

**Cabinet Resolution No. (29) of 2010 Concerning Community Protection System Against
HIV and Protecting the Rights of People Living with it**

Council of Ministers:

Having taken cognizance of the Constitution,

- Federal Law No. 1 of 1972 Concerning the Mandates of Ministries, Powers of Ministers and its amendments;
- Federal Law No. 7 of 1975 Concerning the Practice of Human Medicine Profession, and its amendments;
- Federal Law No. 8 of 1980 Regarding the Organization of Labor Relations, and its amendments;
- Federal Law No. 27 of 1981 Concerning Communicable Diseases Prevention;
- Federal Law No. 15 of 1993 Regulating Human Organs Transplantation;
- Federal Law No. 2 of 1996 Concerning Private Health Facilities;
- Federal Law No. 28 of 2005 on Personal Status;
- Federal Law No. 10 of 2008 Concerning Medical Liability;
- Cabinet Decision No. 10 of 1985 Concerning Adding HIV to the List of Hazardous diseases;
- Cabinet Decision No. 7 of 2008 Regarding Medical Fitness Examination System of the Persons Coming to the UAE for Work or Residence, and its amendments
- Cabinet Resolution No. 10 of 2008 Concerning the Organizational Structure of the Ministry of Health;
- Cabinet Resolution No. 28 of 2008 on Blood Transfusion System;
- And in accordance with the presentations made by the Minister of Health and approval of the Cabinet

We have promulgated the following Law:

Chapter One

Definitions

Article (1)

In the Application of the provisions of this Law and the Program attached thereto, the following words and expressions shall have the meanings indicated opposite each of them, unless the context requires otherwise:

The State	:	United Arab Emirates
MOHAP/ the Ministry	:	The Ministry of Health and Prevention
The Minister	:	The Minister of Health

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Concerned Authority	:	All ministries, institutions, federal and local authorities, private sector institutions, and any other authority in the State whose competence is related to the direct or indirect application of the provisions of this System.
Health Authority	:	Any private or government health authority in the State
Concerned Departments	:	The organizational units concerned with preventive medicine or the equivalent in federal and local health authorities.
Competent Health Authority	:	The Ministry of Health or any federal or local government body concerned with health affairs in any of the Emirates
Competent Medical Committee	:	The medical committee that is concerned with examining the health fitness of an employee or worker.
HIV	:	Human Immunodeficiency Virus (HIV)
People/ Person Living with HIV (PLHIV)	:	Citizen/ Citizens infected with HIV
Opportunistic Infection	:	It is an infection caused by germs that do not usually cause disease to people with a healthy immune System.
Program	:	The National HIV Control Program at the State Level, which is attached to the provisions of this Resolution
Program Administration	:	The authority that is responsible in the Ministry for supervising the implementation of the Program.
Non-nominal Test	:	It is a medical test to detect HIV, permitting whoever undergoes thereof to choose hiding his/ her identity.

Chapter 2

Scope of Application of the System

Article (2)

This System applies to all Concerned Authorities, and such authorities must take the necessary measures to protect the society from HIV and protect People Living with HIV (PLHIV), in accordance with the provisions contained in this Resolution and the Program attached thereto.

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Chapter 3

Objectives of the System

Article (3):

This System aims at achieving the following objectives:

1. Preventing the transmission of HIV to society members and ensuring compliance with the approved controls to achieve this;
2. Improving the lives of PLHIV through applying the following:
 - a. Ensuring and fully protecting the rights of PLHIV, without any prioritization due to their infection;
 - b. Providing the necessary health care for all PLHIV;
 - c. Mitigating the impact of infection of PLHIV and their families through providing psychological and social support;
3. Educating society individuals of the rights and duties of PLHIV and developing health awareness among them;
4. Coordinating and unification of all efforts to find out the extent of HIV spread in the State and eliminating thereof;
5. Forming, supporting and catalyzing partnerships and local, international and community bodies working in the field of HIV control.

Chapter 4

National HIV Control Program

Article (4):

The National HIV Control Program that is attached to this Resolution shall be approved, and the Minister may amend it whenever necessary.

