made in the national AIDS response, several challenges remain in Yemen, which are “mainly related to health service delivery, inadequate epidemiological data to inform HIV programming, limited human resource skills base, poor procurement and supplies management systems as well as limited involvement of civil society organizations (community based organizations including networks of people living with HIV) and the private sectors in the national response”.

Significant efforts have been exerted in response to the AIDS epidemic in Yemen including:

- 1- Increased political support from key national stakeholders and decision makers at the MOH and other sectors, evident in public announcement of HIV/AIDS as a national priority and public advocacy for the rights of PLHIV and AIDS patients.

- 2- In addition to 14 HIV Testing and counseling centers by the end of 2008, 6 more centers have been established across the country
- 3- A national PMTCT program was launched in early 2009 which resulted in the establishment of four PMTCT sites and testing of 4,211 pregnant women by the end of December 2009 representing about 0.5 % of estimated pregnant women per year
- 4- 3 new ART sites were established in governorates of Hodeida, Taiz and Al-Mukalla in addition to 2 sites in governorates of Sana'a and Aden
- 5- Expansion of Condom promotion and distribution services

(D) UNGASS Indicator Data in an Overview Table

Serial	Indicator	Remarks
1	<u>Indicator 1:</u> Domestic and International AIDS Spending	Of the \$7,532,276 planned for the 2009 under the Global Fund grant, \$4,137,930 were received and spent on HIV programs and interventions under the auspices of the government and NAP. In addition, the government spent \$126,315 from its budget in addition to close to one million allocated from the various funds under the discretion of UNAIDS, UNICEF and WHO.
2	<u>Indicator 2:</u> National Composite Policy Index	Completed
3	<u>Indicator 3:</u> Percentage of donated blood units screened for HIV in a quality assured manner	It is estimated that around 60% of all blood transfused in the country is screened for HIV.
4	<u>Indicator 4:</u> Percentage of Adults and Children with advanced HIV Infection receiving ART	According to the NAP, in 2009, the percentage of adults and children with advanced HIV infection who are currently receiving ART is 9% (274/3150).
5	<u>Indicator 5:</u> Percentage of HIV-positive pregnant women who receive ARV to reduce the risk of MTCT.	In 2009, 0.6% of HIV-positive pregnant women received ARVs to reduce the risk of MTCT. During 2009, 10 HIV positive pregnant women were identified through PMTCT centers and received ARVs to reduce MTCT; 1600 pregnant women per year (0.2% prevalence) are estimated to be HIV positive.
6	<u>Indicator 6:</u> Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	NAP has reported 25 cases of advanced HIV infected patients receiving antiretroviral therapy and who started TB treatment. The estimate for TB incident cases among HIV isn't available hence no denominator to help assist in calculating this indicator.

7	<u>Indicator 7:</u> Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	No data available to report on this indicator. Low priority data for low prevalence country
8	<u>Indicator 8:</u> Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results	No population size estimates for MARPs. However, a biobehavioral survey carried out in Aden in 2008 among 244 FSWs, 38.9% had tested for HIV in the previous year.
9	<u>Indicator 9:</u> Percentage of most-at-risk populations reached with HIV prevention programs	To date approximately 30,000 MARPs, including fishermen and the uniformed services, have been reached with information education and communication (IEC) programs. However, there are still very few targeted service interventions for these groups, or specific BCC messages for MARPs.
10	<u>Indicator 10:</u> Percentage of orphans and vulnerable children aged 0-17 whose households received free basic external support in caring for the child	No data available
11	<u>Indicator 11:</u> Percentage of schools that provided life-skills based HIV education within the last academic year	There are no school surveys providing relevant information regarding this indicator.
12	<u>Indicator 12:</u> Current school attendance among orphans and non-orphans aged 10–14	No data available
13	<u>Indicator 13:</u> Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	No national data is available but in a study on 95 secondary school students in Mukalla, close to 90% of the sample identified ways of preventing transmission but only 60% rejected major misconceptions about HIV transmission[9].
14	<u>Indicator 14:</u> Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	No data available at the national level. However, recent a bio-behavioral survey carried out among 244 FSWs indicated only four participants correctly answered all five HIV Knowledge questions (UNGASS questions) regarding modes of transmission and protection of HIV.
15	<u>Indicator 15:</u> Percentage of	No data available to report on this indicator.

