UNAIDS engagement with civil society

Case study 3: Middle East and North Africa Region

CONTENTS

INTRODUCTION

This case study discusses engagement by the Joint United Nations Programme on HIV/AIDS (UNAIDS)[1] with civil society in the Middle East and North Africa (MENA) region. It is one of three case studies[2] in a series of documents responding to a request from UNAIDS Programme Coordinating Board (PCB) for more explicit reporting on resourcing and engagement of civil society [decision 9.6 of the 28th PCB meeting, June 2011].

In 2013, UNAIDS prepared an initial working paper to highlight examples of how the Joint Programme engages with civil society[3]. The document facilitated ongoing dialogue with civil society, including at a UNAIDS multi-stakeholder consultation in October 2013, at which it was agreed to prepare a more in-depth review of UNAIDS engagement with civil society as part of the Mid-term review of the Unified Budget, Results and Accountability Framework (UBRAF) presented to the 34th PCB meeting in July 2014 as a conference room paper[4]. Another conference room paper, Concrete actions to address the Programme Coordinating Board decision points related to civil society 2010-2014 was presented to the PCB at its 35th meeting in December 2014.

The present document uses the definitions of communities and civil society[5] and partnership principles[6] provided in *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*[7]. It is based on a broad understanding of engagement, one that incorporates UNAIDS providing, facilitating and/or mobilizing different types of support (financial, political, technical, etc.) to benefit the role, resources and work of civil society, including groups by and/or for people living with HIV and key populations, including sex workers, gay men and other men who have sex with men, transgender people and people who inject drugs[8].

The case study focuses on work that took place in the MENA region during 2014. It does not intend to describe the full range of civil society engagement taking place by the UNAIDS Country Office and Cosponsors, or the full extent of related challenges and opportunities. Rather, it focuses on key approaches to engagement of particular relevance to the changing environment and of particular use for learning across countries and regions.

The case study was prepared with guidance from the working group on civil society of the UNAIDS

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[1] Throughout this case study, the terms 'Joint Programme' and 'UNAIDS' refer to the UNAIDS Secretariat and UN Cosponsor Organizations.

[2] The two other case studies are Cambodia and Zambia. The synthesis report of UNAIDS engagement with civil society in Cambodia, Zambia and the Middle East and North Africa Region was presented as a Conference Room Paper to the 36th meeting of the PCB

[3] http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/ubraf/20130624_UNAIDS_WorkingPaper_CSengagement.pdf

[4] http://www.unaids.org/sites/default/files/media_asset/20140612_CS_Engagement_EN.pdf

[5] The term 'communities and civil society', henceforth referred to as 'civil society', refers to people living with HIV and affected by it, as well as their organizations and networks. It also includes the organizations and networks of: key populations (gay men and other men who have sex with men, people who inject drugs, sex workers and transgender people); migrants and mobile populations; people affected by emergencies, conflicts and other humanitarian events and environments of concern; prisoners and other incarcerated populations; women and girls; young people; people living with disabilities; nongovernmental advocates for human rights; nongovernmental actors in other health and development fields; community-based organizations, networks and coalitions; nongovernmental organizations; nongovernmental civic organizations; trade unions, labour organizations and other worker groups; and faith-based organizations and groups. *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations,* Geneva, UNAIDS, 2011.

[6] The principles include: human rights; evidence-informed and ethical responses; people living with HIV as leaders; genuine partnership; equality; country ownership; responsibility of the entire Joint UN Programme on HIV/AIDS; strategic impact; mutual respect, cooperation, transparency and accountability; recognition of the autonomy and diversity of civil society; and complementarity and cost-effectiveness. *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations,* Geneva, UNAIDS, 2011.

[7] *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations,* UNAIDS, 2011.

[8] Examples of activities include UNAIDS: funding activities; mobilizing resources for the sector; facilitating meaningful involvement of the sector in decision-making; providing technical support and capacity building; advocating for communities' needs; leveraging resources for community-based services; supporting communication and consultation mechanisms for the sector; promoting the collection and use of community data; and advocating for a rights-based environment. Adapted from: *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations,* UNAIDS, 2011.

