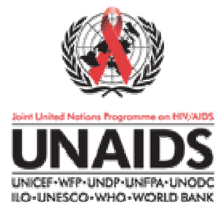
REGIONAL OFFICE
Middle East & North Africa

Kingdom of Bahrain
M.O.H

E.B. of the Health
Ministers' Council for
GCC States



Multi-sectoral Response to HIV/AIDS in the Gulf Countries

Multi-sectoral Workshop on Leadership for an Early Response to HIV/AIDS in the Gulf Countries

Manama, Kingdom of Bahrain
26-27 June 2004

The Report

By the HIV/AIDS Regional Programme in the Arab States (HARPAS)

Acknowledgements

The ***UNDP Regional Bureau for Arab States*** *& the* ***BDP HIV/AIDS Group, UNAIDS ICT/MENA and UNICEF*** *would like to express their grateful recognition and thanks to:*

- *The Government of the Kingdom of Bahrain*
- *The Ministry of Health and H.E. the Minister of Health Kingdom of Bahrain, Dr. Nada Hafadh*
- The Director General of the Health Ministers' Council's Executive Board for GCC States
- *The UN Resident Coordinator in the Kingdom of Bahrain and all the Country Office Team*
- *The UNDP HIV/AIDS Focal Points from all the Gulf Country Offices in RBAS Region*
- *WHO East Mediterranean Regional Office (EMRO)*
- *UNESCO and ILO Representatives*
- *All the Resource Persons who positively contributed to the success of the workshop …*

Contents

Introduction: Context & Rationale 4
Goals, Objectives & Expected Outcomes …………………......5
Workshop Components & Methodology……………………......6
Participants & Facilitating team ………..………..………………7
Content of the sessions ………………………………….……........8

a) **Session 1**: Opening Ceremony and HIV/AIDS Exercise
b) **Session 2**: UNAIDS Presentation & Country Reports
c) **Session 3**: UN Agencies' Presentations
d) **Session 4**: Strengthening the National HIV/AIDS Response: Working Groups
e) **Session 5**: Next Steps in the planning and implementing of the HIV/AIDS response in the GCC sub-region: National Working Groups
f) **Session 6**: Roles & Follow-up actions by GCC & UN agencies in support of the HIV/AIDS Response

Recommendations by Drafting Committee…………………30
Evaluation of the Workshop…………………………………...32
Annexes ………………………………………………………….34

a) Agenda……………………………...35
b) List of Participants…………………37
c) Un List of Participants……………..45
d) Working Group Day 2……………...47
e) Evaluation Form……………………..51
f) Evaluation Result Form…………….52

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

I. Introduction

Context & Rationale

A "Multi-sectoral workshop on Leadership for an Early Response in the Gulf countries" was organized by UNDP, UNICEF, UNAIDS and the Gulf Cooperation Council (GCC) and was held in Manama, Kingdom of Bahrain on 26-27 June 2004 to address the region's risk factors. Representatives of various government ministries attended, along with National AIDS Programme managers and representatives of civil society. The objective of the meeting was to expand the HIV/AIDS response to non-health sectors based on a profound multi-sectoral approach and to highlight the urgency of preventative measures. The meeting agreed on thirteen key recommendations for change to be presented to decision-makers in the Gulf States.

> ***"Strong leadership at all levels of society is essential for an effective response to the epidemic."***
>
> UNGASS Declaration of Commitment, 2002

Compared to other regions in the world, MENA countries are fortunate because they mainly belong to the category of low HIV/AIDS prevalence countries. It is the region where an opportunity to halt the spread of the HIV/AIDS epidemic still exists. The political, cultural and capacity-related barriers, inadequate surveillance systems and denial continue to push HIV prevention and care to a low priority level. This region is however characterized by high migration and people mobility, important societal mutations linked to dysfunctional development of mega-cities, poverty, and increasing intravenous drug use, all factors that render people more vulnerable to HIV/AIDS.

These factors create an adequate environment for a possible accelerating spread of the epidemic. Lessons from other regions demonstrate that governments that delayed broad-based response to the epidemic had to contend with a socially devastating and an economically expensive situation for their citizens. Analysis shows that once HIV-prevalence exceeds a certain rate, the virus spreads very fast, sometimes increasing even tenfold in five years. The challenge in addressing HIV in the MENA in general and within the Sub-region of the Gulf in particular is, for the political as well as the social leadership in the countries to respond while the epidemic can still be contained.

II. Goals, Objectives & Expected Outcomes

Overall Goal:

The overall goal of the workshop is to create a multi-sectoral and society wide response involving several ministries, various agencies, civil society organizations, private sector, in partnership with UN agencies in order to create an enabling environment for effective action to halt the spread of the HIV/AIDS in the Gulf countries.

Objectives:

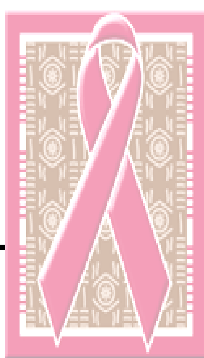
1. To create the **sense of urgency** and willingness **to take a stand**.
2. To highlight the specifications of AIDS in the Gulf countries and the region.
3. To define the role and contribution of all the sectors.
4. To agree on a **partnership mechanism** clarifying the role and follow-up actions by **international/regional organizations** present during the workshop as well as countries and other agencies in support of the implementation of this strategy.

Key Intended Outcomes:

• Commitment to participate in raising awareness at sub-regional level.

•• Regional Agenda on HIV/AIDS outlined.

••• Countries action plans for workshop follow-up at national and sub-regional levels.



III. Components & Methodology

➔ *Five Thematic Components:*

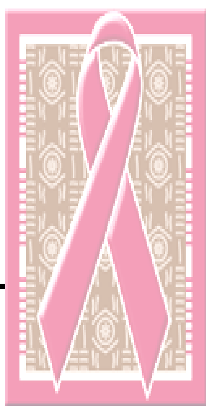
- HIV/AIDS Situation & Trends, **Responses & Challenges**.
- **Country reports** on the status of development of the national health systems and the HIV/AIDS situation in the GCC countries.
- Elements needed to be strengthened to ensure better prevention and care for HIV/AIDS in the GCC sub-region: **Working groups**.
- Next steps in the planning and implementing the HIV/AIDS response in the GCC sub-region: **National working groups**.
- **Roles and follow-up actions** by the GCC and UN agencies in support of the HIV/AIDS response.

➔ *Methodology:*

In order to build on personal and collective experience, the starting point was to examine the achievements and successes as well as the obstacles and constraints of each country.

Then the main idea was to demonstrate that HIV/AIDS is a developmental issue and therefore needs a multi-sectoral response. This was achieved through plenary presentations and participatory exercises.

Following consensus the necessity of multi-sectoral response and its implications for the countries, each country prepared a work plan which was then presented and discussed in a plenary session and became part of the commitment.



IV. Players

Participants and Institutions

Seventy nine **(79)** participants attended the workshop:

Seven (7) countries were represented: **Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE** and **Yemen**.

(**Dr. Monica Sharma**) the HIV/AIDS Director, represented UNDP-BDP HIV/AIDS Group/New York. Two representatives from the UNDP-RBAS Programme were present; the Regional Programme Advisor (**Mr. Walid Badawi**) from New York and the Regional Programme Coordinator (**Dr. Khadija Moalla**) from Cairo. The UNAIDS Inter-Country Team for the MENA region was represented by the Team Leader **(Mr. Oussama Tawil)** and the Programme Advisor (**Mr. Samir Anouti**). UNICEF was represented by the Gulf Area Representative (**Mr. Stefan Toma**) and the Regional HIV/AIDS Advisor (**Dr. George Ionita**). WHO was represented by the WHO Assistant General Director (**Dr. Kazem Behbehani**) and WHO EMRO Representative (**Dr. Awad Mukhtar**). The Gulf Cooperation Council was represented by the Executive Board Director General **(Dr. Tawfik Khoja)** and **(Dr. Kahtan Mohamed)**.

The Institutional Partnership that made this event possible included the following:

- **UNDP** (**BDP, RBAS,** and **HARPAS**)**:** for funding, facilitation and technical support;
- **UNAIDS** (**MENA ICT**, the **Secretariat**)**:** for funding, facilitation and technical support;
- **UNICEF:** for funding, facilitation and technical support;
- **Gulf Cooperation Council (GCC):** for facilitation and technical support;
- **UNDP Bahrain Country Office:** for supporting local participation and technical support;

- **UNDP HIV/AIDS Focal Points:** for facilitation and technical support.

