

Survey Response Details

Response Information

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Response Details

Page 1

1) Country

Mongolia (0)

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

Khadkhuu Togmid, Head of the Secretariat to NCA; Altanchimeg Delegchoimbol, UNAIDS Focal Point;

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7) Date of submission:

Please enter in DD/MM/YYYY format

09/04/2010

Page 3

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

Part A of the NCPI questionnaire, was administered to 15 respondents representing 6 multi-sectoral government ministries and departments . Part B of the NCPI was administered to a) 7 civil society organizations (CSO), including two networks of PLHIV, b) 3 multilateral agencies and c) 4 United

Nations agencies . Consensus on responses was reached via two separate meetings for part A and part B, where respondents discussed and agreed to a joint answer for each of the questions. A completed draft questionnaire was presented in the National Consultation Meeting (19 March 2010) where the results of the questionnaire were summarized, inconsistencies addressed, main messages identified and any new needed consensus obtained. This exercise proved particularly useful in identifying and understanding the reasons behind the differences of opinion (see Section III, NCPI and Annex 2).

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

no

10)

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

no

Page 4

11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	National Committee on HIV/AIDS	Khadkhuu T/Head of the Secretariat	A.I, A.II, A.III, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National Committee on HIV/AIDS	Bataa Ch / Senior officer for strategic planning and policy analysis	A.I, A.II, A.III, A.V
Respondent 3	MOH, Public health policy implementation, coordination department	Oyuntsetseg P / Officer-in-Charge of policy implementation, coordination for STDs and HIV/AIDS, and tuberculosis	A. I, A. II, A. III, A. IV, A. V
Respondent 4	MOH, Department of information, monitoring and evaluation	Uyanga Z / Officer-in-Charge of the monitoring and evaluation of public health policy	A.V
Respondent 5	UNICEF	Iderd / HIV/AIDS Specialist	A. III, A. IV
Respondent 6	WHO	Narantuya J / Technical officer on STI/ HIV/AIDS	A.III, A.IV
Respondent 7	UNAIDS	Altanchimeg D / Focal Point	A. I, A. II, A. V
Respondent 8	MOH, the Global Fund supported projects on HIV/AIDS	Bolorchimeg D / Officer-in-Charge of the M&E	A.I, A.II, A.III, A.IV, A.V

	and Tuberculosis TA7175-MON: HIV/AIDS		
Respondent 9	prevention in ADB infrastructure projects and the mining sector	Uranchimeg D/ Project Manager	A. I, A. II, A. III, A. IV
Respondent 10	National Center for Communicable diseases, AIDS, STI Surveillance Department	Davaajav Kh / Head of AIDS, STI Surveillance Department	A.I, A.II, A.III, A.IV, A.V
Respondent 11	National Center for Communicable diseases, Section for Training and Promotion	Urt nasan Ch / Officer-in-Charge	A. I, A. II, A. III, A. IV, A. V
Respondent 12	National Center for Communicable diseases, AIDS, STI Surveillance Department	Baigalmaa Ch / Doctor	A.IV
Respondent 13	National Center for Communicable diseases, AIDS, STI Surveillance Department	Dolgion E /Epidemiologist	A. III, A. IV
Respondent 14	The National Centre for Non Formal and Distance Education	Erdenechimeg B /Specialist	A.I
Respondent 15	National Center for Transfusiology	Alimaa T / Deputy Director	A. III
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	National Human Rights Commission of Mongolia	Tsolmon M/ Referent	B.I

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	National AIDS Foundation	Munkhjargal A/ Executive Director	B.II
Respondent 3	"Nisora" Foundation Human right, RH NGO network	Altanchimeg D / Executive Director	B.I, B.II, B.III, B.IV
Respondent 4	"New Positive Life" NGO	Batzorig N / Head	B.I, B.II, B.III, B.IV
Respondent 5	"Adolescent Future Center" NGO	Enkhee L/ Executive Director	B.I, B.II, B.III, B.IV
Respondent 6	UNESCO	Altantsetsseg D/ HIV/AIDS Focal point	B.II
Respondent 7	UNFPA	Altanzul S/ HIV/AIDS Focal point	B.II
Respondent 8	"Youth Health" NGO	Myagmardorj D/ Executive Director	B.I, B.II, B.III, B.IV
Respondent 9	MOH, The Global Fund supported projects on HIV/AIDS and Tuberculosis	Iliza A/ M&E Officer, PCU	B.IV
Respondent 10	Mongolian Red Cross Society	Nyamdorj A / AIDS programme manager	B.I, B.II, B.III, B.IV
Respondent 11	"Together" NGO	Erdenetuya G/ Executive Director	B.I, B.II, B.III, B.IV
Respondent 12	Mongolian Red Cross Society	Enkhjargal T / Officer	B.I, B.II, B.III, B.IV
Respondent 13	State Police Department	Erdenebaatar G/ Senior inspector	B.I
Respondent 14	Mongolian Employers' Federation	Oyunchimeg S/ Project Coordinator	B.I, B.II, B.III, B.IV
Respondent 15	Association for Protecting population from Drug and Opium	Amarsaikhan D/ Psychologist	B.I, B.II, B.III, B.IV
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

