

29/1/2008

State of Qatar
Report on the
Country Progress Indicators towards Implementing the Declaration of
Commitment on HIV 2008

GE-1. Amount of national funds spent by government from domestic sources for AIDS.

This information is not available. However, government funds for all AIDS programs are readily available.

GE-3. Life-skills-based education in schools

Percentage of schools with teachers who have been trained in life skills based and who taught it during last year; overall **0%**

GE-4. Workplace HIV and AIDS control

Percentage of large enterprises which have HIV and AIDS workplace policies and programs; information not available

GE-5. Sexually transmitted infection comprehensive case management

Percentage of women and men with sexually transmitted infections at health care facilities, who are appropriately diagnosed, treated and counseled; overall **50%**

GE-6. Prevention of mother to child transmission-antiretroviral prophylaxis

Percentage of HIV-positive pregnant women receiving anti-retroviral prophylaxis; **100%**

GE-7. HIV treatment-Anti-retroviral combination

Percentage of people with advanced HIV infection receiving anti-retroviral combination therapy; overall **100%**

GE-8. Support for children affected by HIV and AIDS

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Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child; overall **0%**

GE-9. Blood safety

Percentage of transfused blood screened for HIV; **100%**

GE-10. Young people-knowledge about HIV prevention

Percentage of young women and men (aged 15-24) with comprehensive HIV and AIDS knowledge; overall **30%**

GE-11. Sex before the age of 15

Percentage of 15-24 year olds who had sex before the age of 15; **unknown**

GE-12. Higher risk sex among young men

Percentage of young women and men aged 15-24 who have had sex with a non-marital, non-cohabiting partner in the last 12 months; **unknown**

GE-13. Young people-condom use with non-regular partners

Percentage of young women and men aged 15-24 reporting the use of condom the last time they had sex with a non-regular partner; **unknown**

GE-14. Orphans-school attendance

Ratio of current school attendance among orphans to that among non-orphans aged 10-14; **unknown**

GE-16. HIV treatment-survival after 12 months on anti reteroviral therapy; 95%

CLPE-3. Most at risk population HIV testing

Percentage most at risk population who received HIV testing in the last 12 months and who new the results; **50%**

CLPE-4. Most at risk populations-prevention programs

- **Men who have sex with men;** percentage of most at risk population reached by prevention programs; **nil**
- **Injection drug users;** percentage of most at risk population reached by prevention programs; **nil**
- **Sex workers;** percentage of most at risk population reached by prevention programs; **nil**

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CLPE-5. Most at risk population-knowledge about HIV prevention

Percentage of most at risk population who both correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission; **information not available**

CLPE-6. Sex workers-condom use

Percentage of female and male sex workers who reported the use of a condom with their most recent client; **information not available**

CLPE-7. Men who have sex with men-condom use

Percentage of men who reported the use of a condom the last time they had anal sex with a male partner; **information not available**

CLPE-8. Injecting drug users-safe injecting and sexual practices

Percentage of injecting drug users who have adopted behaviors that reduce transmission of HIV; **information not available**

HIV and AIDS estimates

Number of people living with HIV; **78**
Adults aged 15-49 HIV prevalence rate; **less than 0.2%**
Adults aged 15 and over living with HIV; **76**
Deaths in 2007 due to AIDS; **nil**

Children aged 0-14 living with HIV; **2**
Orphans aged 0-17 due to AIDS; **0**

Narrative report

In Qatar, we continue to diagnose 5-10 new cases of HIV infection every year. During the year 2007 more than 35000 people had HIV tests done. This includes 18777 blood donors. A total of 10 new cases were diagnosed. The ages ranged from 0 to 47 years. The most important mode of transmission is heterosexual exposure. The cumulative number of cases diagnosed with HIV in Qatar is 231. The number of people living with HIV is 78.

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Proper counseling is provided to all patients. Health care provided includes access to combination anti-retroviral treatment and prophylaxis for opportunistic infections, all at no cost to the patient. This includes both citizens and non citizens. Routine lab investigations provided include CD4+ and viral load testing. Patients are screened for TB infection annually.

In 2006, Qatar established its National AIDS Committee under the auspice of the National Health Authority. The members of the committee come from different governmental and non governmental sectors, including the acute care, the public health, the governmental planning department, the Islamic Affairs, the Human Rights, Qatar University, Ministry of Interior, Ministry of Education, etc. Since it was formed, the committee undertook major steps forward in the efforts to control HIV spread. This included launching an HIV website, working closely with the industry to limit HIV spread in the work place, partner with the UNDP to establish a strategy on HIV prevention, and held several intensive workshops on HIV targeting community leaders from the media, the religious sector, and the other community sectors. The committee meets regularly and has a dedicated annual budget.

The major at risk group in Qatar is young males aged 15-49. The most important route of transmission continues to be heterosexual. Risky sexual behaviors can take place locally or abroad. There are no data on condom use, commercial sex work, injection drug use, and the degree of awareness among the at-risk-groups on safe practices in reducing the transmission of HIV.

The National AIDS Committee is working on filling the gaps in knowledge, attitude and practices among the young and other at-risk populations through regular activities targeting initially the leaders in the different sectors. It is also working on a strategy to partner with the industry to combat the spread of HIV among the labor force. In addition, it is revising the amount and quality of information included in school curricula.

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