	young women and men who have had sexual intercourse before the age of 15	
16	<u>Indicator 16:</u> Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	No data available
17	<u>Indicator 17:</u> Percentage of women and men aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last sexual intercourse	No data available
18	<u>Indicator 18:</u> Percentage of female and male sex workers reporting the use of a condom with their most recent client	In the 2008 survey of 244 FSWs in Aden, 22% indicated that they do not use condoms. With the most recent client, condom was used by 57% of participants.
19	<u>Indicator 19:</u> Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	No information on condom use among MSM is available.
20	<u>Indicator 20:</u> Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	No data on condom use among IDUs
21	<u>Indicator 21:</u> Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	No data are available on this indicator
22	<u>Indicator 22:</u> Percentage of young people aged 15-24 who are HIV-infected	No data on this indicator. Its low priority indicator as Yemen’s epidemic context as the country has a low prevalence of HIV.
23	<u>Indicator 23:</u> Percentage of most at risk populations who are HIV-infected	The recent bio-behavioral HIV survey among 244 FSWs revealed an HIV prevalence of 1.3%
24	<u>Indicator 24:</u> Percentage of adults and children with HIV still alive and known to be on treatment 12 months after	93% survival at 12months after initiation of ART

	initiation of ART	
25	<u>Indicator 25:</u> Percentage of infants who are born to HIV-infected mothers who are infected	In the period between February and December 2009, it was reported that 8 infants were born to HIV infected mothers and were exposed. No DNA PCR test has been conducted for exposed children.

III. OVERVIEW OF THE AIDS EPIDEMIC

Yemen is a country with low HIV prevalence in the general population with 318 cases reported in 2009. Most studies on the epidemiology of the disease have been much localized to few cities within few governorates. Such were studies on FSWs in Aden and youth studies in Hadramout which will be presented later in this report.

Knowledge studies

A cross-sectional survey conducted among 95 secondary school students in Mukalla, Hadramout revealed that only around 60% of the respondents knew that AIDS is not curable at present and that vaccine is not yet available[9]. Although knowledge about transmission through unprotected sexual activities, sharing same needle and blood transfusion has improved, some misconceptions still exist. For instance, around 18% of the respondents reported that AIDS can be transmitted through mosquitoes and more than 40% believed that transmission can occur by wearing clothes of an infected person. On average, 36% had misconceptions about HIV transmission and treatment.

This is similar to an earlier study by Gharamah et al (2006) which reported on the knowledge and attitudes of 1030 secondary school students in Al-Amana Governorate [10]. It showed that there was a relatively high level of knowledge about HIV/AIDS (over 93%) which is coupled with misconceptions regarding HIV transmission through handshaking (13%), swimming (19%), and mosquito bite (33%).

Bio Behavioral Study among populations most-at-risk of exposure to HIV/STI

A bio-behavioral study (BBS) focusing on sex workers in Yemen conducted in 2008 have found an HIV prevalence of 1.3%. In that BBS study, 244 females sex workers were examined and surveyed [7]. Their age range was 15-48 with a median of 26. As indicated earlier, HIV prevalence was 1.3%, and

syphilis prevalence was 4.9%. Among the sample, 5 FSWs reported injecting drugs, while 9.7% reported often taking alcohol during last month prior to the survey. A great proportion of the FSWs (57.1%) reported using condoms at last paid sex, as opposed to 28.8% at last non-paid sex. Substantial proportion of women reported vaginal discharge (56.9%) and genital ulcerations, itching and/or skin lesions in the last year (33.2%). On the behavioral side, 5 out of 244 FSWs reported injecting drugs and three of them reported on sharing needles and other injecting equipment. However, no cross reference was made to condom use. Furthermore, 20.1% of women ever tested for HIV and about one percent (1.2%) of participants correctly answered all five questions related to HIV knowledge (UNGASS indicators). Despite their high risky behavior, around 14% of the interviewed FSWs thought that they were at high risk of HIV.