Page 5

15)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

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

Yes (0)

Page 716) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2010-2015

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

5

18)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

Page 819) **Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)**

If "Other" sectors are included, please specify:

Ministry of justice and internal affairs

Page 9

20)

Part A, Section I: STRATEGIC PLAN**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2008

Page 11

23)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

- Female sex worker
- Men who have sex with men
- Drug users
- People living with HIV
- Male STI client
- Mobile population (traders, tourists, truck drivers, migrant workers)
- Prisoners
- Military/police
- Adolescent, Youth

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

26)

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

Active involvement (0)

Page 12

27)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

The National Committee on HIV/AIDS provided leadership and managerial support for the development of the National Strategic Plan for 2010-2015. Six working groups were established and representatives from ten civil society organizations were actively involved in this process. These organizations participated in all levels of the strategy development process which included the sharing of opinions. They also attended the national seminar and provided feedback.

28)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

29)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

Page 14

30)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 15

31)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	N/A
d. Sector-wide approach	Yes
Sub programme to combat with HIV, AIDS and STI	Yes

32)

2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

Page 16

33)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

34)

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

Yes (0)

Page 18

35)

Part A, Section I: STRATEGIC PLAN

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

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

Page 19

36)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

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

As stated in the law on prevention of HIV and AIDS, all HIV tests taken in the territory of Mongolia is voluntary based. However, there is a conflicting Health ministerial order on mandatory HIV testing for civil service employees.

37)

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

Yes (0)

Page 20

38)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
h. General population	Yes

39)

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

As state in the Law on HIV/AIDS prevention, the Government cabinet, MOH, local governors are charged ensuring implementation of the Law. The Government delegates its responsibility to NCA of making state policy on HIV/AIDS prevention, and ensuring implementation of the Law. Thus the, MoH and local governments are charged to ensure effective implementation of the national strategy on HIV/AIDS andSTI.

40)

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

There are no officially reported incidents on the violation of rights for those living with the HIV and AIDS.

Page 21

41)

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

Yes (0)

Page 22

42)

Part A, Section I: STRATEGIC PLAN**6.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	No
h. People living with HIV	Yes

43)

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

Criminal Code, Administrative Responsibility Code and Code Against Promiscuity have reflected some regulations against prostitution and organization of prostitution. Namely the following acts are identified as a crime and penalized. 1. Criminal Code's article 115 administers acts related to involvement of juvenile persons in alcoholism, intoxication, prostitution, vagrancy and beggary, Criminal Code's article 123 administers promotion of prostitution and Criminal Code's article 124 administers involvement of others in prostitution and organizing of prostitution. 2. Administrative Responsibility Code states that, from above acts, promotion of prostitution and avoidance of treatments of STI will be penalized by Administrative respond if cannot be responded by Criminal Code. (Administrative Responsibility Code 41). 3. Code against Promiscuity is the main regulation in this area and it regulates issues related to promotion of promiscuity, acts against prostitution, erotic advertisements and services. The code states that prostitution and organizing of it are prohibited and if the code is violated, guilty party will be punished. 4. Code on Issuance of Special Permissions for Enterprise Activities states that it is prohibited to conduct activities related to organizaing promiscuity acts, promotion and support of it in the territory of Mongolia. 5. Law on Prevention of Human Immune Deficiency Virus Infection and Acquired Immunodeficiency Syndrome states people living with HIV and AIDS to inform a health organization about known Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome when receiving health care services and in the case of breach of this law a citizen shall be fined.

44)

Briefly comment on how they pose barriers:

1. As prostitution and drug use are prohibited by law and penalised, most at risk populations become more hidden and don't have intention to come out. As a consequence, it is difficult to provide prevention, treatment and care services. 2. Lack of proper knowledge of HIV and AIDS among law implementers, social misunderstanding and negative attitude lead to some incidences of breach of human right of people living with HIV and AIDS and stigma and discrimination.