V. Content of the Sessions

Opening Ceremony: Session 1

1. The first speech was delivered by ***H.E. Dr. Nada Hafadh***, *the Minister of Health in the Kingdom of Bahrain*. H.E. welcomed and thanked everyone who attended this workshop while extending her special thanks to Mr. Stefan Toma (UNICEF), Mr. Khaled Alloush, the UN Resident Coordinator in the Kingdom of Bahrain, Mr. Oussama Tawil (UNAIDS) and Dr. Monica Sharma (UNDP).

"Since discovering the first AIDS case, 60 million people were infected by the disease and each day the number of cases increases. 50% of those infected are women and 50 % belong to the age group of 15-24," stated H.E. Dr. Nada Hafadh. H.E. explained that due to the government of the Kingdom of Bahrain's strong faith in fighting HIV/AIDS, a National Committee against AIDS was formed in Bahrain.

H.E. also emphasized the importance of data and information and that it is very important to know where we stand and what is our current situation. Without accurate data, we are unable to do that.

H.E. again welcomed everyone to the Kingdom of Bahrain, and wished them a pleasant stay.

2. ***Dr. Tawfik Khoja***, *the Director General of the Health Ministers' Council's Executive Board for GCC States*, welcomed H.E. Dr. Nada Hafadh, the Minister of Health in the Kingdom of Bahrain, and expressed his gratitude for her hosting of this great event and for her efforts to ensure its success. Dr. Khoja extended his special thanks to Mr. Stefan Toma (UNICEF), Mr. Khaled Alloush, the UN Resident Coordinator in the Kingdom

"There is no one responsible authority or sector for this disease; it is rather a general problem which takes into account different economic, social, health and cultural aspects"

of Bahrain, Mr. Oussama Tawil (UNAIDS) and Dr. Monica Sharma (UNDP).

"We are gathered here together to discuss one of the most pressing and urging international concerns, one which has a significant impact on health and human development, AIDS, a disease that threatens every nation and has no geographic limits.

Dr. Khoja stressed on the fact that we are gathered here to discuss the latest and most important developments concerning this dangerous disease and to unify our efforts in its prevention and cure.
"Hence, there is no one responsible authority or sector for this disease; it is rather a general problem which takes into account different economic, social, health and cultural aspects, therefore, in order to achieve success, the collaboration of efforts of all those involved are required for the planning, awareness, prevention and curing processes concerning this disease," assured Dr. Khoja.

"Despite the fact that the rate of infection of HIV/AIDS in the Middle East is lower than in other areas in the world, nevertheless, the number of people living with HIV/AIDS (PLWHAs) reached 22 thousand in the year 1999, where currently the rate of infection varies between 0.15 and 1.95 cases of HIV/AIDS in every 100 thousand people in the Gulf countries. And the main reason for this increase is the increase in the sexual relations."

Dr. Khoja concluded that this workshop will provide the opportunity for the different sectors involved to meet and discuss an action plan which aims at reviewing the existing strategies for fighting HIV/AIDS in the region, and reformulating it in accordance to a live and applicable model to achieve the expected outcomes.

3. Welcoming address by ***Mr. Khaled Alloush***, *the UN Resident Coordinator in the Kingdom of Bahrain*. Mr. Alloush began by welcoming H.E. Dr. Nada Hafadh, the Minister of Health in the Kingdom of Bahrain and Dr. Tawfik Khoja the Director General of the Health Ministers' Council's Executive Board for GCC States and all representatives of the regional and international organizations present.

Mr. Alloush emphasized the importance of all the sectors joining this framework, and called for the collaborated efforts of all regional and international organizations in defying the disease.

"It is important to realize the costs of not doing anything and that prevention and awareness costs much less than the cure for the disease. Despite the fact of the low prevalence rates in the GCC states, it is growing very fast," Stated Mr. Alloush

“Since the youth are the ones mostly infected and affected by the disease, therefore we must incorporate AIDS with youth related topics.
Cooperation with the Ministry of Interior is a must, since the most affected vulnerable group is the injecting drug users.”

4. *Dr. Monica Sharma,* *the UNDP-BDP HIV/AIDS Director* expressed her many thanks to H.E. Dr. Nada Hafadh and Dr. Tawfik Khoja and welcomed Mr. Stefan Toma and Mr. Oussama Tawil.

Dr. Sharma spoke on behalf of UNDP and UNAIDS which now includes ten Cosponsors and a Secretariat, expressing their strong support for this important initiative. Dr. Monica also extended the apologies of Dr. Kathleen Kravero (UNAIDS) who had every intention of attending this meeting but for whom timing was impossible.

"Twenty years on, the HIV/AIDS epidemic continues to spread without respite, with nearly 70 million people infected since it began. In 2003 alone, 5 million people were newly infected with HIV and AIDS claimed 3 million lives. With the rapid expansion of HIV/AIDS beyond the hardest hit regions such as Southern Africa, to its explosive spread in parts of the world where it is now emerging such as Asia, the Caribbean and Europe, the epidemic is rapidly becoming the biggest obstacle to achieving the Millennium Development Goals", explained Dr. Sharma, she quoted the words of the UN Secretary General, “We cannot claim that completing challenges are more important or more urgent. We must keep AIDS at the top of our political and practical agenda.” (World AIDS Day, 2003)

"Today, we are at a crossroad in the response to the epidemic. We can continue developing and implementing the same strategies again and again. This requires exploring new ways to achieve a different set of results."

Why? Dr. Sharma questioned, and the answer was "Because HIV/AIDS is not just about a virus. It is also about sex and sexuality, stigma and discrimination, gender, power relations, silence, death and denial. It is equally about the devastating social and economic impact of the epidemic which cannot be dealt with exclusively by the medical establishment; it affects all sectors of society, and as such needs a broad, multi-sectoral response at national level, regional and local levels to address it. It is in this context that commitments were made by heads of State and reflected in the UNGASS Declaration of Commitment on HIV/AIDS. Yet since the Declaration there have been more than 10 million new infections worldwide."

Dr. Sharma stressed the need to prevent HIV/AIDS where the prevalence is low. “We need to learn lessons from Sub-Saharan Africa and India, where they reached a stage where no one can control the spread of HIV/AIDS.”

“Our concern here today is women and girls, where 50% of those infected are females. What is strange is the fact that 95% of infections were in married women who were monogamous. Then what can we do differently, a question that each country must ask for itself.”

"We need to move from the domain of commitment to the domain of action. We must look at the leadership capacities, the part in oneself that can make a difference. We need to make a choice between remaining where we are or breaking the silence", assured Dr. Sharma

“You and I together are in a threshold to make a difference,” Dr. Sharma concluded.

5. *Mr. Oussama Tawil,* *Team Leader, UNAIDS ICT/MENA* expressed his pleasure in participating in this workshop along with the other co-organizers. Thanking H.E. Dr. Nada Hafadh, Minister of Health in the Kingdom of Bahrain for hosting this event, Mr. Oussama also extended his gratitude to the Health Ministers' Council for GCC States, UNICEF, UNDP and Mr. Khaled Alloush, the Resident Coordinator in the Kingdom of Bahrain and all other colleagues who have made this workshop possible.

“While HIV/AIDS epidemic has more severely affected certain regions of the world, no region has been spared. Virtually no country remains unaffected ”

"While the epidemic has more severely affected certain regions of the world, no region has been spared. Virtually no country remains unaffected." Mr. Tawil also explained that "in the absence of cure and a vaccine, we can only make a difference by both preventing new infections and improving the quality of care. In this context, experiences across the world have shown that this can best be achieved through the mobilization and contribution of diverse sectors of society, including health, education, youth, labour, religious affairs, media, civil society, and others."

Mr. Tawil emphasized that this workshop provides an exceptional opportunity for us to explore, together, ways to reinforce HIV/AIDS prevention and care, and to do so, we must learn from the region's experiences and consider how to adapt approaches to better respond to the local contexts and needs.

Mr. Tawil concluded that it is essential and appropriate for us now to work together towards the common goal of safeguarding this region from the impact and consequences of HIV/AIDS witnessed in other countries of the world.

6. *Mr. Stefan Toma*, *Gulf Area Representative (UNICEF*) thanked H.E. Dr. Nada Hafadh and all those participating in the workshop. Mr. Stefan says that

this disease kills our family with no discrimination and that we are here today to arm ourselves against this disease.

"Each national group will lead, take advantage and make sure that each country continues to work in the fight against HIV/AIDS", concluded Mr. Toma.

➔ Exercise: What it means being HIV-positive

Objective: to bring participants through a little journey within themselves (introspection) in order to experiment feelings and reactions when knowing that they are HIV-positive, and to share these feelings with others.

- Participants receive envelopes with their names on them; each envelope contains HIV test results showing that the person is HIV-positive.