Cosponsor Evaluation Working Group (CEWG), which included representatives of the Nongovernmental Organization (NGO) Delegation to the PCB[9]. The case study is informed by the annual reports submitted to the PCB by the NGO Delegation addressing such issues as the impact of reduced funding for civil society[10] and unequal access to treatment for key populations[11]. It also draws on initiatives and reports relevant to UNAIDS engagement with civil society organizations, including: the Fast-Track initiative[12]; the Gap Report; the process to update and extend UNAIDS Strategy for 2016–2021; and the roll-out of the new funding model and development of the new strategy for the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

CONTEXT

Despite low HIV prevalence in many countries, MENA is one of only two regions in the world where the HIV epidemic continues to grow. Between 2005 and 2013, new HIV infections increased by 7%, and AIDS-related deaths rose by 66%. As a region, MENA offers the lowest access to antiretroviral therapy (ART) in the world, with only 11% of eligible people receiving treatment.

As of 2013, there were an estimated 230 000 people living with HIV in the region, with five countries (Algeria, Islamic Republic of Iran, Morocco, Somalia and the Sudan) accounting for 88%. The majority of cases are concentrated among key populations at higher risk of HIV infection. For example, according to the Middle East and North Africa Fact Sheet in *The Gap report*[13], prevalence is indicated to be high among: people who inject drugs (87% in Tripoli, Libya; 15.5% in the Islamic Republic of Iran and 11% in Morocco); sex workers (4.5% in the Islamic Republic of Iran and 4.6% in Algeria); and gay men and other men who have sex with men (13% in Algeria, 10% in Tunisia and 6% in Yemen).

MENA is a resource-varied region, and is politically, culturally and economically diverse. Many countries experience humanitarian, conflict, post-conflict and/or unstable political situations, particularly since the events of the Arab Spring. Against this backdrop, HIV has sometimes been seen as a low priority by national governments and regional institutions. However, in 2014 there was a significant step forward, with the first Arab AIDS Strategy (2014–2020) endorsed by the Council of the Arab Ministers of Health, under the umbrella of the League of Arab States.[14]

Why civil society matters

"We have a complex civil society in a complex region. People talk about 'no one left behind'. Well, here, without involving and supporting key populations – and the groups that work with them – the epidemic will increase even more. UNAIDS has a critical role in that involvement and support."

– Golda Eid, Executive Director, Regional Arab Network Against AIDS

[9] The case study was drafted by an independent consultant. Subsequent additions, modifications and editing was carried out by the UNAIDS Secretariat based on review processes among national and global stakeholders, including the CEWG. The case study was informed by a desk review combined with interviews and focus group discussions carried out with more than 30 stakeholders (from communities, civil society, Cosponsors, UNAIDS Secretariat, international development partners and the Government) during a mission in January 2015 to the UNAIDS Regional Support Team (RST) in Cairo, Egypt.

[10] Report by the NGO Representative, 30th Meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 5–7 June 2012.

[11] Report by the NGO Delegation to the PCB, 33rd Meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 17–19 December 2013.

[12] *Fast track – ending the AIDS epidemic by 2030*, UNAIDS, 2014.

[13] All information in paragraph from: Middle East and North Africa in Fact Sheet 2014, UNAIDS, 2014; and *The Gap report,* UNAIDS, 2014.

[14] Arab Strategic Framework for the Response to HIV and AIDS (2014–2020), Social Affairs Sector – Directorate of Health and Humanitarian Aid Technical Secretariat of the Council of Arab Ministers of Health, League of Arab States, March 2014.

In many MENA countries, financing the AIDS response has been heavily dependent on international development partners, most notably the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). Funding patterns for HIV are changing and increasingly challenging, especially for countries in moving into lower middle-income or middle-income status, which makes them ineligible for Global Fund financing. Overall, investment remains limited for HIV prevention and treatment for key populations, and for civil society organizations, the main implementers of prevention programmes in the region. Reliance on domestic funding is limited to a few countries, such as Algeria and the Gulf states. Some countries, such as Morocco and the Islamic Republic of Iran, have mobilized a proportion of domestic funding, while others, such as Djibouti, Somalia, Sudan and Yemen, rely entirely on external funding.