Page 23

45)

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

Yes (0)

Page 24

46)

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

Yes (0)

47)

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

Yes (0)

Page 25

48)

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

Estimates of current and future needs (0)

49)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

50)

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

Yes (0)

51)

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

Yes (0)

Page 27

52)

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

• MSM • Female sex workers • Pregnant women • Blood donors • Mobile populations • Male STI clients

53)

Briefly explain how this information is used:

This information is used for monitoring program coverage, effectiveness and for planning and policy making purposes.

Page 28

54) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

55)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)

IF YES, at which geographical levels (provincial, district, other)?

The coverage is monitored at provincial and district level in Ulaanbaatar.

56)

Briefly explain how this information is used:

This information is used for planning of local HIV, AIDS and STI response activities. However, most of the collected information lacks further analysis and disaggregation for planning and policy making use.

57)

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

Yes (0)

Page 30

58)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8 (8)

59)

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

- NSP on HIV/AIDS, STI prevention 2010-2015 has been endorsed by the government and received positive feedback. - A costed action plan was developed for the first time. - Target populations and strategies have been prioritized according to the impact of the epidemic. - The NSP development engages highly consultative process, involving government, nongovernment, private and international organizations as well as people living with HIV and AIDS. - A joint advisory board of HIV, STI and TB was established according to a health ministerial order, No 188 in 2009.

60)

What are remaining challenges in this area:

- To strengthen mechanisms for the implementation of the strategic plan.
- Funding gap in implementation of the NSP is identified with resource needs estimates versus current spending assessment, in which funding gap for STI prevention requires adequate addressing.

Page 31

61)

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

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

62)

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

Yes (0)

Page 32

63)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2008

64)

2.2 IF YES, who is the Chair?

Name H.E Mr. Enkhbold Miyegombo
 Position/title Parliament member, Member of the Government, Deputy Prime Minister

65)

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

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

Page 33

66)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1
 27

67)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1
 5

Page 34

68)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

69)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

- The National Committee on HIV/ AIDS co-chairs the National Theme Group on HIV and AIDS together with the United Nations Theme Group on HIV and AIDS to ensure multisectoral involvement in the national HIV and AIDS response, providing leadership, planning and management. Quarterly meetings of the National Theme Group on HIV and AIDS have been organized and act as a national mechanism for information sharing and policy dialogue. - Country Coordinating Mechanism of Global Fund comprises government, civil society and private sector representatives overseeing the implementation of Global Fund supported projects. - Main achievements include the establishment of a mechanism to ensure multisectoral involvement and coordination of activities has been established.

70)

Briefly describe the main challenges:

- Support is needed in organizing, planning, coordinating and monitoring and evaluation of activities conducted by internal and external partners. Moreover, there is a need for increased support to ensure multisectoral involvement and coordinate actions with government policies to strengthen its mechanism through providing sustainable funding and building capacity. - Strategic guidance on further strengthening above mechanisms, long term support for capacity building.

71)

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

Please enter the rounded percentage (0-100)

0

72)

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

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

73)

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

Yes (0)

Page 36

74)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

No (0)

Page 38

75)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)**

Overall, how would you rate the political support for the HIV programmes in 2009?

6 (6)

76)

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

- The National Committee on HIV/AIDS has coordinated a multisectoral approach and involvement to provide universal policy and coordination. This was re-established under the working group of the Deputy Prime Minister and its rules and regulations was approved by the Resolution No 289. - Sub-committees on HIV/AIDS were established in provinces with the Aimag Governor's Order and actively started working. Each branch has developed rules and regulations and identified job placement and developed and implemented an annual work plan. They report to the National Committee on HIV/ AIDS on annual basis. - Parliament's standing committee supported the work of reviewing the law on HIV and AIDS prevention and established a working group. - HIV and AIDS related issues have been discussed by the cabinet meeting 4 times in the reporting period.

77)

What are remaining challenges in this area:

- Sub-committees at the line ministries have to be strengthened in which full time secretary, annual work plan of the sub-committee are in place.