- The participants are asked to read the test results carefully and then write the first three questions that come to their mind.

- After writing the questions, they are asked to close their eyes from 5 to 10 minutes appreciating the consequences, trying to think beyond the current situation and then decide 3 to 4 actions to undertake at the individual level, the family and the social environment.

- Participants are asked to share their questions and actions with their neighbours on the table and then one from each table will share in plenary.

Following the opening ceremony, a reception was offered by the Ministry of Health in the Kingdom of Bahrain.

Session 2

➔ A Presentation by UNAIDS as an introduction to the Workshop:

- ***"HIV/AIDS Situation in the World and in MENA"*** **by *Mr. Oussama Tawil* Team Leader ICT/MENA UNAIDS,** who presented a global and regional overview of the HIV/AIDS situation:

~ Global Situation:
40 million people are living with HIV/AIDS, and 5 million new HIV infections in 2003. 95% of those with HIV do not know they are infected and more than 95% are in low and middle income countries.
Main findings show that no region is spared, and in the absence of cure, the mobilization of diverse sectors of the society remains one of the key strategies. A difference can be made through preventing new infections and improving quality of care.

~ Situation in MENA:
Relatively low prevalence in the general population (0.3%), but the trend is on the increase.
Predominance of sexual transmission, but increasing drug injecting related transmission. Trends are towards increasing proportion of infections among young people and women.

~ Situation in Gulf Countries:
Low number of HIV/AIDS cases, but increases reported.
The factor of diversity between countries in the region plays an important role in the spread of the disease.
Need for more epidemiological and behavioral data.

Challenges in the response to HIV/AIDS in the Gulf countries include lack of information on the epidemic, stigmatization and discrimination, policy and legislation challenges, coordination between partners and finally the need to strengthen both "normative" areas and across sectors.

Achievements in the response to HIV/AIDS in the Gulf countries include, increased awareness, however there is a need for more intensive prevention efforts, blood safety and infection control in most countries, ARVs are made available in growing number of countries of the region, development of National Strategic Plans (NSP) including planning across sectors and the increased participation of NGOs, and finally the involvement and support for PLWHAs.

Multi-sector response includes governance, demography, economy/poverty, health sector, workforce, vulnerable groups and education.

🎗 Country Presentations: Status of Development of the National Health Systems in the GCC countries

➔ Bahrain

The **HIV/AIDS background** in Bahrain is as follows:
The first HIV case was discovered in 1986, responding to that, the HIV Counselling Committee was established two years later in 1988. In 1992 counselling workshops were included in the Family Physician Residency Program, as well as NGOs. In 1995 National AIDS Committee was established and was cancelled and re-established in 2004.

A situation analysis conducted using SWOT analysis shows that political commitment, the support of high authority, the highly motivated committed staff, good reporting system and the partnership with the private sector such as the Standard Chartered Bank, are the **main strengths** in the HIV/AIDS response in Bahrain.
Multiple Indicator Survey conducted in 2000, demonstrated the **knowledge level about HIV/AIDS** in the country, showing that 94.5% have heard about AIDS, 7.1% know the three ways of prevention and 21.2% had sufficient knowledge about the ways of transmission and preventive methods.

The **challenges to the response** to HIV/AIDS included the coordination of National AIDS Committee members and their departments, the overcoming of stigma and discrimination, ensuring continuous and dynamic processes, the control of STI and prevention of infection as there is no cure or presence of vaccine.

Two main points were concluded, the need for a multi-sectoral approach and coordination and the challenges in the prevention of infections are mainly in adolescents.

➔ Kuwait

A general **description of HIV/AIDS situation** in the country shows that the number of HIV-positive cases is still very low and the majority of the cases are temporary labour force expatriates who are deported upon identification.
The only source of data in the country is the Ministry of Health.
The data shows that 106 AIDS cases have been reported in the period between 1984 and 2004, and only 3 cases have been reported in 2004. 46 AIDS cases out of the 106 cases are males and belong to the age group of 20-39, and 83% of the total cases reported are heterosexuals.

The National AIDS Programme is one of the HIV/AIDS initiative in the country chaired by the Undersecretary of Ministry of Health, in addition to the Multi-sectoral Committee established in 1988.

The **major obstacles** that the country faces include social and religious taboo, the unavailability and unreliability of information. Other problems are that sexual education is not introduced in the educational system, safe sex is not easy to promote and the insufficient involvement of civil society.

Key **changes desired** by Kuwait are to comply with WHO data collection requirements, provide the medical staff with manuals for management of cases and more involvement of civil society in the HIV/AIDS response.

The **recommendations of Kuwait for the GCC** include the following:

- Identify challenges for GCC States for maximizing the HIV/AIDS health sector strategies.
- Introducing and encouraging Voluntary Counselling & Testing (VCT) in GCC states in line with other international organizations.
- Availability of standard antiretroviral (ART) drugs for all GCC States.
- Unified ART treatment protocol for all HIV/AIDS patients in GCC according to WHO guidelines.
- Acceptable Islamic approach to HIV/AIDS prevention strategy.
- Due to globalization a joint unified strategy for HIV/AIDS prevention should be formulated among the GCC States.
- A unified strategy to fight drug addiction due to the increase of the problem in Eastern Mediterranean Region in recent years.

➔ Oman

The **response** to HIV/AIDS and STD in the Sultanate of Oman is expressed through the establishment of its National HIV/AIDS/STD Prevention and Control Programme in 1987. This was followed by establishing AIDS section within the Directorate General of Health Affairs in 1990 as the programme management unit. In January 1997, STDs were incorporated along with the NAP. Since 1996 NAP has become one of the 12 Programmes in National Strategic Planning for the health sectors. Since that time NAP has been implementing its 5 year plans of action (1996-2000) and (2001-2004) to achieve **the national goals and objectives including:**

- Prevention of HIV Transmission.
- Reduction of the morbidity and mortality associated with HIV infection and AIDS.
- Reduction of the impact of HIV infection and AIDS on individuals and their families and communities.
- Providing counselling and education on STDs including HIV infection.

To **achieve such goals**, five main strategies were set by the NAP:

1- Information, Education and Communication (IEC) for prevention of sexual transmission, change of behaviour and support to other strategies.

The following were achieved:

- Production & distribution of printing materials.
- Increased awareness and sensitivity/orientation among the general public, youth and students on HIV/AIDS through different seminars.
- Conducted workshops for community participation; religious leaders, teachers and community workers of the Ministry of Social Affairs.
- In 2000, Peer Education Programme for women has been launched.
- In 2001, “Peer Education Programme for youth has been initiated” mainly for school students and scouts.
- Reproductive health and school health collaborated with the programme for health education and counselling. Chapter on HIV/AIDS is included in curriculum of higher secondary students and in ‘Facts of Life’ MOH publication. These chapters are updated each year.

2- Epidemiological Surveillance for monitoring of HIV prevalence, transmission incidence and trends for planning of interventions

The following were achieved:

- Conducted HIV Sentinel Surveillance.

- Screening high risk groups (STD pts, drug users, prisoners and blood/ recipients) for HIV.
- Blood screening for non-high risk groups (tuberculosis patients and resident expatriates).

3- Blood Safety (for prevention of blood transmission)

- All blood and organ donations are screened for HIV I & II, HBsAg, VDRL, HBC.

4- Case Management including clinical support and counselling (for reduction of the impact)

The following were achieved:

- Workshops conducted on updating health care providers on aspects such as case management, patient care, treatment and confidentiality/discrimination etc…
- More than sixty nurses trained on Nursing Care for HIV/AIDS patients.
- The treatment of HIV/AIDS cases by antiretroviral therapy according to AIDS National Guidelines.
- Provision of condoms through STD clinics and PHC (Family planning).

5- Programme Management (for efficient implementation of the entire programme)

The following were achieved:

- Monitoring/analysis of existing data ongoing and commenced from 1996 (Annually Progress Report).
- Quarterly statistical reports to EMRO.
- Follow-up reports/feedback from provinces to Headquarters vice-versa.
- WHO STC, reviewed and evaluated the programme activities in 2001.
- WHO, UNAIDS, UNICEF Mission for the evaluation of the Peer Education Programme in schools and scouts in 2003.
- WHO STC, reviewed the problem of HIV/AIDS among injecting drug users in 2004.

➔ Qatar

The total number of cases diagnosed with HIV infection in 2004 is 194, half of them are non-nationals. 68 people are currently living with HIV/AIDS in Qatar. Qatar has a strong screening program, where it covers the following groups:

- All newcomers to the country for work.
- All food handlers and HCW on recruitment.
- All barbers and beauty saloon workers.
- All HCW in private sector.