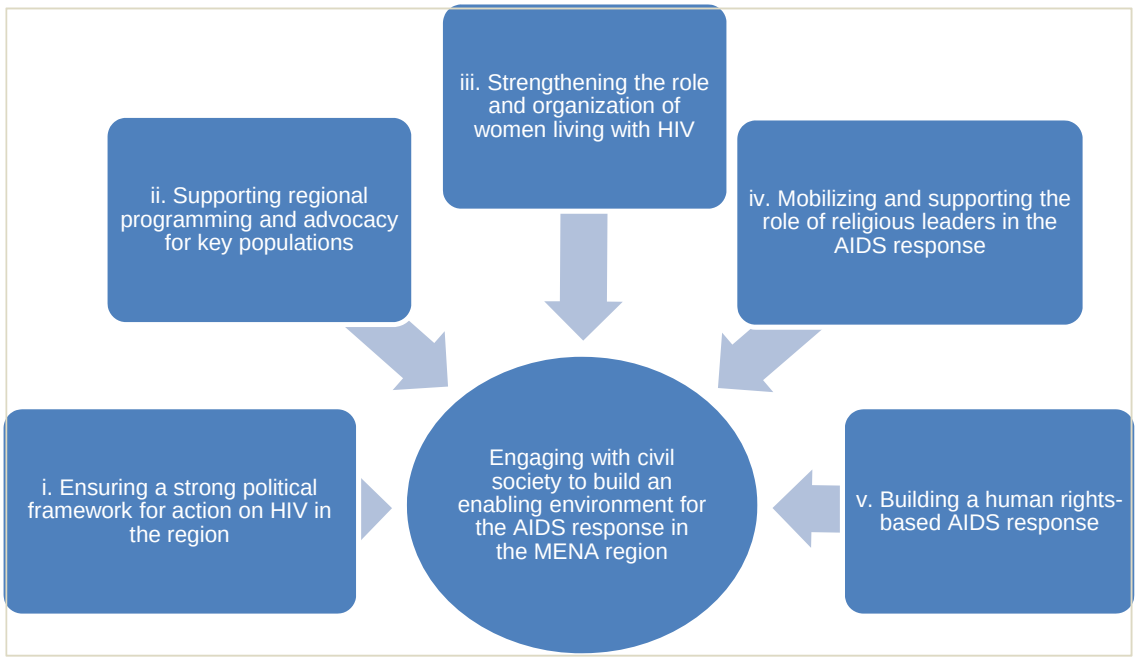
Across MENA, the scale and status of civil society and the nature of its involvement in HIV varies significantly between countries. In some, the sector is well established and vibrant, in others, nascent and more fragile; in yet others, it is non-existent. Some common but not universal challenges include: civil society organizations experiencing limited access to sustainable funding, especially in countries ineligible for the Global Fund; low recognition by other national stakeholders, notably governments; unsupportive sociocultural norms, such as gender inequality and punitive legal environments.

Within this context, regional civil society networks have played a unique and critical role. Established leaders include the Regional Arab Network Against AIDS (RANAA) and the Middle East and North Africa Harm Reduction Association (MENAHRA). More recent additions include the Middle East and North Africa Network of Women Living with HIV (MENARosa), MENA coalition on men who have sex with men and HIV (MCoalition), the Regional Network of Religious Leaders (CHAHAMA), the International Treatment Preparedness Coalition MENA (ITPC MENA) and the MENA Network of People who Use Drugs (MENANPUD).

In 2014, the Joint Programme in MENA brought together the UNAIDS Secretariat and 11 Cosponsors that maintain involvement in the regional AIDS response. These are: United Nations High Commissioner for Refugees (UNHCR); United Nations Children's Fund (UNICEF); World Food Programme (WFP); United Nations Development Programme (UNDP); United Nations Population Fund (UNFPA); United Nations Office on Drugs and Crime (UNODC); United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); International Labour Organization (ILO); United Nations Educational, Scientific and Cultural Organization (UNESCO); World Health Organization (WHO); and the World Bank. The UNAIDS RST is based in Cairo, and its overall work and that of the regional Cosponsors is coordinated through the regional Unified Budget, Results and Accountability Framework (UBRAF). Progress is monitored through the Joint Programme Monitoring System (JPMS). Annual and, where possible, semi-annual coordination meetings are convened by the RST. Specific collaborations and joint initiatives occur between agencies on thematic issues, based on the UNAIDS Division of Labour.