Page 39

78)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

79)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

80)

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

Yes (0)

Page 41

81)

Part A, Section III: PREVENTION**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

82)

2.1 Is HIV education part of the curriculum in:

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

83)

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

Yes (0)

84)

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

Yes (0)

85)

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

Yes (0)

Page 42

86)

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

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

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

Page 43

87) Part A, III. PREVENTION**Question 3.1 (continued)**

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

Adolescent youth

Page 44

88)

Part A, III. PREVENTION**Question 3.1 (continued)**

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

9 (9)

89)

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

- The "Healthy Mongolian" programme was implemented by the Mongolian Government covering HIV, AIDS and STI prevention and treatment services. - The National strategic plan for 2006-2010 aims to improve coverage; quality and accessibility of national HIV prevention programme and identified appropriate action for the general population and each sub-population. This strategy has been implemented sustainably and successfully with support from Government, UN agencies, Global Fund and other government and nongovernment organizations. - National guidelines on the HIV prevention of mother to child infection were approved by Health Ministerial order No 429 in 2009.

90)

What are remaining challenges in this area:

- Currently, prevention activities were mostly funded by projects. - We need to focus on sustaining current achievement and consider the sustainability of current programmes for when there will be reduction of donor support and funding.

Page 45

91)

Part A, III. PREVENTION

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

Yes (0)

Page 46

92)

Part A, III. PREVENTION

Question 4 (continued)**IF YES, how were these specific needs determined?**

Baseline studies, needs assessments are done on ad-hoc basis for particular projects, interventions. NSP 2010-2015 aims to have an annual/biannual National Surveillance and M&E report with comprehensive information on policies, programmes, expenditures & research published & widely disseminated by National M&E Unit

93)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 47

94)

Part A, III. PREVENTION**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

8 (8)

95)

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

- Programmes on 100% Condom use and voluntary counseling and testing have been expanded nationally. - Ministerial order to strengthen Infection control was issued. The framework of the Global Fund supported projects guidelines to ensure universal control was developed and has been

used widely implemented at all levels of the health sector. - A costed action plan was used to develop prevention programmes. - Involvement of civil society organizations in the prevention programme has increased.

96)

What are remaining challenges in this area:

- Systems to implement prevention programmes are not fully operational. There is a need to focus on formalizing various prevention working groups, to sustain activities, support cooperation and align their activities. - There is a need to develop a universal behavior change strategy and provide coordination support in aligning activities.

Page 48

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 49

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

99)

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

Yes (0)

100)

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

Yes (0)

Page 50

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

The number of people requiring antiretroviral treatment, the death rate, incidence of pregnant women and the total number of HIV cases by age group are projected to 2015 have been identified using «SPECTRUM» software.

102)

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

The majority of people in need
have access

HIV treatment, care and support service

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

Page 51

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

104)

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

Yes (0)

Page 52

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

The country have access to regional procurement and supply management for antiretroviral drugs through UNICEF that based on the agreement made on 2003 and condoms through UNFPA. 1. Antiretroviral drugs: lamivudin, stavudin, nevirapin, azitotimiden, lopinavir, ritonavir 2. Drugs for opportunistic infections: Cotrimaxozole, asiclover, ketoconazol, dapson, amthoteritsen B and asitrometsin 3. Condoms

Page 53

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

7 (7)

107)

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

- Joint ministerial order of health, social welfare and labor on renewing percentage of disability and duration was approved. According to this order, disability percentage for HIV, AIDS is between 60% to 90%. - HIV, AIDS and STI national service guidelines were approved on December 2009 with the Health Ministerial order, No 429. - Second line treatment for HIV, AIDS was introduced into the treatment regime. - The number and type of antiretroviral and diagnostic kits were increased with support from the Global Fund. It has led to increase in the coverage of treatment services. - CD4 and CD8 counting and viral load machines were provided by the Global Fund. As a result, treatment control has improved and is now tracking progress of the infection. - Laboratory capacity to diagnose infection of toxoplasm, cytomegalovirus and Ebstein barr virus and other opportunistic infections is now available.

108)

What are remaining challenges in this area:

- Contradicting Health Ministerial orders on HIV testing, weak implementation coordination - Lack of training for health workers that lead poor knowledge of health workers lead to confidentiality issues. - There is need to establish a center to provide nursing and symptom alleviation services. - There is a need to start a process of receiving financial governmental support through all phases. Currently, all treatment purchase funding is through the Global Fund. - Lack of a flexible coordination mechanism, supporting legal environment and law that provides opportunity for people living with HIV, AIDS to receive employment opportunities and have a access to social welfare services.