- All new employees in the government.
- Blood donors.
- Hemodialysis patients.
- All ICU admissions.
- All TB, FUO and STD patients.
- All women undergoing IVF.
- HIV patient family members.
- New inmates.
- Donors and recipients of organs.

Nearly half of the HIV/AIDS cases got infected from blood transfusion before 1985, and heterosexual transmission accounts for most of the new cases in the ages 18-45. IVDU is not a major source at present.

In **the response** to HIV/AIDS in Qatar, counselling is offered to patients and their families, training on how to deal with HIV/AIDS patients is provided to nurses. Youth education; school curriculum, lectures and workshops are being held. Publications for educators and utilization of media are also included in the response.

Medical care offered includes confidentiality for patients and drug availability and laboratory support and free medical care that is easily accessible is available for all patients and counselling is ongoing.

➔ Saudi Arabia

The general **objective** is to prevent HIV transmission and the specific objectives include:

- Dissemination of information on HIV/AIDS mode of transmission and prevention among general population, focusing mainly on vulnerable and high risk groups.
- To raise the awareness of PLWHAs about disease transmission and prevention.
- Correction of misinformation and wrong attitudes related to the disease and PLWHAs.

Saudi Arabia focuses on target groups such as the general population, vulnerable and high risk groups and PLWHAs.

Saudi Arabia depends on a multi-sectoral approach where the Ministries of Health, Information, Education, Islamic Affairs and Youth all act as participating sectors in the response to HIV/AIDS. Television, radio and journal & newspapers are all used in the Ministry of Information's response.

Ministry of Education: Integration of disease information in the school curriculum and other non curriculum school activities.

The Ministry of Islamic Affairs' response to HIV/AIDS is represented by the involvement of Imams of mosques and religious leaders in the activities of the plan and by holding Religious seminars in work places and having speeches after Friday prayers.

Ministry of Health's response through providing health education for medical staff and the development and design of educational materials and training mobile education teams in the regions. Ministry of Health, the private sector and international organizations are considered sponsors of the HIV/AIDS response.
The monitoring process is done through activities such as reports, meetings and field surveys and is evaluated according to indicators such as the extent of implementing of activities and through change of knowledge in certain target groups.

➔ UAE

The **objective** of the National Aids Program in the UAE is to prevent the transmission of HIV/AIDS and control its importation through primary prevention, early detection and effective management. The program components are prevention, legislation, early detection and management. Preventive methods consist of:

- Health education.
- General and risk group-specific information kits on HIV/AIDS.
- International scientific conferences on recent advances in the prevention, diagnosis and treatment of HIV/AIDS.
- Regular seminars and workshops on HIV/AIDS.
- Annual health education activities for the entire week of the World AIDS Day.
- Greater use of the media in reaching out to the general population with health information on HIV/AIDS.
- Collaborating with other government agencies in designing group-specific health education material.

Legislation related to HIV/AIDS covers the following:

- **Ministerial Decree No. (502) of 1989** endorsed the National AIDS Control Program and mandated the screening of all blood, blood products, tissues or organs before transplantation and population groups at high risk of infection. This decree also called for the formation of a Central Committee for the National AIDS Program with members from various relevant governmental and non-governmental sectors.
- **Ministerial Decree No. (506) of 1989** stipulated the formation of AIDS control program committees at district level. These committees will be

responsible for the execution of all preventive measures in accordance with the National AIDS Control strategies, Plan of Action and directives issues by the Central Committee.

Other important regulations govern the social conditions surrounding HIV-positive cases and the issue of confidentiality of HIV tests:

- Attitudes and employment conditions of HIV-positive employees should not change as long as the nature of their work does not pose a health risk to their colleagues.
- HIV test results are highly confidential and should not be accessed except when necessary and by the relevant health authority.

Early detection and screening consists of the following:

- Screening of blood, blood products, organs, and tissues before transfusion or transplantation. Screening of population groups that are feasibly at high risk of infection such as: blood donors, hospital inpatients, workers in communicable disease diagnostic laboratories, workers in blood banks, hospital-based health care workers, attendants at antenatal care clinics, students, couples applying for wedding licenses, attendants at STD and Skin Disease Clinics, prison inmates and drug addicts.

➔ Yemen

Estimated number of PLWHAs in 2002 is 11,227. The cumulative reported cases of HIV/AIDS is 1379 cases , detection is limited to testing of blood donors and suspected AIDS cases in workers who are expatriates.

The National AIDS Control Programme was established in the Ministry of Health in 1987, supported mainly by the MOPHP, Dutch Embassy, WHO, UNAIDS and recently by the Global Fund. Their plan of action was established according to priority areas identified jointly by NAP and UNAIDS theme group.
NAP priority areas include:

- Prevention of the sexual transmission of HIV/AIDS.
- Control of STIs.
- Counseling and care for people living with HIV/AIDS.
- HIV surveillance.

Programme activities that are being carried out include training and education, counselling of HIV/AIDS cases, partners and their families, HIV screening for blood donation and sero surveys in selected population groups.

The **success of the programme** is demonstrated through the strong political commitment regarding HIV/AIDS prevention strategy, which was formulated and approved by the government in 2002, which urges inclusion of HIV/AIDS activities in the national planning framework, the population policy and

government sector plans in addition to the reproductive health and family planning programme. Yemen also adopted the global goals in terms of prevention, with special emphasis on issues against stigma and discrimination.

Status of development of the National Health System in Yemen:

- The MOPHP has approved the initiative of 3 X5 adopted by WHO & others to provide treatment for 3 million PLWA by the end of 2005.
- Preparation of multi-sectoral plan to tackle HIV/AIDS.
- Establishment of poverty unit in the MOPHP for poverty is considered to be the most significant factor in spreading the epidemic.
- Effective and successive role of theme group.

The **challenges** include:

- Inadequate financing for health facilities and advocacy.
- Lack of availability and quality counselling services.
- Lack of awareness of the problem.
- Inadequate participation of other relevant sectors in implementing HIV/AIDS prevention and Care activities.
- Lack of explicit media policies for advocacy purposes regarding sexual education.
- Inadequate integration of STIs care at the primary health care level.
- Shortage of trained staff to provide care to HIV/AIDS infected persons.
- Inadequate involvement of NGOs especially in outreach and reaching vulnerable groups such as commercial sex workers.
- Ineffective coordination among various implementing agencies.
- In availability of database on HIV/AIDS knowledge and risk behavior.

NAP plans are:

- Strengthening counselling activities with emphasis on Counselling and Voluntary Testing.
- More involvement of NGOs in Programme activities.
- Reaching vulnerable groups.
- Better care for PLWHAs.

🎗 Session 3

➔ "From Making the Case to Generating a Response" *by* ***Dr. Monica Sharma the UNDP-BDP HIV/AIDS Director***

"The Answer Lies Within!"

~ 14,000 new infections in the world. In the 1 hour we talk: 600 new infections all preventable through human actions. Every 6 seconds, someone, somewhere becomes HIV- positive.

~ At the end of 2003 an estimated:
600,000 adults aged 15-49 were living with HIV/AIDS,
55,000 people became newly infected with HIV, and
45,000 died of it.

~ In 2001 250,000 women aged 15-49 were living with HIV/AIDS, and
35,000 children were living with HIV/AIDS.

~The data shows a substantial loss in predicted life expectancy due to HIV/AIDS in children born in 2000. A clear example of this is the case of Botswana, where the life expectancy was 70 and reached approximately 40 as a result of HIV/AIDS, something must be asked and the people of the country are the ones who must generate the answer.

~ We need to look at where we are right now, and this is how the picture is:

- **Infections are not leveling off:** 40% of adults in Botswana are HIV-positive, 34% in Zimbabwe, 33% in Swaziland and 31% in Lesotho. Russia: reported cases rose from 11,000 to 300,000 in the last 4 years. CIS, Asia experience fastest-growing HIV/AIDS epidemic.
- **Feminization of the epidemic:** in Sub-Saharan Africa women represent 60% of HIV positive adults; globally this figure is 50% for the first time. India: 95% of new infections in women who were married and monogamous.
- **Stigma & discrimination:** surveys reveal that majority of respondents do not want to work with people living with HIV/AIDS.
- **Lack of treatment:** in Africa only 2% of PLWHA have treatment.
- **Vast secondary impacts:** orphans, basic social services and instability.

~ HIV/AIDS epidemic is attributed to a lot of meanings and emotions, from sex, fear, shame, death, denial, stigma, to silence and discrimination.

~ UNDP's goal is to generate an extraordinary nationwide, multi-sector, multi-level and gender sensitive response with results taking into account the PLWHAs.