In 2009, HIV pre-surveillance assessment survey among MSM was conducted in Aden Governorate. The survey gathered information regarding MSM in Yemen; including the profiles, locations, sizes and networks. An indepth bio-behavioral study though is in preparation to be conducted in 2010.

HIV pre-surveillance assessment survey among IDUS was conducted in Sanaa & Aden Governorates. The survey gathered information regarding IDUs in Yemen; including the profiles, locations and network which indicated that the injecting problem in Yemen was not common and no need for intervention for this group in this time

Currently, there are attempts to conduct mapping and population size estimation of MARPs. Estimations of sizes and locations of these groups will help in planning assessments for their knowledge, attitude, behaviors and practices and interventions for these groups.

Biological Surveys

Point-prevalence surveys from 1996 and 1998 indicate a 2.1% and 0.5% HIV prevalence among TB patients respectively. In 2006, screening among TB clients revealed HIV prevalence of 0.6% amongst 900 newly diagnosed TB patients in three major cities (Sanaa, Hodeida, Aden) [1]. The NAP, in collaboration with the National TB program, has conducted HIV biological surveys among TB patients (2nd round) in four governorates. The data was collected over a period of four months at the sites using standard protocols. Data compilation and analysis has not been completed.

In 2006, HIV/STI seroprevalence among pregnant women attending ANC revealed that 0.25% were infected with HIV. A second round survey of HIV seroprevalence among pregnant women is underway in selected ANC sites

IV. NATIONAL RESPONSE TO THE AIDS EPIDEMIC

Considerable progress has been achieved in Yemen's national response to the AIDS epidemic over the last few years. The sections below highlight the most important developments in 2008 and 2009.

(A) Political Leadership & Supportive Policy Environment

The first National Strategic Framework, which was developed in 2002, and the subsequent one in 2009 reflected the government's political commitment to the AIDS response. However, the strategy recognized weaknesses in a number of areas including inadequacy of the official and religious speech on AIDS; lack of full commitment to provide health care for people living with HIV in some health institutions; weak commitment on financial support equivalent to high political support; inadequacy of presenting the problem through the media; and lack of a national plan and mechanisms to follow-up the extent of strategy implementation. These are the issues that the strategy aims to address.

Political commitment to the AIDS response has been manifested in the following:

1. Conducting many workshops for political and religious leaders in all governorates at central and decentralized levels.
2. Issuing circular from MOPH&P to all health institutions to treat people living with HIV as any other patients.
3. Issuing legal opinions from Ministry of Guidance and Endowment supporting the rights of people living with HIV.
4. Development and approval of a proposal on patients' rights, including people living with HIV rights, by the Ministry of Human Rights.
5. Increased financing from government and integration of HIV response in overall national development agenda including poverty reduction plan and health sector strategic plan

6. Integration of HIV subject into the teaching curriculum in Ministries of Education and Defence.
7. The response from the security and the health bodies on good dealing with people living with HIV.
8. Availability and participation of representatives from all government ministries and non-governmental organization in HIV/AIDS prevention and control activities.
9. Participation of many ministers and national leaders in HIV specific events and activities.

(B) Prevention Programs

Awareness activities

Activities to address HIV in Yemen have for long concentrated on awareness raising; training of health workers; expansion of male condom use; and promotion of research area. Currently HIV health education is provided through NAP, NPC & NGOs. Peer education programs supported by UNICEF have been conducted in the main governorates with more than 49, 042 youths benefiting from this program in 2009.

Awareness raising activities including the production and distribution of printed materials, a travelling drama theatre, lectures and seminars, and HIV/AIDS health education campaigns targeting high schools and institutes of higher education.

In collaboration with NGOs, a BCC strategy has been developed and prevention interventions have been initiated to address and change risk behaviors among key populations at risk. Through the existing Global Fund grant, preliminary mapping of key populations at risk are underway, location of these groups will be useful in planning interventions. To date, approximately 30,000 people from vulnerable groups have been reached with IEC including fisherman and uniformed services and few programmes are underway to reach key populations at risk [1].

Blood screening

Yemen has an established blood safety programme with National Blood Transfusion and Research center in Sana'a and many tertiary hospitals in governorates. The centers and hospitals carry out the screening of blood for transfusion in accordance with standard protocols but there are still challenges regarding assuring quality, monitoring and evaluation, equipping facilities and decentralizing services.