Chapter 5

Duties of the Concerned Authorities Regarding HIV Prevention

Article (5):

Health Facilities shall provide all necessary protection means for the safety of society and all health workers of all groups due to dealing with PLHIV, in accordance with the provisions of this Resolution and in accordance with the rules and technical controls prescribed in the Program.

Article (6):

The authority concerned with blood transfusion system must take the necessary measures to conduct laboratory tests on blood samples taken from donors to ensure that they are free of HIV, in accordance with the conditions and technical standards approved in this field.

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Article (7):

The laboratory technician shall inform the Concerned Department of all cases tested positive for HIV after conducting their laboratory test.

The same obligation applies to the doctor who requests a HIV test and gets acknowledged of the result;

The concerned departments must inform the organizational units responsible for implementing the National Program, each within its competence, of all cases tested positive for HIV.

Article (8):

The Concerned Authorities in the education sector in the State should coordinate with the Program Administration to include the issue of raising awareness about HIV and the life skills necessary to avoid infection with it within the established educational curricula, in a manner that commensurate with the needs of the age group at all different educational stages, and in accordance with the best international practices adopted in this regard.

Article (9):

The Concerned Authority should coordinate with the Program Administration to provide advertising spaces for raising awareness about HIV, develop a periodic media awareness plan, and implement it through various media outlets.

Chapter 6**Duties of the Concerned Authorities Regarding Protecting the Rights of PLHIV****Article 10**

It is forbidden to place special restrictions or conditions on PLHIV that prevent them from obtaining the rights established for all members of the society as per the laws applicable in the State, in a manner that does not contradict any provisions contained in any other laws.

Article (11):

The Competent Health Authorities provide PLHIV with the following services for free:

1. Diagnostic services and laboratory tests to detect HIV;
2. Antiviral therapy and treatment of opportunistic diseases;
3. Positive health services, including services to prevent the transmission of HIV from the pregnant mother to the child, and the provision of all requirements to eliminate the transmission of HIV from the infected person to other people;
4. All requirements of clinical treatment and medicines proven to be effective against HIV activity;
5. Provision of appropriate psychological and social care and providing health advice and guidance.

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Confidentiality of Information

Article (12):

All Information and data related to the health status of PLHIV are deemed confidential, and it is not permissible to disclose, transfer to others, or to publish them except in cases permitted by law, and it is prohibited to use them in any form in any correspondence or communications in a manner that conflicts with the duty of preserving their confidentiality.

Article (13):

The Competent Health Authorities shall adhere to the following:

1. Maintaining the confidentiality of the positive result, by keeping it in the file of the person living with HIV;
2. Using the medical test forms that are created by the Ministry for this purpose, provided that they do not include a reference to the result of the HIV test, but are concluded by “medically fit” or “medically unfit”

Article (14)

The Competent Authorities shall not mention the infection with HIV when issuing the death certificate.

Article (15):

The Concerned Authorities, each within the limits of their competence, must take the necessary measures to protect people from all kinds of practices that would expose them to infection with HIV.

Article (16):

The Concerned Authorities, each within the limits of their competence, must take the necessary measures to protect the rights of women and children living with HIV to obtain health and social care and medical advice, including cases that may be subject to rejection by their families.

Article (17):

The authorities concerned with the education sector in the state are obligated to enable pupils and students living with HIV to exercise their right to join various educational institutions or to continue their education, it is prohibited to expel or transfer them from those institutions or to carry out any practices towards them that would restrict their right to study due to the infection, and they must be treated same as their healthy mates.

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Article (18):

The Concerned Authorities are prohibited from refusing recruitment of PLHIV for employment therein due to their infection with HIV if their health condition allows them to carry out their job tasks that will be assigned thereto and if the nature of work does not pose any threat to the public health as decided by the Competent Medical Committee, unless there are other reasons that prevent PLHIV from being hired.

Article (19):

The Concerned Authorities guarantee that PLHIV will continue to work for them and that the nature of their work will not be changed and they will not be dismissed or forced to retire unless it turns out that they are not medically fit for the performance of their work requirements or if their continuity in work poses a danger to the public health as decided by the Competent Medical Committee.