~ Governance challenges of HIV/AIDS includes institutional inertia, the response is often too medical, the national and sub-national levels disconnect in a way, innovation is stifled, medical and human rights responses are not integrated, community voice is not heard and decisions are not supported and the underlying causes are often ignored (e.g., stigma, power, access). To meet such challenges the institutional energy should be transformed into results.

Integral Transformative Leadership: A Different Approach

UNDP Leadership for Results	Leadership for Advocacy
Everyone, everywhere – leadership at all levels	*Political and executive Leaders*
Starts with Self and self-awareness	*Starts with the external*
Commitment that produces results and self-sustained initiatives	*Producing understanding*
Action with learning = ongoing	*One-time effort*

~ The UNDP results are:

- Self-sustaining ***breakthrough initiatives*** and ***community decisions/actions*** through transformative leadership and community capacity enhancement.
- Development and popularization of ***approaches*** to address the ***underlying causes*** of the epidemic (e.g., stigma, power relations).
- Strategies and approaches have ***enhanced governance and development practice***, including HIV/AIDS and beyond.

➔ "HIV/AIDS and Youth Participation" *by* ***Dr. George Ionita UNICEF HIV/AIDS Regional Representative***

~ Why the focus on young people, the answer is they constitute a high percentage of the population, they have great potential in need of support monitoring as they are agents of positive change and progress, they go through a transition period marked by opportunities, they are the future leaders and they are definitely our responsibility.
Due to the above mentioned importance of youth, UN resolution on youth policies calls upon all member states and all UN bodies and specialized agencies, IGOs and NGOs, in particular youth organizations, to make every possible effort for cross-sectoral youth policies to integrate a youth perspective into all relevant planning and decision-making processes by implementing the World Programme of Action for youth.

~ Among the important factors influencing adolescent development are society, peer relations and family. Values, norms, economic conditions and cultural differences in thinking about maturity are all factors in the society that affect behavior of adolescents. As for peer relations, close friendships, mutual respect, empathy or reinforcing of existing depositions, they also play an important role.

~ Issues facing young people in the MENA region include:

1. Limited access to ***information***: Life styles at risk.
2. ***Gender disparities*** (education, FGM, early marriages and pregnancies, spaces and opportunities).
3. Limited ***spaces and opportunities*** for engagement.
4. ***Intergenerational gap*** – role models.
5. Lack of ***democratic*** processes.
6. High ***unemployment*** rates – Culture of shame
7. ***Poverty***
8. ***Conflict***
9. Lack of sense of purpose and belonging – desire to ***emigrate.***

> ***"The right of young people to protect their sexual and reproductive health"***
> The International Conference on Population & Development

~ Peer education (by youth for youth) can be an effective way of providing youth with information, motivation and life skills especially in relation to sensitive issues (such as unhealthy life styles and risk behaviors).

~ 'Hard to reach groups' (street children, young sex workers, injecting drug users) may be more accessible through the use of peer educators who share the same background.

~ Initiatives for young people in MENA:

1. Strengthen the knowledge base.
2. Provide information and build skills.
3. Promotion of friendly schools.
4. Friendly health services.
5. Training of service providers.
6. Media.
7. Communication strategies for working with youth, for HIV prevention, for intergenerational dialogue.
8. Supportive & protective environment promotion of CRC, involvement of youth in reporting on CRC, address violence in schools and establishment of youth police.
9. Support to youth structures, creation of youth clubs, information network, youth parliaments and youth forums.
10. Development of National Youth Policies in Bahrain, Jordan, OPT and Lebanon.

Strategies for GCC:

- Situation Analysis and Opinion Poll.
- Right to Know Approach.
- Services (friendly schools, friendly health services, and friendly cities).
- National Youth Policies (seminar in Sept 04).
- Promotion of friendly space.
- Partnerships with media.
- Partnership with the Private sector.
- Opportunities for participation.
- Outreach services through NGOs and community based organizations.

➔ "HIV/AIDS a Multi-sectoral Approach" by *Dr. Awad Mukhtar WHO EMRO Representative*

~ HIV/AIDS pandemic continues its deadly assault in the different regions of the world and our region is not an exception. And within our region, GCC countries are not an exception either and that is proven by the disease prevalence in this area.

~ Until now, according to the available data, the prevalence of HIV/AIDS is still lower in the Gulf countries than in other countries in different regions of the world, and this is due to the difference in life style, religions, traditions, the marked improvement in safety of blood donation and low rates of injected drug users. Nevertheless, the GCC countries are facing a more serious threat of the increase in the prevalence rate of HIV/AIDS due to following trends:

"HIV/AIDS is a major public health problem in the world, but it is also considered a social and developmental problem"

- Influx of infected expatriates from highly endemic countries.
- Travel of vulnerable groups to endemic countries.
- The difficulty of testing the individuals coming from the endemic countries, this contributes positively to the spread of the disease.

~ As HIV/AIDS represents a major public health problem in the world, it is also considered a social and developmental problem. It is a problem that necessitates tackling by different sectors and agencies in the region as follows:

At the country level:

- Ministries of Health, Education, Social Welfare, Information and Social Health.
- Private Sector.
- Religious Leaders.
- Civil Society.
- National NGOs.
- Youth and Sports Council.
- Joint venture of international agencies and organizations.

~ A unified and comprehensive strategy with participation of representatives of national government and civil societies is highly essential to reduce the cost and deliver scientific information which will serve the objectives.

Session 4

Strengthening the National HIV/AIDS Response

An **exercise conducted** in group work on the elements needed to be strengthened to ensure better prevention and care for HIV/AIDS.

Four main areas were discussed:

~ **Areas to be strengthened:** *What are the priority areas of work?*

~ **Entry Points:** *What are the possible interventions?*

~ **Partners and their roles:** *Who are the partners and who will take the lead?*

~ **Key challenges:** *What are the key challenges faced?*

A summary of the results shows that:

Most of the groups agree that the following are the common areas to be strengthened and the entry points, partners and challenges for each one are:

- Area to be strengthened is **education**: health, youth, family and sexual education in schools through vulnerable groups and through raising awareness in clubs and social centers and schools and curriculum. Partners are UN agencies, government bodies, private sector, NGOs, media functional committees, PLWHAs, Ministry of Health, Ministry of Education, NAP, youth and sports institutes and Ministry of Islamic Affairs. Key challenges include lack of information, guidelines and resources, lack of skilled trained people, taboo, stigma and non existence of risk perception.
- Area to be strengthened is **case detection, testing, diagnosis and surveillance**: through studies of cultural/social barriers and evaluative studies of the impact of intervention, the use of expertise, broadening the base of surveillance, extensive research and forming blood banks and laboratories. The partners are census offices, Ministry of Health, NGOs, international agencies, universities and the National AIDS Committee. Ministry of Health and NGOs will take the lead. The challenges include lack of technical expertise, outdated tools, reaching vulnerable groups and stigma and discrimination.
- Area to be strengthened is the **identification of high risk target groups**: ways to outreach them through counselling and support groups, awareness through education and media and the use of targeted messages. The partners are NGOs, NAP, Ministry of Health and PLWHAs. Inadequate legislation and reluctance of PLWHAs are the main challenges.

- Area to be strengthened is **information, communication and media empowerment** through mass media, telecom technology, cultural and arts association, multi-sectoral advocacy for concerned ministries, the use of information channels, publishing and free discussion of available information. Partners are Ministry of Information, Ministry of Health, NGOs, media agencies, youth agencies and women associations. The challenges are the lack of statistical data and advertising.
- Area to be strengthened is **strategic planning between GCC states** through sharing information and expertise by holding conferences and committees and developing HIV/AIDS control framework by the bulk purchase of ARVs. The partners are the GCC, Ministry of Health and youth agencies. A key challenge is political will.
- Area to be strengthened is **the fight against stigma and discrimination** through involving PLWHAs in different activities, dissemination of accurate and correct information with a particular focus on non-sexual modes of transmission. Civil society and NGOs will take the lead. The main challenge is cultural norms.

Session 5

Next Steps in Planning and Implementing the HIV/AIDS Response in the GCC Sub- region

The countries worked separately in developing the next steps in planning and implementing the HIV/AIDS response in their countries and came up with the national coordination mechanisms (see the national working groups in attachment).

They shared their plans and had some discussions on practical issues.

UNICEF and UNDP presented two videos on HIV/AIDS during the tea/coffee break.

Session 6

Roles and follow-up actions by GCC and UN agencies in support of HIV/AIDS response, *by **Mr. Oussma Tawil (UNAIDS)***

Following the country reports and UN presentations, the following conclusions were made about the GCC sub-region:

- The need for advocacy and political commitment.
- The need for comprehensive prevention, care and support efforts.
- Limited information on HIV/AIDS.
- Sexual transmission and IDU are the main modes of HIV/AIDS transmission.
- High blood safety.
- The need to focus on young people and vulnerable groups.