Page 54

109)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

Page 57

110)

Part A, Section V: MONITORING AND EVALUATION

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

In progress (0)

Page 64

111)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

112)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

An evaluation procedure of annual performance of health organizations was approved by Health Ministerial Order, No 435, in 2009. This evaluation covers National Communicable Disease programme which involves sub programme on HIV, AIDS and STI. This evaluation takes place February and March of following year. This evaluation is measured by the indicators of UNGASS and national strategic plan.

113)

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

No (0)

Page 66

114)

Part A, Section V: MONITORING AND EVALUATION

Question 5 (continued)

IF NO, what are the main obstacles to establishing a functional M&E Unit?

- National Committee on HIV/AIDS is responsible for national monitoring and evaluation activities; however, there is no independent M&E team or full time staff.
- M&E department of the Ministry of health is responsible for monitoring HIV, STI subprogramme. Job description of M&E staff assigns them working together with other stakeholders.
- It is difficult to establish M&E team/department

due to lack of financial and human resource capacity.

Page 69

115)

What are the major challenges?

- National Committee on HIV/AIDS is responsible for national monitoring and evaluation activities; however, there is no independent M&E team or full time staff.
- M&E department of the Ministry of health is responsible for monitoring HIV, STI subprogramme. Job description of M&E staff assigns them working together with other stakeholders.
- It is difficult to establish M&E team/department due to lack of financial and human resource capacity.

Page 70

116)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly (0)

117)

6.1 Does it include representation from civil society?

Yes (0)

Page 71**118) Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)**

IF YES, briefly describe who the representatives from civil society are and what their role is:

They were involved in the national M&E technical working group. They are responsible to develop national M&E plan on HIV, AIDS and STI and involved and provide support in the development of UNGASS country progress report and other national level surveys and evaluations.

119)

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

No (0)

Page 73

120)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

Page 74**121) Part A, Section V: MONITORING AND EVALUATION**

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

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

At the all levels of health sector (first, secondary, tertiary levels)

122)

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

Yes (0)

123)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

124)

Provide a specific example:

Data from SGS and other specific surveys are used as baseline information for development of a national response national strategic plan and development of policies. Surveillance and special evaluation's data create base for development of national response and national strategic plan. • Inaccurate disease reporting and overlapping of disease cases

125)

What are the main challenges, if any?

- There is no national information system covering all relevant information related to HIV, AIDS and STI's. - Inaccurate disease reporting and overlapping of disease cases. - Too many health forms are used at primary level, insufficient development of health software network - There is no national database. - Non-standard reporting forms with insufficient information make the situation difficult.

Page 75**126) Part A, Section V: MONITORING AND EVALUATION**

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

2 (2)

127)

What are the main challenges, if any?

Not enough information provided by the stakeholders.

Page 76

128)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

3 (3)

129)

Provide a specific example:

HIV-related programmes are doing midterm reviews for re-programming their activities.

Page 77130) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, but only addressing some levels (0)

Page 78131) **Part A, Section V: MONITORING AND EVALUATION****For Question 10, you have checked "Yes, but only addressing some levels", please specify**

at national level (0)

132)

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

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

Page 79133) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)**Please enter the number of people trained at national level.**

Please enter an integer greater than 0

40

Page 80

134)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

Page 81135) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

The Department of Information, M&E of the MOH is monitoring and evaluating the implementation of the Global Fund supported projects. The M&E guideline was developed in 2009. This guideline includes several chapters on the models of M&E and evaluation, development of indicators, method on collecting information, selection, analyses, reporting, planning of evaluation and principles and it meets the all the requirements.

Page 82136) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

137)

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

- The M&E steering committee and technical working group were established with the Deputy Prime Ministerial Order on 14 September 2009. The meeting is held on regular basis. - A set of indicators were developed for monitoring the implementation of national strategic plan on HIV, AIDS and STI's. - The health ministerial order No435 on the evaluation of the implementation rates of the health organizations was approved in 2009. - Changes on collecting HIV-related information were made in the first level registration and reporting forms of health organizations.

138)

What are remaining challenges in this area:

• Lack of capable human resources • Lack of financial resource • Lack of review for survey findings

and recommendations • Projects and programs are doing their own M&E activities but there is not enough experience on information sharing.

