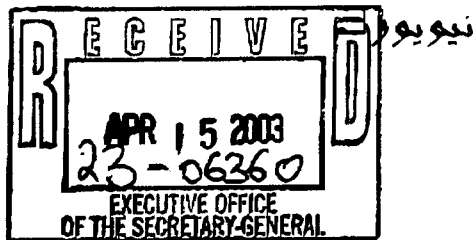


Permanent Mission of the
State of Qatar to the United Nations
New York



UNAIDS L.O.
الوفد الدائم لدولة قطر
لدى الأمم المتحدة

QUN/03-259



The Permanent Representative of the Permanent Mission of the State of Qatar to the United Nations presents his compliments to the Secretary-General of the United Nations and has the honour to refer to His Excellency's note No. G/A sp. session on HIV/AIDS, dated 21 February 2003, requesting the Government of the State of Qatar to complete the questionnaire contained on pages 62-69 of the entailed "Monitoring the Declaration of Commitment on HIV/AIDS Guidelines on construction of care indication".

As requested, enclosed herewith is the above-mentioned questionnaire duly completed by the competent authorities of the Qatari Government.

The Permanent Representative of the Permanent Mission of the State of Qatar to the United Nations avails himself of this opportunity to renew to the Secretary-General of the United Nations the assurances of his highest consideration.

EXO 4076 .

— EVA
cc: GDU
APM

New York, 14 April 2003



H.E. Mr. Kofi Annan
Secretary-General of the United Nations
Room # S-3800
Fax: 212/963-2155

RECEIVED UNAIDS/EXO

23 APR 2003

Action requested: _____

(Please copy reply to EXO)
CRD-EVA-EXO-GDU-PDC-PSG-RMB-SM

(212) 486-9335 Fax. (212) 758-4952/308-5630/223-4285

UNGASS Indicators: National Return Form

Country: QATAR

II-2

Reduction in mother-to-child transmission

Data source: name

Dr. Abdul Latif Al Khal

Data source: type

PROGRAMME MONITORING

Data collection period (day/month/year)

1984

to

12

2002

PART I:

Data requirements

% of total

- 1. Proportion of HIV+ pregnant women provided with ARV treatment* 1 out of 16 (0.062). The remaining were not coming for follow up T
- 2. MTCT rate in the absence of any treatment (%) 11 out of 15 (73%) v 25.0
- 3. Efficacy of treatment provided (proportionate reduction in MTCT rate) (100%) e 0.5

List of ARV drugs provided

INDINAVIR, ZIDOVUDINE, 3TC

PART II:

Indicator computation

INDICATOR SCORE

Indicator score

Score

* From national programme and behaviour indicator 4.

Appendices

Reporting schedule for core indicators for implementation of the Declaration of Commitment on HIV/AIDS

	Global commitment and action	National commitment and action	National programme and behaviour	Impact
2003	Indicators # 1-5	Indicators # 1-2	Indicators # 1-9	Indicators # 1-2
2004	√			
2005*	√	√	Indicators # 1-9	√
2006	√			
2007	√	√	Indicators # 1-6	√
2008	√			
2009	√	√	Indicators # 1-6	√
2010*	√		Indicator # 7	√

- Countries are encouraged to report on all national indicators (national commitment and action; national programme and behaviour; impact) in 2003, using existing data. These figures will then be used as baseline estimates in the monitoring process.
- Progress on national programme and behaviour indicators 1-6 and impact indicators 1-2 should be reported biennially—that is, in 2005, 2007 and 2009.
- Countries are encouraged to carry out population-based surveys required for national programme and behaviour indicators (7, 8, 9) in 2003 for reporting in 2005.

* The Declaration of Commitment has listed specific targets to be achieved by 2005 and 2010 for national programme and behaviour indicator 7 and impact indicators 1 and 2.

Consultation/preparation process for the National Report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS

1) Which institutions/entities were responsible for filling out the indicators forms?

- | | | |
|----------------------|--------------------------------------|--------------------------|
| a) NAC or equivalent | Yes | <input type="radio"/> No |
| b) NAP | Yes | <input type="radio"/> No |
| c) Others | <input checked="" type="radio"/> Yes | No |
- (please specify) Tertiary referral hospital of the country

2) With inputs from

Ministries:

- | | | |
|-----------------|--------------------------------------|--------------------------|
| Education | Yes | <input type="radio"/> No |
| Health | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Labour | Yes | <input type="radio"/> No |
| Foreign Affairs | Yes | <input type="radio"/> No |
| Others | <input checked="" type="radio"/> Yes | No |
- (please specify)

- | | | |
|------------------------------|--------------------------------------|--------------------------|
| Civil society organizations | Yes | <input type="radio"/> No |
| People living with HIV/AIDS | Yes | <input type="radio"/> No |
| Private sector | <input checked="" type="radio"/> Yes | No |
| United Nations organizations | Yes | <input type="radio"/> No |
| Bilaterals | Yes | <input type="radio"/> No |
| International NGOs | Yes | <input type="radio"/> No |
| Others | <input checked="" type="radio"/> Yes | No |
- (please specify) Governmental Health Sector (police, army, etc)

3) Was the report discussed in a large forum? Yes No

4) Are the survey results stored centrally? Yes No

5) Are data available for public consultation? Yes No

Name/title: Head of Infectious Diseases, Hamad General Hospital

Date: _____

Signature: _____ 1/4/2003

National Composite Policy Index Questionnaire

Strategic plan

1. Has your country developed multisectoral strategies to combat HIV/AIDS? (Multisectoral strategies should include, but not be limited to, the health, education, labour, and agriculture sectors.)