~ Follow-up at the sub-regional level is needed to ensure coordination, information exchange and documentation. Areas to focus on at the sub-regional level include advocacy and policies, surveillance and research, resource mobilization and information, media sector and the bulk purchase of drugs.

~ Follow-up using national processes to reinforce national strategic framework and planning through advocacy (political commitment, religious leaders and legislation), multi-sectoral coordination and implementation (National AIDS Committees and civil society), development of sectoral plans (education, etc..), assessment, surveillance, monitoring and evaluation and finally resource mobilization.

~ The priority areas of work recommended include the following:

- National Strategic Planning
- Surveillance and research
- Young people
- Vulnerable groups
- People living with HIV/AIDS (PLWHAs)
- Stigma and discrimination and VCT
- Sectors such as education, media-information, religious affairs and civil society.

Recommendations, by *the drafting committee*

On the Executive Board Level:

1. The adoption of combating HIV/AIDS initiative by the Health Ministers' Council's Executive Board for GCC States as one of the priorities of the Ministry of Health in the Gulf region following the example of what has been done in the abolishment of Tuberculosis and measles initiative.
2. Establishing a specialized committee in the Gulf region under the umbrella of the executive board which will be responsible for developing strategies and work plans and indicators for the follow-up on the execution of these plans.

On the National Level:

1. Establish national committees for preventing and combating AIDS (including governmental and national authorities) and strengthen its role within the countries where they exist.
2. Formulate national plans for the HIV/AIDS strategy in different countries.
3. Allocate a specific budget for HIV/AIDS programmes, deducted from the country's total budget. And enabling the society and national institutions to participate in the financial and emotional support for these activities.
4. Develop national social research studies to include the determinants, spread, risk behaviors and vulnerability factors of the disease in the GCC states.
5. Develop and implement epidemiological surveillance systems for monitoring of HIV/AIDS prevalence for vulnerable groups matching the recommendations of international organizations.
6. Form specialized centers for counseling and voluntary testing in cooperation with and benefiting from experiences of international organizations.
7. The importance of activating awareness programmes on the disease while focusing on youth as one of the main targeted groups in cooperation with other sectors related to the disease.
8. Develop awareness programmes related to the disease targeting women as one of the activities in the national strategy in cooperation with other women related organizations.
9. Promote awareness programmes related to abolishing stigma and discrimination against people living with HIV/AIDS while protecting their economic, social and cultural rights.
10. Create health messages related to HIV/AIDS and incorporate them in educational curriculum, communication and mass media. These messages have to rely on scientific proof for all age groups and social classes in the society.

On the International Level:

Request from the international organizations to allocate funds suitable for the technical and procedural issues in HIV/AIDS programmes to ensure that participants continue participating in such programmes

VI. Evaluation

Overall participants of the workshop 79
Total evaluation forms distributed 50
Number of forms received with feedback 43

The below evaluation was made using the forms that were submitted with feedback i.e. 43 forms only.

- 67% rated transportation between excellent & good.
- 80% rated the "Workshop Content" between excellent & good (with 91% of those rated "content of conference materials" between excellent and good and; 65% of them felt that "time allocation was between excellent & good).
- 86% were between happy and satisfied with the support from the secretariat.
- 85% were between happy & satisfied with the venue.
- 81% of the participants rated the overall workshop between excellent and good and felt between happy and satisfied with it.

Other comments from participants:

- Secretariat did an excellent job in organizing the meeting, providing needed material. However, orientation of chairperson and logistical preparations for the sessions could be improved.
- Overall, the meeting was not only very satisfying but also most certainly very timely.
- Overall the workshop was excellent. It was nicely organized and the staff was cooperative and supportive.
- Good job. Agenda was a little cramped.
- Repeat the workshop again please.
- Prefer to give earlier notice of such nice meetings and concentrate next workshop on some research work on AIDS status in GCC.

- It would have been better if the organizers arrived one day earlier to prepare for the workshop.
- Needs more coordination and better communication.
- Preparations should be better in terms of timing and handouts.
- Pre-workshop material should be sent earlier; objectives should be clear.
- More organization of the w/s was needed in terms of the agenda items and time allocated as well as secretarial support.
- The 1st day the time allocated was too long, the 2nd day I feel there is no organization unwell and we don't know who is the leader of the workshop. Lastly I would thank all for their effort, thanks a lot.
- Day 2 sessions needed tighter time control. Time allocation must be respected and avoid losing time waiting for the sessions.
- The final agenda was supposed to be ready at least one day before we start of the meeting.
- The AC was very cold; photocopying and printing facilities were limited.
- The chairpersons were sometimes too strict on time allocated to resource persons that hindered the presentations while at other times the timetable was not respected and time was lost without achievement. The chairperson should be briefed by the organizers on how to conduct the sessions.

Annexes

1. **Agenda**...35
2. **List of participants**...37
3. **UN List of Participants**...............................45
4. **Working Group Day 2:**
   National working groups..........................47
5. **Evaluation Form**..51
6. **Evaluation Result Form**............................52

Day 1 ~ Saturday 26 June 2004

Segment *(timing)*	***Content***	***Input/Output***	***Speakers***
8:00-9:00 **Session1 9:00 to 10:30**	***Registration*** ***Opening Ceremony:*** • Welcoming address by the UN Resident Coordinator • UNICEF • UNAIDS • UNDP • GCC • Bahrain Ministry of Health What if HIV +?	Exercise	• Mr. Khaled Alloush • Mr. Stefan Toma • Mr. Oussama Tawil • Dr. Monica Sharma • Dr. Tawfik Khoja H.E. Dr. Nada Hafedh Minister of Health
10:30-11:00 Tea/coffee Break			
Session 2 11:00-13:00	• HIV/AIDS situation in the world and in MENA • Status of Development of the National Health Systems in the GCC countries. What challenges? Bahrain Kuwait Oman Qatar Saudi Arabia UAE Yemen	• PPP • PPP	• Mr. Oussama Tawil (UNAIDS) *Representatives of:* • *Bahrain* • *Kuwait* • *Oman* • *Qatar* • *Saudi Arabia* • *UAE* • *Yemen*
13:00-14:00 Lunch Break			
Session3 **14:00-15:00**	• "From Making the Case to Generating a Response" • "HIV/AIDS and Youth Participation" • "HIV/AIDS a Multi-sectoral response"	• PPP • PPP • PPP	• Dr. Monica Sharma (UNDP • Dr. George Ionita (UNICEF) • Dr. Awad Mukhtar(WHO)
15:00-15:30 Tea/coffee Break			

Session 4 **15:30-17:00**	• Working Groups (A) (B) (C) (D) (E) (F) What elements need to be strengthened to ensure better prevention and care for HIV/AIDS		*Working groups*
17:00-18:00	• Plenary Presentation and Discussions on Group Work	• PPP	*Rapporteurs of Groups (A), (B), (C), (D), (E) & (F)*

Day 2 ~ Sunday, 27 June 2004

Segment *(timing)*	***Content***	***Input/Output***	***Facilitation***
Session 5 **8:00-9:30**	• National Working Groups (7 Groups) Next Steps in the planning and implementing the HIV/AIDS response in the GCC sub-region: What are the implications for: Health education, Youth Friendly Services? Counseling Building partnership and Networks Private sector involvement		*Working group*
9:30-10:15 ***Tea/coffee Break and Video Presentations***			
10:15-11:00	• Plenary Presentation and discussion of groups	PPP	*Rapporteurs of groups 1-7*
Session 6 **11:00-12:00** ***12:00 – 12:15*** ***12:15-12:30***	• Roles and follow-up actions by GCC and UN agencies in support of the HIV/AIDS response • ***Strengthening partnership*** GCC UN support • **Recommendations by drafting committee** ***Evaluation of the workshop***	PPP Recommendations Evaluation form	UNAIDS PPP and *Panel discussion* • *GCC* • *UNICEF* • *UNDP* • *UNAIDS* • *WHO* • *ILO* • *UNESCO*
Closing ceremony by organizers (GCC, UNICEF, UNDP, UNAIDS)			