APPROACHES TO CIVIL SOCIETY ENGAGEMENT

The following pages focus on five examples of how in 2014 the Joint Programme engaged with civil society to build an enabling environment (policy, legal, sociocultural, etc.) for an effective and sustainable AIDS response in MENA. They summarize the nature, results and challenges of such engagement within the changing and challenging context of action on HIV in the region:



i. Ensuring a strong political framework for action on HIV in the region

In MENA, a priority for the Joint Programme has been to build and institutionalize a strong, human rights-based political framework for HIV at the regional level. These efforts have focused on collaboration with the League of Arab States through a range of initiatives that have involved and benefited civil society.

Work has built on a memorandum of understanding and history of strategic initiatives between the Joint Programme and the League. This includes the Arab Convention on the Prevention of HIV/AIDS and the Protection of Rights of People Living with HIV, passed by the Arab Parliament in 2012.[15] This mandated governments to protect the rights, including rights to health and freedom of expression, of all people living with HIV and committed to the Greater Involvement of People Living with HIV/AIDS (GIPA) in decision-making on policies, programmes and laws.[16] The Convention provides a basis for a move toward an enabling environment for people living with HIV and key populations. However, work remains to be done at country level, with UNAIDS Secretariat liaising

[15] Arab Convention on the Prevention of HIV/AIDS and the Protection of Rights of People Living with HIV with HIV/AIDS, Arab Parliament, 2012.

[16] For example, see: Preamble 7: "Considering that opportunities to participate effectively in decision-making processes on policies, plans, programs, procedures and laws that affect them directly, should be made available to people living with HIV with HIV"; and Article 22: Participation in public life. "State Parties shall guarantee to people living with HIV the exercise of public rights, and shall undertake the following: 1. Ensure that people living with HIV have the possibility to participate effectively and fully in the political life; 2. Create an enabling environment for people living with HIV to actively participate in the conduct of public affairs, including the following: A. Participation in non-governmental organizations and associations concerned with public affairs of the country, including the activities of political parties; B. The establishment of non-governmental organizations for people living with HIV to manage their affairs, to defend their rights and to express their opinion in all matters of concern to them, as well as to represent them at the international, regional and national levels."

with the League of Arab States and UNDP in 2015 to achieve this.

In 2014, the Joint Programme played an instrumental role, including through advocacy and technical and political support, in the development and endorsement of the Arab AIDS Strategy (2014–2020).[17] This groundbreaking initiative, endorsed by the Council of Arab Ministers of Health, provides a framework for a consensus-driven and coordinated response in the region. It is based on a set of principles that address many priorities for civil society, such as human rights, gender sensitivity, comprehensive coverage for key populations, access to quality treatment for people living with HIV, creating an enabling environment and the involvement of civil society and people living with HIV in the response.[18] Its 10 goals are aligned to the United Nations Political Declaration on AIDS (2011) and include: reduce HIV incidence among key populations at higher risk of HIV infection by more than 50%; eliminate new HIV infections among children and keeping their mothers alive; increase HIV treatment coverage to 80%; address stigma and discrimination; improve AIDS financing; address the special vulnerability of women and girls; and review policies around travel restrictions. A critical annex is a framework for roles and responsibilities that delineates the expected contributions of civil society organizations in promoting the strategy.

The Joint Programme, working in close collaboration with the sector's leaders, such as RANAA, involved civil society throughout development of the strategy. This included, during the stages of the situation analysis (for example, encouraging the League of Arab States to include civil society organization data in its evidence); priority-setting (for example, including civil society representatives in a technical meeting in Saudi Arabia to agree on goals, principles and priorities); and validation (such as including people living with HIV and civil society organizations in a technical meeting held in Cairo prior to submitting the strategy to the Arab Council for Ministers of Health). RANAA's vital coordination role included lobbying for civil society to participate in the process, keeping civil society stakeholders informed, convening specific meetings of people living with HIV and bringing country-level civil society organizations into the regional consultations.