Universal safety precautions and post-exposure prophylaxis

Capacity building activities for health workers providing HIV related services such as HCT, ART and PMTCT has been conducted through provision of integrated training packages. The MoPHP has established an infection control unit with a policy on universal safety precautions for health workers. All public and private health facilities now use disposable syringes to administer injections including vaccines to children. There are guidelines on safe disposal of medical waste and incinerators have been installed in select governorate hospitals to handle waste.

Condom use

Condom promotion and distribution are being carried out by family planning and reproductive health facilities. Under the family planning and reproductive health programmes, a total of 1.2 million male condoms were distributed [1]. To increase utilisation especially among populations that are at increased risk of transmission, condoms are now distributed through VCT, PMTCT and ART sites.

HIV testing and counseling

Voluntary counselling and testing services in Yemen have been initiated in 20 sites distributed in a number of governorates and located within vicinities of populations at increased risk of HIV/STI infection. The sites are equipped and furnished based on related guidelines, and with service providers trained on these guidelines. In 2009, a total of 3582 people received VCT [1]. Though most of the services are provided by civil society organizations, these services still need to be youth-friendly and take into account the gender aspects in voluntary counselling and testing. In an evaluation study conducted in 2009, it was noted that client initiated testing and counseling alone wasn't an efficient strategy increase numbers testing and to reach populations at increased risk of infection. The NAP has now adopted a provider initiated testing and counseling strategy to expand services to MARPs, TB, STI, ANC and ART centres.

PMTCT

With regard to prevention of Mother-to-Child Transmission, commencement has taken place in terms of preparation for prevention services. A needs assessment was conducted, staff were trained, sites were selected and provided with necessary materials, preventive medicines and guidelines, and prevention of mother-to-child transmission started in two public hospitals since early 2009 [3]. A national PMTCT

program was launched in early 2009 which resulted in the establishment of four PMTCT sites and testing of 4,211 pregnant women by the end of December 2009 representing 0.5 % out of estimated pregnant women per year. Of the 4,211 pregnant women who were tested, 61 were tested together with their husbands [1]. Out of the 4,211 pregnant women attending ANC 7 HIV positive mothers were identified and 9 were referred from other health facilities for PMTCT services.

STI's prevention and control

In collaboration with RH, guidelines and tools including flowcharts for training HCPs on STIs using a Syndromic approach have been developed. In 2009 alone, a significant number (314) of Reproductive Health care providers at all the 22 governorates were trained on the basic facts about HIV/AIDS, STI syndromic management and integration of HIV education into RH services. The trainings were conducted by focal points in governorates from NAP &RH. NAP in collaboration with RH started developing a national operational STI plan 2010 – 2011.

(C) Care, Treatment And/Or Support Programs

The health indicators in Yemen demonstrate serious challenges in meeting the health care needs for the population. The Third Five-year Health Plan (2006-2010) pointed out that less than 40 percent of health facilities are rendering reproductive health services, child health control programmes for communicable diseases, health education and diagnostic services [4].

The health services delivery in Yemen is generally limited in terms of the national coverage and is mainly concentrated in the major cities. The private sector provides about 60% of health care delivery which is not affordable and accessible to the majority (75%) of the population who reside in the rural areas. Many of the health facilities are lacking equipment, staff, and operational budgets which affect the accessibility of the health services including medical drugs. About 26 percent of the total health facilities are without drugs, 24 percent are without equipment, 17 percent are without operational budgets, and 7 percent are without health staff [4].

Under the Global Fund Round 3 support, 3 hospitals located in governorates of Taiz, Mukalla and Hodeida have been established in 2009 in addition to 2 ART sites established in governorates of Sana'a and Aden in 2008. ART guidelines and training materials have been adapted with support of WHO and clinical teams at ART sites comprising doctors, nurses, pharmacists, counselors, laboratory technicians

and PLHIV have been trained. 608 and 274 PLHIV accessed HIV care services and treatment respectively. In addition furniture, equipments including diagnostic equipments such as Eliza machines, ARV and OI medicines and commodities have been procured.