	Country	Name of Participant	Title & Institution	Contact Details
1	**Qatar**	Dr. Abdel Latif El Khal	Head of Infectious Diseases Section (Hamad Medical Institution)	Tel: 00974-5524868 E-mail: aalkhal@hmc.org.qa
2	**Qatar**	Dr. Amina Ibrahim Al Heel		Tel: 009745868949
3	**Oman**	Dr. Ali Ahmad Baomar	NAPD	Tel: 009689334105 E-mail: drbaomer@omantel.net.om
4	**Oman**	Dr. Yacoub Salem Al-Maghdary	Ministry of Health	Tel: 00968-9348171 E-mail: dryaqoub@hotmail.com
5	**Oman**	Mr. Waleed Al Zadkali	Ministry of Youth	
6	**Oman**	Mr. Khamis Al -Rasbi	Ministry of Education	E-mail: wlwafi64@hotmail.com
7	**Oman**	Ms. Akilah Darwish Al-Wehaiby	Omani Women Society	Address: P.O. Box 600 P.C. 113 Muscat
8	**Oman**	Ms. Hanan Al-Kindy	Radio	Address: P.O. Box 600 P.C. 113 Muscat E-mail: e.m.familyaffairs77@hotmail.com

	Country	Name of Participant	Title & Institution	Contact Details
9	**Oman**	Mrs. Fahima Al Balushi		E-mail: fahima66@hotmail.com
10	**Kuwait**	Dr. Rashid Abdulaziz Al-Owaish	NAP Coordinator	Address: P.O. Box 12227 Al Shamieh Kuwait Tel: 009652466107 E-mail: alowaish@yahoo.com
11	**Kuwait**	Dr. Medhat Shahab El-Din	Physician treating AIDS patients	Tel: 009656087473 E-mail: medhat1965@hotmail.com
12	**Kuwait**	Mr. Abdul Wahab Al-Fhaid	Bashayer Al-Kher Committee, Administrative Director	Address: 6187870 Kuwait-NZOH
13	**Kuwait**	Ms. Suad Al-Awadh	Ministry of Planning	Tel: 009652457686
14	**Kuwait**	Ms. Nadia Al-Ghadiri	The Loathan Youth Achievements Center (LOYAC)	Tel: 09652524497 E-mail: nadia12_84@hotmail.com
15	**Kuwait**	Dr. Hind Al-Shoumer	Kuwait Federation for Women's Association	Tel: 009652435107 Fax: 009652467505 E-mail: kuwaitiya19@hotmail.com

	Country	Name of Participant	Title & Institution	Contact Details
16	**UAE**	Dr. Zainab Khazaal	Ministry of Health	Tel: (00971-2)6117515/6324742 Fax: (00971-2) 6326911/6313775 E-mail: zainabk@moh.gov.ae
17	**UAE**	Dr. Fathya Al-Nathary	Red Crescent	Tel: 0506617803/024435977 E-mail: bsmat-alamal@hotmail.com
18	**UAE**	Major Abdallah Mohamed Abdurrahman	Ministry of Interior	Tel: 0097125621093 Fax: 0097150646119 Address: P.O. Box 847 SHJ UAE
19	**UAE**	Mr. Sanjoy Chowdhury	Standard Chartered Bank in UAE	Tel: 0097145070518 E-mail: sanjoy.chowdhury@ae.standardchartered.com
20	**Saudi Arabia**	Dr. Nasser Al Huzaim	National Aids Programme Director	Tel: 0096614014262 E-mail: alhozaim@hotmail.com
21	**Saudi Arabia**	Dr. Nivien El Khaldi	Home Health Care Charitable Society	Tel: 009662624000 E-mail: n_khaldi@yahoo.com
22	**Saudi Arabia**	Dr. Sanaa Felemban	In charge of the HIV/AIDS Centre in Jeddah	Address: Jeddah P.O. Box 6928 Zip code: 21452 Tel: 00966505671111

	Country	Name of Participant	Title & Institution	Contact Details
23	**Saudi Arabia**	Mr. Ahmed Al Rashedi	In charge of HIV/AIDS Centre in Khobar	Tel: 0096614014262 E-mail: hiv@moh.gov.sa
24	**Saudi Arabia**	Dr. Ahmed Abdallah Al Khayari	Assistant to the GM of the School Health Care Department	Tel: 009665050707237 E-mail: khayari59@yahoo.com
25	**Saudi Arabia**	Mr. Mansour Al Fadel	Director of Studies and Health Training in the General Department of Medical Services	Address: P.O. Box 87073 Riyadh 11642
26	**Saudi Arabia**	Dr. Saud Al Hassan	Ministry of Interior	E-mail: suadhasn@yahoo.com
27	**Saudi Arabia**	Dr. Naila A. Abualjadayet	Ministry of Health	Address: P.O. Box 72 Jeddah 21411
28	**Saudi Arabia**	Dr. Mugbil Abdallah Al Hedaithy	Assistant Secretary General for the Saudi Comission for Health Specialist and Temporay Advisor for GCC	Tel: 966505415808 E-mail: mugbil@hotmail.com
29	**Yemen**	Mr. Galal M. Moula	Ministry of Planning and International Corporation	Tel/Fax: 009671250630
30	**Yemen**	Dr. Fawzeyah Abdullah Gharamah	Manager of National AIDS Programme	Tel: 0096771113267 E-mail: fouziaabdallah@yahoo.com fouziaabdallah@hotmail.com

	Country	Name of Participant	Title & Institution	Contact Details
31	**Yemen**	Dr. Mohamed Yehia Tekki El Din	Yemeni Association for AIDS Prevention	Tel: 508037243012 Fax: 24311271912780
32	**Yemen**	Mr. Megahed Ahmed Shaab	National Population Council	Tel: 231313528
33	**Yemen**	Dr. Abd el Rahman Shamsan	Ministry of Interior	
34	**Bahrain**	H.E. Dr. Nada Hafadh	Minister of Health	
35	**Bahrain**	Dr. Sumaya Al-Jodar	(Chairperson), Ministry of Health	Tel: 0097339611204 Fax: 0097317256784
36	**Bahrain**	Dr. Tawfik Khoja	General Manager of the Executive Office of the Health Ministers' Council for GCC states	E-mail: sgh@sgh.org.sa
37	**Bahrain**	Dr. Kahtan Al Mohamed	Health Ministers' Council for GCC states	Mobile: 00966504181248 Office: 0096614885262
38	**Bahrain**	Dr. Mariam Alshetti	Ministry of Health	Tel: 0097339851919 E-mail: malshetti@hotmail.com
39	**Bahrain**	Dr. Redha Ali Ebrahim	Consultant at Salmanya Medical complex	Tel: 17279750 Fax: 17279774 E-mail: redha231@yahoo.com

	Country	Name of Participant	Title & Institution	Contact Details
40	**Bahrain**	Dr. Alaqeed Mohammed Alkhayat	Ministry of Interior	
41	**Bahrain**	Alraid Tariq Alnasser	Ministry of Interior	
42	**Bahrain**	Mr. Fawzi Aljfen	Ministry of Information	Tel: 39447705
43	**Bahrain**	Ms. Hayat Almehzaa	Ministry of Labour	Tel: 17688633 E-mail: laylash@bahrain.cov.bh
44	**Bahrain**	Ms. Noora Almanaee	Ministry of Education	Tel: 39627744 17680092
45	**Bahrain**	Ms. Amal Aldossari	General organization For Youth & Sport	
46	**Bahrain**	Mr. Ali Salman	UNDP	Tel: 39685221 17319423
47	**Bahrain**	Dr. Abdulla Darwish	Bahrain Defense Force	Tel: 17766655 E-mail: adarwish@baelco.com.bh
48	**Bahrain**	Ms. Hayat Alalawi	Social worker	
49	**Bahrain**	Mr. Mohammed Ali Kadhim	Communicable Diseases Inspector	Tel: 39448421279248
50	**Bahrain**	Dr. Nabeel Derbas	Psychiatry Hospital, Drug Addict Unit	

	Country	Name of Participant	Title & Institution	Contact Details
51	**Bahrain**	Dr. Mariam Al- Mulla	School Health Coordinator	Mobile: 39671228 E-mail: mealmula@batelco.com.bh
52	**Bahrain**	Dr. Tawfiq Naseeb	Ministry of Health	Fax: 244671 E-mail: tawnass@batelco.com.bh
53	**Bahrain**	Dr. Nayera Serhan	Ministry of Health	Tel: 39401552 E-mail: nayera@myway.com
54	**Bahrain**	Mr. Osama Khalfan	Standard Chartered Bank in Bahrain	Tel: 00973-39466606 Address: P.O. Box 29 Manama Bahrain
55	**Bahrain**	Mr. Hassan Abdulaziz Al Tarif	NGO	