Putting political words into action

"No one can deny the role of civil society in every aspect of our lives. Their involvement in the [Arab] AIDS Strategy has been and continues to be crucial. Together we can do so much … we now have the tools to achieve what we want."

– Laila Negm, director, Health and Humanitarian Affairs, League of Arab States

"Now, it's all about whether the strategy just stays in people's drawers or whether it gets used. We all, UNAIDS, civil society and others, need to make it happen. The strategy needs to make a real difference to real people's lives."

– Yamina Chakkar, regional director, MENA Regional Support Team, UNAIDS

As a step towards the implementation phase of the Arab AIDS Strategy, RANAA signed a memorandum of understanding with the League of Arab States in December 2014 to work together

[17] Arab Strategic Framework for the Response to HIV and AIDS (2014–2020), Social Affairs Sector – Directorate of Health and Humanitarian Aid Technical Secretariat of the Council of Arab Ministers of Health, League of Arab States, March 2014.

[18] The principles are: * Appropriate and culturally sensitive: leverage the constructive roles of culture and religion in shaping the AIDS response at the national and regional levels. * Evidence-based: make the best use of the available information to identify strategic priorities. * Comprehensive coverage: promote universal access to prevention, treatment, care and support services. * Human rights-based: ensure full rights to HIV prevention, treatment, care and support services for people living with HIV and key and vulnerable populations. *Broad and multisectoral participation: ensure the full involvement of civil society, people living with HIV and all the concerned sectors, including health, education, labour, finance, youth and media, in the implementation of the strategy. * Respect diversity and enhance adaptability: consider the diversity of the HIV situation and response within different Arab countries, including the varied epidemiological, political and legal environments, while fostering the application of common and adaptable approaches. * Collaboration and knowledge sharing: promote inter-country collaboration and exchange of experiences and best practices. * High-quality services and interventions: ensure services are efficient, effective and sustainable and of a consistently high quality. Services and interventions should also be accessible, affordable and acceptable to the concerned populations. * Integrative: interventions should enhance the integration of HIV services within multisectoral development and public health programmes. * Gender-sensitive: ensure women and men have equal access to HIV services. * Strengthen national capacities: build national capacities throughout the region. * Shared responsibility and regional solidarity: promote intercountry collaboration and cooperation for improved financing and leadership of the AIDS response.

toward closer government/civil society collaboration, improved policy environments, enhanced domestic financing and scaled-up programmes for key populations.[19] Building on this, these areas are included in a regional concept note[20] by RANAA, the Middle East and North Africa Harm Reduction Association (MENAHRA) and its partners to the Global Fund, within the new funding model.

Since its endorsement, the Arab AIDS Strategy has served as a powerful tool for political advocacy at regional and national levels. The first step in putting it into operation was a High-Level meeting of women leaders convened jointly by the Joint Programme and the League of Arab States, UN Women and the Government of Algeria in November 2014. Participants included parliamentarians, staff from UN agencies, civil society leaders and representatives of key populations.[21] At the end of the meeting in Algiers, leaders called on governments and intergovernmental bodies to end HIV as a part of the post-2015 agenda through rights-based and gender-transformative action.[22] They also committed to strengthening legal frameworks and reviewing discriminatory laws to address gender inequalities. As it was at the meeting, the role of civil society organizations will be central to following up the call for action, including through a series of further high-level regional forums targeting the media and religious leaders, facilitated by the Joint Programme and partners.

The Joint Programme has complemented its regional work by promoting the implementation of the Arab AIDS Strategy, and its civil society-supportive principles and goals, at the national level. Here, Joint UN Team on AIDS have made efforts to ensure the strategy forms the basis of national AIDS strategic plans and influences concept notes in countries eligible for the Global Fund.

While welcoming the progress symbolized by the Arab AIDS Strategy, some civil society stakeholders cite concerns about its processes and content. For example, some feel the consultations should have included members of civil society organizations that do not typically have access to such forums (the larger civil society organizations/networks that already have access to decision-making). While the strategy has emphasized the need to support key populations, leaving each country to specify and define who those populations are according to their national context, some civil society organizations hoped it would specifically cite sex workers and men who have sex with men as key populations. Some civil society organizations consider that this risks countries denying the relevance, or even existence, of such groups and neglecting life-saving support.