Page 83

139)

Part B, Section I: HUMAN RIGHTS

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

Yes (0)

Page 84

140)

Part B, Section I. HUMAN RIGHTS

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

Policies and activities on HIV, AIDS and STI's and human rights aim to implement concepts, principles and specific provisions of the international convention. Through the following laws, regulations and policy papers, human rights are respected and protected. 1. Constitution: Article 14.2. No person may be discriminated on the basis of ethnic origin, language, race, age, sex, social origin or status, property, occupation or post, religion, opinion, or education. Everyone is a person before the law. 2. Law on Health: Article 4.1.2. Primary health services will be provided to citizens equally and accessibly. 3. Law on Prevention of Human Immune Deficiency Virus Infection and Acquired Immunodeficiency Syndrome: Article 10.2. Any form of insult or discrimination of a person infected with the Human Immunodeficiency Virus Infection or Acquired Immune Deficiency Syndrome shall be prohibited. 4. The Health ministerial order, No 429. Public media information on HIV and AIDS shall not specify sexual orientation of people living with HIV and AIDS, or disclose their profession, citizenship, family status is exposed to discrimination and stigmatization. 5. One of the key principals of the National Strategic Plan on HIV, AIDS and STI's is the "Protection of human rights".

141)

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

No (0)

Page 86

142)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 87

143)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

144)

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

Criminal Code, Administrative Responsibility Code and Code Against Promiscuity have reflected some regulations against prostitution and organization of prostitution. Namely the following acts are identified as a crime and penalized. 1. Criminal Code's article 115 administers acts related to involvement of juvenile persons in alcoholism, intoxication, prostitution, vagrancy and beggary, Criminal Code's article 123 administers promotion of prostitution and Criminal Code's article 124 administers involvement of others in prostitution and organizing of prostitution. 2. Administrative Responsibility Code states that, from above acts, promotion of prostitution and avoidance of treatments of STI will be penalized by Administrative respond if cannot be responded by Criminal Code. (Administrative Responsibility Code 41). 3. Code against Promiscuity is the main regulation in this area and it regulates issues related to promotion of promiscuity, acts against prostitution, erotic advertisements and services. The code states that prostitution and organizing of it are prohibited and if the code is violated, guilty party will be punished. 4. Code on Issuance of Special Permissions for Enterprise Activities states that it is prohibited to conduct activities related to organizaing promiscuity acts, promotion and support of it in the territory of Mongolia. 5. Law on Prevention of Human Immune Deficiency Virus Infection and Acquired Immunodeficiency Syndrome states people living with HIV and AIDS to inform a health organization about known Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome when receiving health care services and in the case of breach of this law a citizen shall be fined.

145)

Briefly comment on how they pose barriers:

1. As prostitution and drug use are prohibited by law and penalised, most at risk populations become more hidden. As a consequence, it is difficult to provide prevention, treatment and care services. 2. Lack of proper knowledge of HIV and AIDS among law implementers, social

misunderstandings and negative attitude lead to some circumstances breaching the human rights of people living with HIV and AIDS and stigma and discrimination.

Page 88**146) Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

147)

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

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

One of the key principles of the National Strategic Plan on HIV, AIDS and STI's is the "Protection of human rights". It states that the national HIV, AIDS and STI response is entirely based on citizen's rights moving beyond stigma and discrimination, to leave healthy and to have access to information. Projects are planned to be developed and implemented to reduce health sector and police stigma and discrimination against people living with HIV and AIDS. This creates barriers for the effective implementation of HIV and AIDS programme amongst most at risk populations.

148)

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

No (0)

Page 90

149)

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

Yes (0)

Page 91

150)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)**

IF YES, describe some examples:

The Government of Mongolia has a policy to involve most at risk populations in the development of HIV and AIDS prevention policies and implementation of activities. One of the key examples of it would be the wide and meaningful involvement of most at risk populations and nongovernmental organizations in all level of development process of the National Strategic Plan 2010-2015. Moreover, within the framework of Global Fund supported projects on strengthening the national HIV and AIDS prevention and support programmes, many projects have been implemented among most at risk populations on prevention, care, support and treatment.

151)

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

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

Page 92

152)

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

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

1. The first objective of the National Strategy on HIV and AIDS stated improved access to prevention programmes and services among most at risk populations. A Costed Action Plan to support this objective was also developed. 2. Medicines for antiretroviral and opportunistic infections have been provided by the Global Fund. However, there is a need to explore funding resources from the state budget to purchase those medicines. 3. According to the joint Health and Social Welfare and Labour Ministerial order, people living with HIV and AIDS have access to disability allowance. According to procedures to implement this policy paper, disability percentage will be measured as an opportunistic infection at local level. Therefore, there is need to ensure access to all social welfare services and create work places by strengthening social and legal environments to employ these individuals and provide social services.