Agency	Name	Title	Contact Details
UNDP	Monica Sharma	Director HIV/AIDS Group	E-mail: monica.sharma@undp.org
UNDP	Khaled Alloush	UN Resident Coordinator Bahrain	E-mail: khaled.alloush@undp.org
UNDP	Paolo Lembo	UN Resident Coordinator Kuwait	E-mail: paolo.lembo@undp.org
UNDP	Montaser Oklah	Deputy Resident Representative Saudi Arabia	E-mail: montaser.oklah@undp.org.sa
UNDP	Walid Badawi	Regional Programme Advisor	E-mail: walid.badawi@undp.org
UNDP	Khadija Moalla	Regional Programme Coordinator (HARPAS)	E-mail: khadija.moalla@undp.org
UNDP	Nada Farid	Programme Assistant (HARPAS)	E-mail: nada.farid@undp.org
UNDP/Focal Points	Ela Chirileanu Bahrain	Programme Advisor	E-mail: ela.chirileanu@undp.org
	Mayssam Tamim Saudi Arabia	Programme Coordinator	E-mail: mayssam.tamim@undp.org
	Walid Ibrahim U.A.E.	Programme Analyst	E-mail: walid.ibrahim@undp.org
	Raja'a Al-Behaisi Kuwait	Programme Advisor	E-mail: rajaa.behaisi@undp.org
UNDP	Hamda AlOtaiba U.A.E	Programme Associate	E-mail: hamda.alotaiba@undp.org

UNICEF	Stefan Toma	UNICEF Representative Gulf Area Office	E-mail: stoma@unicef.org
UNICEF	George Ionita	Regional Office- HIV Advisor	E-mail: gionita@unicef.org
	Maha Al Efrangi	Principle Secretary	E-mail: malefrangi@unicef.org
	Heba Khalil	Operation Assistant GAO	E-mail: hekhalil@unicef.org
	Nizar Samman	UNICEF Volunteer	E-mail: drnsamman@hotmail.com
	Hassan Shawareb	Programme Coordinator Oman	E-mail: hshawareb@unicef.org
UNAIDS	Oussama Tawil	Team Leader ICT/MENA	E-mail: tawilo@unaids.org
	Samir Anouti	Programme Development Advisor ICT/MENA	E-mail: anoutis@unaids.org
WHO	Kazem Behbehani	Assitant Director General, WHO Geneva	E-mail: harts@who.int
	Awad Mukhtar	WHO Representative, EMRO Representative Saudi Arabia	E-mail: awad.mukhtar@who.org.sa Mobile: 00966503261662
ILO Beirut	Manal Azzi	HIV/AIDS Consultant	E-mail:hiv_aids@ilo.org
UNESCO	Gilane Elgewely	Assistant Programme Specialist Doha	E-mail: g.elgewely@unesco.org

National Working Group Bahrain

Priority Actions	Partners	Resources	Time Frame
To develop strategic plans	Government, NGOs, Private sector, other partners	Financing support, TA	Immediately By end 2005 to be evaluated by 2010
Increase awareness and health education mainly peer education	MOE, MOH, MOI, IA, NGOs, Goy, COS, Betelco, MTCM	HR, Finance, TS of international agencies	Continuous
Involvement of PLWHAs in community &training counseling and out reach program	MOH, PLWHAs, UNAIDS	HR & Training, HR & Training	Continuous
Shared drug (GCC)	GCC Executive Office, Drug Committee, DMM, Private Sector	MOH, Private Sector, Drug Companies, Standard Charter Bank	Through GCC Executive Office
Behavior Survey , Prevalence(15-24)	National Com, MOH, NGO, Universities, B.F.A, B.R.Cresent.	Human, UNDP, technical Support International Agencies.	By the end of 2006

National Working Group Kuwait

Priority Actions	Partners	Resources	Time Frame
National Committee for HIV/AIDS	Governmental NGO Private Sector	- Government - Funds	6 months
Establishment of VCCT	National Committee for HIV WHO UN Committee	- Government - Funds	1 year
Surveillance of Volunteers	MOH Universities NGO	- Government - Funds	1 year
Media and Education	Ministry of Education Ministry of Information Ministry of Health	- Government - Funds	ongoing

National Working Group Oman

Priority Actions	Partners	Resources	Time Frame
Establishing national strategic plan	NAC, Theme Group.	National, PAF WHO, UNAIDS, UNDP, UNICEF	By July 2005
Recruitment of national resource person for preparing situation and response analysis	NAC, Theme Group	National, PAF WHO, UNAIDS, UNDP, UNICEF	Sep 04-Jan 05
Workshops to review the results of the analysis	NAC, Theme Group	National, PAF WHO, UNAIDS, UNDP, UNICEF	Feb 05
Assigning international STC for formulation of NSP + preparation for the consensus workshop	NAC, Theme Group	National, PAF WHO, UNAIDS, UNDP, UNICEF	March 05
Consensus workshop by the STC	NAC, Theme Group	National, PAF WHO, UNAIDS, UNDP, UNICEF	March 05
Translation, printing, dissemination, communication,	NAC	National, PAF WHO, UNAIDS, UNDP, UNICEF	April-June 05

National Working Group Yemen

Priority Actions	Partners	Resources	Time Frame
To enforce the action plan	Government, NGOs, Privet sector, other partners	Financing support, TA	Immediately
Create mechanism among various relevant sectors to consolidate the follow up and monitoring of the action plan	MOPHP (NAP), NPC , relevant ministries	Government, budget	Urgently
Raise awareness among policy makers	Concern ministries , UN agencies, other agencies	Concerned ministries , UN agencies, other agencies	Continues process
Establishing data base network, enforcing infection surveillance & behavior study	NAP , NPC, WHO, UNICEF , UNAIDS	Financing support , TA	Immediately
Enforcing bio-safety and blood transfusion	NAP , blood safety program WHO	Financial support, TA	Immediately
Psychological support and Human Rights for PLWHAs and their families	MOPHP, MOL, MOI, MOL , MOHR, NGOs , Attorney General , relevant ministries		Continues process
Medical management of HIV/ AIDS and STIs including ARV drugs for transmit and prevention	MOPH, relevant ministries, private sector, NGOs , local council	HR & Training, logistic,	Continues process
High risk and vulnerable groups	MOPHP, MOP, MOY&S, NGOs, MO endowment and guidance, relevant ministries	HR & Training	Continues process
Institutional capacity development, CSO, Private sector participation, multi-sectoral coordination	NAP, relevant ministries, CSO,	HR & Training	Continues process

Evaluation Form

I. Administrative Support

Please check (√) boxes as per the below criteria

	Excellent	Good	Satisfactory	Poor
1. Airport Protocol	☐	☐	☐	☐
2. Transportation	☐	☐	☐	☐
II. Workshop content				
1. Agenda and contents	☐	☐	☐	☐
2. Resource Persons	☐	☐	☐	☐
3. Presentations	☐	☐	☐	☐
4. Contents of conference material	☐	☐	☐	☐
5. Additional handouts	☐	☐	☐	☐
6. Conference room set-up & facilities	☐	☐	☐	☐
7. Sessions “time allocation”	☐	☐	☐	☐
8. Participants interaction during sessions	☐	☐	☐	☐

III. Support from the Secretariat	*Happy*	*Satisfied*	*Acceptable*	*Displeased*
1. Courtesy of staff	☐	☐	☐	☐
2. Action time	☐	☐	☐	☐
IV. Venue (Crowne Plaza Hotel)				
1. Accommodation (rooms & facilities)	☐	☐	☐	☐
2. Coffee breaks	☐	☐	☐	☐
3. Lunch	☐	☐	☐	☐

Please provide below any additional comments you may have on any of the above sections

Thank you for helping us make next time better.

Evaluation Results

	Excellent		Good		Satisfactory		Poor		No Response	
I. Administrative Support	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
1. Transportation	20	46	9	21	3	7	3	7	8	19
II. Workshop content										
1. Agenda and contents	16	37	16	37	8	19	1	2	2	5
2. Resource persons	21	49	15	35	4	9	0	0	3	7
3. Presentations	19	44	20	47	3	7	0	0	1	2
4. Content of Conference Materials	14	33	21	49	6	14	1	2	1	2
5. Additional Handouts	10	23	23	54	9	21	0	0	1	2
6. Conference room setup and facilities	23	54	13	30	7	16	0	0	0	0
7. Session "time allocation"	6	14	22	51	10	23	3	7	2	5
8. Participants interaction during sessions	16	37	21	49	6	14	0	0	0	0

III. Support from the Secretariat	Happy		Satisfied		Acceptable		Displeased		No Response	
1. Courtesy of staff	22	51	16	37	3	7	0	0	2	5
2. Action time	17	39	19	44	5	12	0	0	2	5
IV. Venue (Crowne Plaza Hotel)										
1. Accommodation (rooms & facilities)	20	46	15	35	3	7	0	0	5	12
2. Coffee breaks	17	40	19	44	6	14	1	2	0	0
3. Lunch	22	51	17	40	4	9	0	0	0	0