As noted, the Arab AIDS Strategy contains an annex providing a framework for roles and responsibilities to promote it. However, a significant concern among civil society stakeholders is that the strategy lacks a formal accountability mechanism. In recognition of the importance of this, in February 2015 a resolution by the Council of the Arab Ministers of Health called on Member States to enhance their efforts to put the strategy into operation at various levels. The resolution specifically called the Joint Programme, RANAA (as a representative of civil society organizations) and the Regional Network of Religious Leaders (CHAHAMA) to further support implementation. The Joint Programme has provided technical support to the League of Arab States to develop a monitoring and evaluation framework, with clear indicators and targets. This is in line with the call to the Joint Programme by civil society to continue exploring with the league the development of such a mechanism and, in turn, to hold governments to account for evidence-informed and rights-based action.

[19] RANAA signs a memorandum of understanding with the League of Arab States on World AIDS Day, news article, 5 December 2014; http://www.menahra.org/en/menahra-resources/external-publications/548-ranaa-signs-a-memorandum-of-understanding-mou-with-the-league-of-arab-states-on-world-aids-day

[20] The concept note was later withdrawn but a joint expression of interest by RANAA and MENAHRA will be prepared in 2015 for a comprehensive package of activities targeting key populations and people living with HIV.

[21] Female leaders call for ending the AIDS epidemic, news story, UNAIDS, 11 November 2014.

[22] Algiers call for action: high level meeting of women leaders in Middle East and North Africa: Arab AIDS Strategy and the Post-2015 Development Agenda, Algiers, 10–11 November 2014.

ii. Supporting regional programming and advocacy for key populations

An example of building a political framework for action on HIV was UNFPA's engagement with the Arab Youth Coalition and Y-PEER to advocate for a strong role for young people in the post-2015 development agenda. In 2014, UNFPA organized an Arab Youth Development Forum in Dubai, United Arab Emirates, as the culmination of regional youth consultations on the post-2015 agenda and the International Conference on Population and Development Beyond 2014. The forum called for action for young people, including specific attention to HIV. Following on, national consultations on young people in the post-2015 agenda were organized in Egypt, Iraq, Jordan, Morocco and Palestine, gathering more than 300 young people from 36 different organizations. These provided an opportunity to raise future priorities related to HIV and sexual reproductive health with decision-makers such as heads of state and government ministers.

The Joint Programme recognizes that achieving 'no one left behind' and 'an end to AIDS' within the concentrated epidemics of MENA requires enabling environments and high-quality, scaled-up programmes for those most affected, in particular, men who have sex with men, sex workers and people who inject drugs. Such populations experience persistent stigma and human rights violations, while the civil society organizations that support them often lack access to adequate political support, epidemiological data, programme models, organizational capacity, technical expertise and sustainable funding. Within this context UNAIDS supported regional civil society networks to be unique enablers and intermediaries for national networks/civil society organizations. Such networks are best placed to assess the issues and needs affecting key populations across countries, provide technical training, promote best practices and facilitate south-south collaboration. They are also best placed to carry out regional advocacy on issues too sensitive for national civil society organizations, as well as ensure the inclusion of MENA civil society in global forums.

Critical gaps for key populations

"[In MENA], where the legal and social environments punish, stigmatize and discriminate against people such as sex workers or gay men and other men who have sex with men, these key populations are less likely to have sufficient awareness of HIV risks, to access HIV prevention services, including regular voluntary testing, or to access prevention commodities such as condoms and water-based lubricants. They are also less likely to organize and participate meaningfully in the design of programmes to provide HIV services, peer outreach or other community-level initiatives, thus limiting the public health outcomes for the country.

… If HIV among these groups is left unaddressed by evidence-informed strategies, HIV infections will continue to increase in the region."

– *The Gap Report*, UNAIDS, 2014

The Regional Arab Network Against AIDS (RANAA), which was established in 2002, brings together more than 100 MENA civil society organizations, including ones formed by and for people living with HIV and key populations from 24 countries, plus five regional/international organizations.[23] It strengthens the role and work of civil society by acting as a regional hub, mobilizing and connecting its members and other stakeholders, providing technical support and ensuring representation at regional and international levels.