However, only 9% of people living with HIV (based on population modeling) in need of ART are currently receiving it. The programme faces huge challenges in delivery and making accessible HIV treatment and care and other preventive HIV services such as testing and counseling, PMTCT and follow up care as these services are extremely dependant on a good health system among reasons of limited coverage.

By the end of 2009, a total of 93 national staff were trained on the concepts of HIV surveillance, including STIs in the country.

V. BEST PRACTICES

(A) Rapid Scaling-Up Of Specific HIV Prevention Among The Most-At-Risk Groups

Since 2005, YEMEN has succeed in rapid scaling-up of specific HIV prevention through the “Prevention and Control of HIV/AIDS” program. Its main focus is decreasing the prevalence of HIV among the most at risk populations and increasing the preventive programs among female and male sex workers; young people; young people in and out of schools, and prisoners.

The following principles were behind the best practices in what relates to MARPS:

- Situation analysis and assessment of local needs and resources to select sites
- the perspective of potential rapid spread of HIV to implement program interventions especially peer education.
- Selection of reliable non-governmental organizations to implement Program activities and provide HIV prevention services to the most-at-risk populations.
- Recruitment and continuous qualification of NGO outreach teams
- Regular supervision, monitoring and evaluation of programmatic performance.

- Provision of Health Education to young people in and out of school with a special focus on HIV and STIs prevention, reproductive health and rights, together with the development of youth-friendly services.

(B) PLHIV Involvement

Despite the high level of prevailing stigma and discrimination against PLWH in Yemen, the NAP/MOPH&P encouraged the involvement of PLWHA in the HIV/AIDS response in the country. The following engagements took place during the period:

- Election of a Member representing PLWH in the CCM
- Sensitization meetings with PLWH and clarification of their roles and responsibilities in the HIV response
- Active contribution of PLWHA in the development of the National Strategic Framework on HIV/AIDS in 2009.
- Participation of PLWHA in HIV/AIDS prevention, treatment and care related meetings and workshops for sensitization and advocacy
- Involvement of PLWHA in the monitoring and evaluation programs for the implemented services
- Involvement of PLHIV as ‘expert clients’ in training of HCPs and service delivery (adherence counseling and education) at ART sites
- Establishment of networks, support groups and association of PLWH in the country (2 associations have been established until the end of 2009).

(C) Civil Society Involvement:

Though, Yemen does not have adequate CSO’s involved in the HIV/AIDS response at the moment, nevertheless NAP has identified potential CSO’s and began to engage them in HIV/AIDS activities as follows:

- HIV/AIDS awareness about HIV prevention and treatment as well as stigma reduction.
- Sensitization and advocacy meetings were held with various NGOs to address ways of targeting difficult to reach populations.
- Development of the revised national strategic framework.

- NAP has assessed the capacities of NGOs, so as to engage them in the provision of CT services targeted to specific populations such as young people.
- HIV surveys among ANC was conducted in collaboration with CSOs, health facilities, which provided opportunities for further involvement of CSOs to target high risk and vulnerable groups with appropriate interventions, including Testing and Counseling.
- Membership of CCM

(D) Political Commitment

Tremendous progress has been made in this period regarding the political commitment and support for HIV/AIDS response in Yemen. The intensive and persistent awareness creation and advocacy activities have led to an increased level of political commitment.

This was demonstrated through:

- High level of government officials participation; particularly the leaders in the Ministry of Health in HIV activities, including the WAD
- Funding of reagents, OIs treatment and prophylaxis for PLWH by the government funds
- Increase government allocation, which increased by 100% from 2008 to 2009.
- Development of and endorsement of the law on the rights of PLWH by the parliament
- Review and update of the National Strategic Framework For the Control & Prevention of HIV/AIDS in 2009 to address other issues on Prevention, Treatment & Support on HIV/AIDS (VCT, PMTCT, PEP & ART)

VI. MAJOR CHALLENGES AND REMEDIAL ACTIONS

(A) Challenges

- Lack of Strategic Information: There is a significant lack of epidemiological and Behavioral surveillance information regarding HIV in Yemen. Of particular concern is the lack of strategic information regarding the MARPs.
- Prevention activities so far conducted address the general population and were weak in terms of reaching vulnerable and key populations at risk given the lack of data and information on them. Accordingly, the means of information and communication for awareness-raising on HIV were weak in dealing with these groups and the messages were not developed at an appropriate level,

approach and content. Moreover, most awareness raising activities were not evaluated to measure their effectiveness and impact. For example, awareness raising activities and IEC materials did not adequately address use of male condoms as a preventative measure [4].