Article (20):

HIV infection hindering the performance of functional tasks shall be deemed one of the reasons to consider the person medically unfit for service, provided that this is proven by virtue of a decision issued by the Competent Medical Committee.

Article (21):

The Concerned Authorities shall provide social, financial and moral support to PLHIV and their families, in a way that guarantees them a decent life and does not isolate them from society.

Article (22):

The authorities responsible for correctional and penal facilities must provide the necessary health care for PLHIV in such facilities and take the necessary measures to protect their contacts, such as the inmates and workers therein, in coordination with the Concerned Health Authorities

Chapter 7:**Final Provisions****Article (23):**

All Concerned Authorities in the State shall implement the measures, procedures and rules prescribed in this System and take the necessary decisions in this regard, without prejudice to any other measures, procedures or rules provided for in Federal Law. No (27) Of 1981 Concerning the Prevention of Communicable Diseases or any other relevant laws.

Article (24):

Any provision that contradicts or is in conflict with this Resolution shall be repealed.

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Article (25):

This Resolution shall be published in the Official Gazette and shall come into force in the next day following the date of its publication.

Khalifa bin Zayed Al Nahyan

President of the United Arab Emirates

Promulgated by us:

On Ramadan 1, 1431 H

Corresponding to August 11, 2010 G

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The National HIV Control Program
Attached to Cabinet Resolution No. (29) of 2010

First: The Components of the Program

The Program consists of the following elements:

1. Prevention;
2. Epidemiological surveillance, national epidemiological and behavioral research and studies;
3. Laboratory tests;
4. Non-nominal/ voluntary surveillance centers;
5. Care, support and treatment;
6. Information, education and communication;
7. Prevention

1. Prevention

The preventive measures are implemented according to the following:

- a. Prevention of infection that may occur when blood, tissues and organs are transfused or when serums are injected:
This is done by conducting laboratory tests for the blood and any other samples taken from donors and for serums to ensure that they are free of HIV or its antibodies through the Blood Test Program approved in the State
- b. Prevention of infection transmission from an infected pregnant mother to her fetus:
This is done by including the Prevention of Mother-to-Child Transmission (PMTCT) Program within the maternal and child care services, through training health personnel, providing infected mothers with the necessary information about the risks of HIV transmission and ways of prevention, and encouraging them to seek advice and provide care for PLHIV and sexually transmitted diseases
- c. Prevention of HIV transmission through syringes and unsterilized instruments:
This is done by using syringes and single-use instruments and following the approved procedures regarding sterilizing medical and other instruments and taking the necessary preventive measures
- d. Prevention of HIV transmission to health personnel:
This done through taking the following measures:
 - Applying all general precautions approved for the safety of health personnel of all groups and preserving the rights of those exposed to infection due to their interaction with PLHIV;
 - Providing free anti-retroviral prophylactic treatment for health personnel of all groups if the risk of possible infection of HIV is proven while performing their job duties.

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2. Epidemiological surveillance, national epidemiological and behavioral research and studies

This element is performed according to the following procedures:

- a. Creating a registry at the local and central level in the Program Administration for all cases tested positive and cases that have been reported to be infected;
- b. Conducting test for all groups exposed to the risk of infection, with the aim of early detection of infection and provision of appropriate support.

These groups include the following, in particular:

- Cases of thalassemia and sickle cell anemia (SCD);
 - People of several illegal affairs;
 - People with sexually transmitted diseases at first diagnosis;
 - Contacts of a person with confirmed HIV infection;
 - People of weakened immune system;
 - Cancer patients, especially Sarcoma and Lymphoma;
 - Inmates in correctional and penal facilities;
 - Drug addicts;
 - Tuberculosis Patients.
- c. Other groups are tested with the aim of early detection of HIV, and for transferring the cases tested positive to health institutions and facilities in order to receive the necessary prevention and treatment, including the following groups:
 - Future spouses;
 - pregnant women;
 - Applicants for studying in world education institutions.;
 - Job applicants.