UNAIDS Secretariat partnered with RANAA to ensure attention to the environment and resources needed by people living with HIV and key populations within the Arab AIDS Strategy. It supported the network to continue its role of coordinating regional civil society input, including that relating to key populations, in the region's discussions on the post-2015 agenda.[24]

[23] Information about RANAA from: interviews with stakeholders; http://www.ranaa.net/new/; The Arab/Regional Network Against AIDS (RANAA)*:* Strategic Plan 2013–13*,* RANAA.

[24] A position statement on the post-2015 agenda, prepared and submitted by heads of national networks, associations and support groups of PLHIV in MENA, Amman, Jordan, RANAA, July 2013.

In 2014, UNAIDS Secretariat continued to provide RANAA with financial and technical support, providing data and consultants, facilitating opportunities for the network to showcase its work and mobilizing resources for its regional initiatives to support key populations and involve people living with HIV. A critical example was RANAA's proposal to the Global Fund.[25] This focused on implementing good practice programme packages to reduce stigma and discrimination and new HIV infections, in particular among sex workers and men who have sex with men and in relation to vertical transmission. It included regional interventions, including a civil society platform for joint mobilization and advocacy in areas such as drug stock-outs, human rights violationss and monitoring the Arab AIDS Strategy. To support the concept note's development, UNAIDS Secretariat supported RANAA in carrying out extensive consultations, including among people living with HIV and key populations groups and external stakeholders, such as UN agencies, religious leaders and national AIDS programmes.

In some countries, the Joint Programme complemented its commitment to RANAA's coordination role with support to similar efforts at the national level. For example, in Egypt, it promoted the emerging Network of Associations for Harm Reduction (NAHR). This is hosted by Family Health International (FHI) 360. Members include people living with HIV and key populations groups and it focuses on service delivery, civil society coordination and capacity building, particularly for key populations.[26]

In 2014, the Joint Programme partnered with the International HIV/AIDS Alliance on an Arabic toolkit on HIV and outreach work with men who have sex with men, developing two field manuals for project managers and outreach workers. The Joint Programme continued to support collaboration between RANAA and the alliance for a regional project on men who have sex with men and people living with HIV in four countries (Algeria, Lebanon, Morocco and Tunisia). The project aims to: improve access to prevention, care and support services for men who have sex with men and people living with HIV; increase the quality of those services; and create an enabling environment by influencing local, national and regional level policy and attitudes.

Another regional network is the Middle East and North Africa Harm Reduction Association (MENAHRA), which was launched in 2007 and works through three knowledge hubs in Morocco, the Islamic Republic of Iran and Lebanon, focusing on harm reduction programmes for people who inject drugs.[27] MENAHRA aims to: build an enabling environment for evidence-informed harm reduction, including through advocacy to governments; build the capacity of civil society and others, including through training and the production of technical resources, to implement and advocate for harm reduction programmes; and support the implementation of good practice programmes in opioid substitution therapy and needle and syringe programmes, including through grants to civil society organizations. The network is a regional principal recipient of a Round 10 grant from the Global Fund.

MENAHRA's work has been supported by WHO for a number of years, including collaborations to conduct population size estimates for people who inject drugs and to develop good practice models for harm reduction that can be scaled up throughout the region. In 2014, MENAHRA and UNODC organized a regional conference on opioid substitution therapy (OST) and needle and syringe programmes (NSPs) in Casablanca, Morocco. This brought together more than 40 participants from governmental organizations, such as national AIDS programmes and civil society organizations, UN agencies and the International Development Law Organization (IDLO) to showcase good practices and share expertise. It served as an important step in building a critical mass of regional capacity to advocate for opioid substitution therapy and needle and syringe programmes as priorities within

[25] The concept note was later withdrawn but a joint expression of interest by RANAA and MENAHRA will be prepared in 2015 for a comprehensive package of activities targeting key populations and people living with HIV.