- **Weak Monitoring and Evaluation Systems and Capacities:** Both national M&E systems and decentralized program M&E systems (plans and tools) and capacities are still weak in Yemen.
- **Weak decentralized response to HIV:** Whilst focal points are supported in the majority of Governorates, there is very weak multi-sectoral coordination at the Governorate level.
- **Weak Institutional and Technical Capacity within Civil Society Organizations:** The main CSO weaknesses include:
 - **Limited Programme Coverage** whereas approximately 75% of the population living in rural areas (CSO, 2004), the coverage of VCT and ART services and other prevention programs are located in the urban areas. Where services do exist, there is a weak coordination, integration and referral systems.
 - **Failure to address the needs of MARPs:** CSOs usually should possess comparative advantage to offer services to MARPs. However the majority of activities currently being implemented are focused on the general population.
 - **Limited involvement of Religious Leaders in the Response:** To date the role of religious leaders has been focused on involvement in training and education. As pivotal community leaders, this should be expanded to community mobilization, PLHIV psycho-social support and care, stigma reduction and community education
- **Stigma/Discrimination:** Marginalization of MARPs and PLHIV is still a major factor limiting access to services for prevention, treatment and care of HIV+ persons.
- **Health system weaknesses:** Limited national health service coverage; limited and weak health workforce capacities; weak delivery systems for medical products, technologies and vaccines; lack of referral system and linkages in the health sector and weak national health management information system (HMIS).

(B) Opportunities:

Despite the challenges encountered during the implementation of HIV/AIDS activities, opportunities existed for scaling up HIV/AIDS response across prevention, treatment to Care continuum in Yemen.

Some of the opportunities are as follows:

- Yemen has demonstrated significant political commitment to fight the HIV/AIDS epidemic at the highest level. The health sector response exhibited high level of commitment and support towards scaling up the response. The health sector governmental allocation has increased to support drugs for opportunistic infections treatment and prophylaxis for PLWHs and also to increase HIV awareness and stigma reduction.
- The low HIV prevalence level in Yemen provides an ample window of opportunity to prevent and control HIV infections and thus stabilize the prevalence.
- The existence of a National HIV/AIDS Strategic plan for HIV/AIDS response (2009 to 2015), which was developed in line with the goals and objectives of WHO/EMRO strategic directions to reduce the spread of HIV and mitigate the impact in the region.
- The existing health infrastructure and programs provide a good opportunity to integrate HIV response as part of a holistic approach to comprehensive health care services in Yemen.

VII. SUPPORT FROM THE COUNTRY'S DEVELOPMENT PARTNERS

Several development partners, bilaterals and donors have aligned their fiscal cycles in line with the country national planning and budgeting cycle. Through the UNDAF, many UN agencies are also making efforts to harmonize their fiscal and planning cycles in line with the national planning and budgeting cycles. This will effectively align the development resources from these agencies in line with national planning cycles [1].

(A) Support from the Country's Development Partners

- With the support of UN agencies NAP has been able to significantly mobilize an effective health response towards AIDS and strengthen the existing HIV related systems in the country.
- Recently, the UN Country Team in YEMEN supported the national response on HIV through providing technical support for scaling up effective HIV prevention, treatment, care and support programs .
- Total funding in support of the national response on AIDS for 2009 amounted to almost 5,000,000 million USD to support the following main areas:
 - Health care and treatment for PLWHA (GF,WHO)
 - Providing testing and counseling services(GF,UNICEF)