153)

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

Yes (0)

Page 93

154)

Part B, Section I. HUMAN RIGHTS**8.1 In particular, does the country have a policy to ensure access to HIV prevention,**

treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

155)

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

Yes (0)

Page 94

156)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

1. Main priorities of National Strategic Plan are: - To improve the quality of services and comprehensiveness of prevention, treatment and care and support programmes for people at risk or affected by HIV, AIDS and STI's. - To provide most at risk populations or affected communities with necessary programmes and services and improve programme coverage. 2. Treatment and care services will be provided equally according to national HIV, AIDS and STI service guidelines approved by the Health ministerial order

157)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

158)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

The National Strategic Plan on HIV, AIDS and STI's 2010-2015 states that comprehensive prevention services for most at risk populations should include the following: • Implementation of the 100% Condom Use Programme among sex workers • Establishment of open centers for MSM and female sex workers that provide comprehensive services • Establishment of harm reduction and comprehensive services for injecting drug users

159)

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

Yes (0)

160)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

161)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

162)

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

Special permissions of the Ethical Committee of Medical Science under the MOH needs for conducting surveys touching privacy of people and/or having HIV test under pressure. In this case people PLHIV are involved in the discussion. Currently several public studies related to HIV and AIDS have been done. In this situation, the ethical committee should consider on the protocols of the surveys.

Page 97

163)

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

No (0)

164)

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

No (0)

165)

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

Yes (0)

Page 98

166)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)****IF YES on any of the above questions, describe some examples:**

- Few organizations have workplace policies on HIV and AIDS under the implementation of the workplace programme
- According to the ministerial order of social welfare and labour, a session will be included in formal secondary school programmes on work safety.

Page 99

167)

Part B, Section I. HUMAN RIGHTS

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

No (0)

168)

– Legal aid systems for HIV casework

No (0)

169)

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

No (0)

170)

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

Yes (0)

171)

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

Yes (0)

Page 100

172)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: please specify	

Page 101

173)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

6 (6)

174)

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

- Since 2007, there were no changes made in law related to the respect and protection of human rights on HIV and AIDS. - Working groups were established to review the legal environment ensuring, respecting and protecting human right related with HIV and AIDS, reducing stigma and discrimination and to ensure personal privacy according to the order of Parliament standing committee of social welfare, education, culture and science. It is expected to review the law on HIV and AIDS in 2010. - Key principles of the newly developed National Strategic Plan on HIV, AIDS and STI's for 2010-2015 is related to the protection of human rights.

175)

What are remaining challenges in this area:

- Due to a lack of coordination and conflict, implementation of the related laws, regulations and orders on HIV-related human rights and stigma and discrimination the implementation rate of laws and orders are very low. For instance, in the Law on Health: Citizens responsibilities, Article 47.1.4. Citizens can refuse to have test, diagnose and treatment in cases except communicable diseases. The Article 48.1.2. citizens have responsibilities to be involved in prophylactics and diagnosis is against the article of the HIV and AIDS law HIV testing should be on voluntary base.

Page 102

176)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

2 (2)

177)

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

1. Trainings and seminars were conducted on protection of rights for individuals living with HIV and AIDS, creating socially supported legal environments, reducing stigma and discrimination involving representatives of governmental and nongovernmental organizations and media under the "HIV and AIDS and human right, social support" project of the Global Fund. As the result transmission and publication of positive information and articles on HIV and AIDS are influencing on reducing HIV-related stigma and discrimination. 2. Publication of the manual on human rights and media coverage on providing support to PLHIV via TV channels has had positive influence on social attitudes.

178)

What are remaining challenges in this area:

- Even though there are provisions on human rights in related policy papers, controlling mechanisms of the implementation remains inadequate - Most at risk populations and people living with HIV and AIDS lack proper legal knowledge and they are not able to protect their rights - Lack of knowledge and negative attitudes of law implementers lead to breach of human rights for most at risk populations - Coverage of STI, HIV and AIDS services remains low due to un-friendly services and breaches of client confidentiality.

Page 103

179)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

3 (3)

180)

Comments and examples:

Representatives from civil society organization are involved at all levels of the National Strategic Plan development process and provided feedback.

Page 104

181)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

4 (4)

182)

Comments and examples:

Representatives from civil society organization are involved at all levels of National Strategic Plan development process and provided feedback.

Page 105

183)

a. the national AIDS strategy?

4 (4)

184)

b. the national AIDS budget?