Yes	<input checked="" type="radio"/> No	N/A
Comments: Some limited activities by MOH are conducted (e.g. screening of HIV patients families, TB patients, etc, providing treatment, lecturing in schools) but there is no comprehensive strategic program.		

2. Has your country integrated HIV/AIDS into its general development plans (such as its National Development Plans, United Nations Development Assistance Framework, Poverty Reduction Strategy Papers and Common Country Assessments)?

Yes	No	<input checked="" type="radio"/> N/A
Comments: The limited number of HIV patients are managed within the annual budget of MOH with no shortage of funds.		

3. Does your country have a functional national multisectoral HIV/AIDS management/coordination body? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes	<input checked="" type="radio"/> No	N/A
Comments: There is intention to create such a coordination/management body.		

4. Does your country have a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes	<input checked="" type="radio"/> No	N/A
Comments: The same body above once created may do this function.		

5. Does your country have a functional HIV/AIDS body that assists in the coordination of civil society organizations? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes	No	<input checked="" type="radio"/> N/A
Comments:		

6. Has your country evaluated the impact of HIV/AIDS on its socioeconomic status for planning purposes?

Yes	No	<input checked="" type="radio"/> N/A
Comments: The number of cases is relatively small. The country relies on prescreened foreign labor.		

7. Does your country have a strategy that addresses HIV/AIDS issues among its national uniformed services, including armed forces and civil defence forces?

Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A
Comments: New recruits joining armed forces are screened for HIV.		

Appendix 3

Prevention

1. Does your country have a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS?

Yes	<input checked="" type="radio"/> No	N/A
Comments: There is no general policy but limited activities such as lecturing about HIV to students, pamphlets about HIV, counselling patients and their families.		

2. Does your country have a policy or strategy promoting reproductive and sexual health education for young people?

Yes	<input checked="" type="radio"/> No	N/A
Comments: Limited education material is present in the schools curriculum.		

3. Does your country have a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection? (Such groups include, but are not limited to, IDUs, MSM, sex workers, youth, mobile populations and prison inmates.)

Yes	<input checked="" type="radio"/> No	N/A
If yes, please list the groups:		
Comments: Our at risk groups are mostly the youth. There is currently an interest to promote IEC among this group but efforts are limited and not part of general strategy.		

4. Does your country have a policy or strategy that promotes IEC and other health interventions for cross-border migrants?

Yes	<input checked="" type="radio"/> No	N/A
Comments: Most foreigners are expatriates who come over for work who are screened for HIV on entry.		

5. Does your country have a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities? (These commodities include, but are not limited to, condoms, sterile needles and HIV tests.)

Yes	No	N/A
If yes, please list		
Groups: Youth	Commodities: - Condoms widely available but no policy for its promotion. - Sterile needles not usually accessible.	
Comments: There is no general policy.		

6. Does your country have a policy or strategy to reduce mother-to-child HIV transmission?

Yes	<input checked="" type="radio"/> No	N/A
Comments: No strategy to do prenatal screening for HIV. HIV women who get pregnant are put on ARV and new born is given ZDV.		

Appendix 3

Human rights

1. Does your country have laws and regulations that protect against discrimination people living with HIV/AIDS (such as general non-discrimination provisions and those that focus on schooling, housing, employment, etc.)?

Yes	<input checked="" type="radio"/> No	N/A
Comments: HIV is considered as major stigma in our country.		

2. Does your country have laws and regulations that protect against discrimination groups of people identified as being especially vulnerable to HIV/AIDS (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?

Yes	<input checked="" type="radio"/> No	N/A
If yes, please list groups:		
Comments: IDU, MSM, sex workers; those groups are stigmatized.		

3. Does your country have a policy to ensure equal access for men and women to prevention and care, with emphasis on vulnerable populations?

<input checked="" type="radio"/> Yes	No	N/A
Comments: Equal access is in place.		

4. Does your country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee?

<input checked="" type="radio"/> Yes	No	N/A
Comments: We have ethics committee that looks at all studies but we are not conducting studies on HIV.		

Care and support

1. Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups? (Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)

Yes	No	N/A
If yes, please list		
Groups: All groups at risk	Commodities: - VCT available but not publicized widely. - Psychological care & counselling. - Medicine readily accessible.	
Comments:		

2. Does your country have a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups? (HIV/AIDS-related medicines include antiretrovirals and drugs for the prevention and treatment of opportunistic infections and palliative care.)

Yes	No	N/A
If yes, please list		
Groups: All HIV/AIDS patients	Commodities: - ARV and prophylaxis readily accessible.	
Comments:		

3. Does your country have a policy or strategy to address the additional needs of orphans and other vulnerable children?

Yes	No	N/A
Comments: Social welfare system.		