3. Laboratory Tests

Laboratory tests are subject to the following rules:

- HIV tests shall only be considered positive after conducting the confirmatory tests approved by the Program;
- Advice is provided for applicants applying for HIV test before being tested and after the results are revealed;
- Governmental Health Facilities shall provide tests and confirmation of infection, follow-up treatment, and other tests related to opportunistic infections free of charge for the groups that are mostly exposed to HIV and for PLHIV.

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4. Non-nominal/ Voluntary Surveillance Centers

Every person has the right to conduct, on a voluntary basis, a test for free at the specialized institutions or centers approved by the Program, for the purpose of detecting infections with HIV. In such cases, the person or center that has conducted the test shall not be forced to reveal its identity

This test is carried out at so-called Non-nominal/ Voluntary Surveillance Centers to be established and operated according to the criteria prescribed by the Program Administration, taking into account the following test conditions:

- To be deemed confidential;
- To be provided for free;
- To be accompanied by advice before and after conducting the test;
- To be conducted upon the knowledge of the applicant for the test.

5. Care, Support and Treatment

Care, support and treatment shall be carried out through providing the necessary medicines and drugs, health education and advices to the following groups in particular:

- Those infected with HIV;
- Those infected with opportunistic illnesses associated with HIV;
- Those infected with sexually transmitted diseases;
- Those exposed to the risk of being infected with HIV as a result of violence and abuse;
- Those exposed to the risk of being infected with HIV due to the nature of their jobs.

6. Health Information and Education and Communication

This element is carried out through the following measures:

- Developing scientific materials for the prevention of HIV and providing them to various bodies for the purpose of education and raising awareness;
- Preparing and issuing health educational materials for PLHIV and for healthy people;
- Organizing awareness activities involving all segments of society.

Second: Program Mechanisms

The Program adopts the following mechanisms:

1. Establishing and developing strategies for the National HIV Control Plan on periodic basis;
2. Providing technical support to all Concerned Authorities working in HIV control activities;
3. Preparing and training the necessary cadres to implement the Program;
4. Establishing a National Epidemiological Surveillance System, conducting HIV research and studies, and adopting this System as a national reference database for collecting, analyzing, documenting and publishing health information related to the contents herein;
5. Providing comprehensive health care, including treatment, prevention and support for PLHIV;
6. Providing advice for PLHIV and their families;

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7. Raising the society's awareness about HIV;
8. Producing informational and educational materials that serve the Program objectives;
9. Forming social support groups for PLHIV and their families;
10. Providing the necessary medicines and drugs for treating PLHIV from the effects of HIV and from any associated opportunistic diseases and sexually transmitted diseases.

Third: The Administrative Organization of the Program

1. The Program Administration shall supervise the implementation of this Program in accordance with the provisions contained herein;
2. The Program shall have its own organizational structure in the Ministry, supervised by a director, and include the following technical organizational units:
 - a. The Planning and Standards Unit: It shall be responsible for developing national plans for the Program, supervising their implementation, and defining the standards in accordance with the requirements of the Program;
 - b. The Epidemiological Research, Studies and Surveillance Unit: It shall be responsible for developing national research and studies, supervising their implementation, analyzing and processing information related thereto, and submitting their results to the Program director;
 - c. Evaluation and Follow-up Unit: It shall be responsible for evaluating the Program and measuring the performance indicators;
 - d. Training Unit: It shall be responsible for carrying out the tasks aiming at raising the efficiency of employees concerned with the implementation of the Program Elements;
 - e. The Program's Financial Resources Unit: It shall be responsible for monitoring and providing financial support for implementing the National Program.
3. For the purpose of developing methods for implementing and managing the National HIV Control Program, the following committees shall be formed:
 - a. National Coordinating Committee;
 - b. Executive Committee;
 - c. Local Subcommittees;

The National Coordination Committee and the Executive Committee shall be formed and their powers shall be prescribed by virtue of a decision issued by the Minister. The Local Subcommittees shall also be formed by virtue of a decision issued by the Competent Health Authority.

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