1 (1)

185)

c. national AIDS reports?

4 (4)

186)

Comments and examples:

Lack of involvement from civil society organizations in cost measurement and approval process. Civil society organizations are involved in actively preparing the national report for UNGASS by sharing their experiences and answering questions for the National Policy Index questionnaire.

Page 106

187)

a. developing the national M&E plan?

2 (2)

188)

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

3 (3)

189)

c. M&E efforts at local level?

3 (3)

190)

Comments and examples:

The National M&E working group was established by the Deputy Ministerial Order, No 59 in 2009 with the purpose of developing a national evaluation framework for HIV, AIDS and STI programmes, to provide technical assistance in preparing the national survey and preparing a report to support the M&E committee. Representatives from civil society organizations are included in this working group and work of this group is at early stages of development.

Page 107

191) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

4 (4)

192)

Comments and examples:

List the types of organizations representing civil society in HIV and AIDS efforts: Civil society organizations have been implementing prevention programmes with funding support from the Global Fund and Mongolian Red Cross Society. National AIDS Foundation plays crucial role in coordination and building capacity of civil society organizations.

Page 108

193)

a. adequate financial support to implement its HIV activities?

2 (2)

194)

b. adequate technical support to implement its HIV activities?

3 (3)

Page 109

195) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	25-50%
- Men who have sex with men	>75%
- Sex workers	51-75%
Testing and Counselling	<25%

Reduction of Stigma and Discrimination 51-75%	
Clinical services (ART/OI) *	<25%
Home-based care	<25%
Programmes for OVC* *	<25%

Page 110

196)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

3 (3)

197)

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

- Technical and financial support from the Global Fund for civil society organizations has positively influenced the capacity building of civil society organizations.
- The extent of civil society involvement in policy development and programme implementation in the national HIV, AIDS and STI response has increased.

198)

What are remaining challenges in this area:

- Lack of funding support and involvement from governmental organizations for civil society organizations
- Lack of support for social issues, human resources and organizational development of nongovernment organizations, thus capacity has not been improved.
- Limited funding support for nongovernment organizations
- Civil society organizations are implementing projects depending on the funding organizations priority
- Lack of partnership among civil society organizations

Page 111

199)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

200)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

- Comprehensive external review of national HIV, AIDS and STI response in 2008
- Review of national strategy on HIV and AIDS for 2006-2010

201)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 113

202)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

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

7 (7)

203)

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

1. "Healthy Mongolian" programme implemented by the Government of Mongolia covers HIV, AIDS and STI prevention and treatment services.
2. The National strategic plan 2006-2010 aims to improve coverage, quality and accessibility of national HIV prevention programmes and identify appropriate actions for the general population and each sub-population. This strategy has been implemented sustainably and successfully with support from Government, UN agencies, Global Fund and other government and nongovernment organizations.
3. National guidelines on the HIV prevention of mother to child infection were approved by Health Ministerial order, No 429 in 2009.
4. Improved multisectoral involvement in prevention activities.

204)

What are remaining challenges in this area:

- Currently, prevention activities are mostly funded by projects. We need to focus on sustaining current achievements and ensure sustainability of programmes when there will be reduction of donor's support and funding and improve government support and involvement.
- Lack of policy to support NGO partnership and involvement.

Page 114

205)

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

Yes (0)

Page 115

206)

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

Number of people required antiretroviral treatment, pregnant women and children were calculated using "SPECTRUM" programme.

207)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems	N/A

through the workplace

HIV care and support in the workplace (including alternative working arrangements) N/A

Other: please specify

Page 116

208)

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

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

4 (4)

209)

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

- Joint ministerial order of health and social welfare and labor on renewing percentage of disability and duration was approved. According to this order, disability percentages due to HIV/AIDS are at 60% to 90%. - HIV, AIDS/STI national service guideline was approved on December 2009 with the Health Ministerial order No 429 - Second line treatment for HIV and AIDS were introduced to the treatment regime. - Number and type of antiretroviral and diagnostic kits have increased with support from the Global fund. It has led to increase in the coverage of treatment services.

210)

What are remaining challenges in this area:

- Lack of supporting legal environments and flexible policies in the area of social care service and employment opportunities for people living with HIV and AIDS - HIV, AIDS and STI services are not user friendly and confidentiality is not secured. It leads to poor treatment and service coverage. - Stigma and discrimination against people living with HIV and AIDS and most at risk populations is high. Barriers in receiving prevention, care and treatment services equally.

Page 117

211)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)