- Strategic partnership with media to ensure constant, appropriate and targeted messages on HIV/AIDS in the public domain established (GF-UNDP)
- Capacity building and greater involvement of PLH (People living with HIV) in the design, implementation and evaluation of HIV/AIDS national policies and programs (GF,UNDP,UNAIDS,)
- HIV/AIDS prevention in the community of men who have sex with men in ADEN(GF ,UNDP,UNAIDS)
- National and local communication campaigns implemented and advocacy and educational materials distributed (GF,UNDP,UNICEF, UNAIDS, , WHO)
- Strategic partnership with media to ensure constant, appropriate and targeted messages on HIV/AIDS in the public domain established (GF,UNDP,UNAIDS, , UNICEF)
- Development of new multi-sector National AIDS Strategy and National AIDS Strategic Plan (2009-2015) that will support the achievement of targets for UA(GF,WHO,UNAIDS)

VIII. MONITORING AND EVALUATION ENVIRONMENT

There is a significant need to strengthen National M&E systems, supervision and monitoring, as well as the capacities of program partners in monitoring and evaluation of the AIDS response in Yemen. There are currently two M&E Officers within the NAP, and one within the NPC, which is insufficient to ensure maintenance of quality M&E systems. A comprehensive National M&E Plan is needed, including reporting forms, tools and training programs [1].

An M&E plan in line with the NSP, an M&E guide and related tools will be finalized by the 1st quarter of 2010. A number of studies and surveys will be undertaken that will inform the revision and operationalisation of the NSF 2009-2015 and the development of a fully costed national monitoring and evaluation plan aligned to the NSF [1].

The combined efforts of the various stakeholders in the progress of implementing the NOP 2010 – 2011 shall be monitored and evaluated according to the indicators contained in the NOP. This process will have a direct link to the objectives and results of the 5 year national M&E framework for HIV/AIDS and STIs. M&E tools updated under the comprehensive M&E plan will be used to collect data from service delivery points, CSOs and NGOs. The data will be aggregated by focal

points at the M&E offices within the governorates and subsequently reported at a national level. Teams from the national and governorate levels will undertake supervisory visits to ensure the accuracy, validity and regularity of data collection and reporting. Annual review meetings will be held with focal points in the governorates, service providers and NGOs. Strategic information from special surveys, mapping exercises and studies such as the bio-Behavioral studies among MARPs, antenatal care attendees and TB/HIV surveillance will be collated and used for surveillance

IX. REFERENCES

1. Global Fund Round 9 HIV Proposal.
2. Lambert L. (2006). *HIV and Development Challenges in Yemen: Which grows faster?* Published by Oxford University Press in association with The London School of Hygiene and Tropical Medicine. *Health and Planning* 2007;22:60–62.
3. Ministry of Public Health and Population, Republic of Yemen (2009). *The Operational Plan of the National Strategy for the Control & Prevention of HIV/AIDS and STIs in Yemen for the period 2010 to 2011*. November.
4. Ministry of Public Health and Population, Republic of Yemen (2009). *The National Strategy for Control and Prevention of HIV/AIDS 2009-2015*. January.
5. The World Bank/UNAIDS/WHO. Characterizing HIV/AIDS Epidemiology in the Middle East and North Africa; Time for focus; Middle East and North Africa HIV/AIDS Epidemiology Synthesis Project.
6. Busulwa R. (2003). *HIV/AIDS Situation Analysis Study, Conducted in Hodeidah, Taiz, Aden and Hadhramut, Republic of Yemen; The detailed report of the findings*. Supported by UNDP and implemented by WHO in partnership with the National AIDS Programme, Ministry of Health and Population Republic of Yemen. Draft. June.
7. Štulhofer A and Božičević I (2008). HIV bio-behavioral survey among FSWs in Aden, Yemen. An unpublished report.
8. Onesmus, T (2009). Clinical Mentoring in HIV Care/Anti-Retroviral Therapy in Yemen. An unpublished WHO-EMRO technical report .
9. Alfadly SA, Al-Mualm YK, Babelgaith SA (2008). Assessment of knowledge and attitude of high secondary school students towards HIV/AIDS in Mukalla, Yemen.
10. Gharamah FA, and Baktayan NA (2006). Exploring HIV/AIDS Knowledge and Attitudes of Secondary School Students (10th & 11th Grade) in Al-Tahreer District-Sana'a City. An unpublished report.
11. Al Serouri A.W. (2000). HIV/AIDS Situation and Response Analysis Report. National AIDS Programme, Ministry of Public Health, Republic of Yemen. WHO EMRO.