[26] Network of Associations for Harm Reduction (NAHR) Project, FHI 360; http://www.fhi360.org/projects/network-associations-harm-reduction-nahr-project

[27] Information about MENAHRA from: interviews with stakeholders; http://www.menahra.org; and MENAHRA Strategic Plan 2014–2018, MENAHRA.

comprehensive harm reduction services. In 2015, the conference recommendations will be used by civil society organizations and UN agencies for advocacy to national governments.

Such regional initiatives are often reflected at the national level. For example, in Morocco, UNAIDS Secretariat with UNODC provided advocacy support to the preparation and implementation of the national harm reduction programme since 2008, including opioid substitution therapy since 2010. Several integrated biological and behavioral surveillance studies among people who inject drugs were initiated in different cities and provided strategic information to strengthen the strategy and support that have been provided in creating harm reduction nongovernmental organizations.

UNODC supported 25 civil society organizations with HIV programmes among people who inject drugs in prison settings in countries such as Libya, Egypt and Morocco. This support included: prevention, treatment and care services; capacity building, including training civil society organizations on harm reduction and supporting technical staff at conferences and meetings; advocacy and raising awareness; data collection; and reviewing regional laws and policies.

UNAIDS Secretariat supported MENAHRA and the Regional Arab Network Against AIDS (RANAA) in interactions with the Global Fund, further backing regional programming for key populations in 2014. This included the successful submission of a proposal to the Global Fund for technical support to national civil society organizations and community groups to ensure the involvement of their organizations and key populations in developing concept notes, and to mobilize them for the opportunities and challenges of the new funding model. In December 2014, MENAHRA, alongside the Stop TB Partnership and the Global Fund, hosted a three-day workshop in Lebanon.[28] Fifty civil society participants from 11 countries improved their understanding of and capacity to engage in country dialogue and concept note processes. It helped them assess their technical support needs and identify the entry points for securing funding for priority areas, such as gender, key populations, human rights and community systems strengthening.

During 2014, the Joint Programme supported regional civil society networks to engage in initiatives to increase access to antiretroviral therapy (ART), including for key populations. For example, WHO worked with the International Treatment Preparedness Coalition MENA (ITPC-MENA) and involved it in regional forums, such as the National AIDS Programme Managers Meeting that made recommendations to involve people living with HIV and civil society organizations in the treatment initiative. ITPC-MENA also took part in the regional consultation on retargeting universal access to ART in the Middle East and North Africa, organized by UNAIDS and involving ministries of health, national AIDS programmes, civil society organizations and people living with HIV. The meeting in Casablanca, Morocco, called for actions to meet the revised treatment targets outlined in the Arab AIDS Strategy: 80% ART coverage and elimination of mother-to-child transmission by 2020. It emphasized the role of people living with HIV and civil society organizations in mobilizing and delivering community-based testing and treatment.

At the national level, WHO supported civil society organizations and governments to apply its test, treat and retain tool to assess bottlenecks to the treatment cascade, including for key populations, and to develop treatment acceleration plans.

UNFPA has engaged with civil society to develop and scale-up good practice programmes for young people in the region, including those from key populations. They have pioneered Y-PEER, a network of more than 400 civil society organizations, government organizations, community groups, youth activists, peer educators and trainers. It focuses on innovative and comprehensive youth-to-youth education, addressing issues related to young people's sexual and reproductive health, including HIV, physical and mental health, gender-based violence, participation and citizenship. Results by UNFPA

[28] Draft report on strengthening civil society and community engagement in Global Fund country dialogue and concept note development in the Middle East and North Africa, Lebanon: December 16–18, 2014, Roy Wakim for MENAHRA, 2014.

and its partners include reaching 1 490 000 young people with educational and prevention messages through the Y-PEER Let's Talk campaign, and 31 931 young people in Lebanon, 12 000 in Egypt and 18 000 in the rest of the region through a theatre-based peer education approach.

UNFPA emphasized the development of knowledge and capacity among regional institutions, aiming to foster innovation and learning within initiatives for young people. This included strengthening its partnership with the National Centre for Culture and Art in Amman, Jordan, to serve as the Y-PEER International Youth Development Center. Its results included training more than 50 young people from the region, and starting to provide technical assistance to governments and civil society organizations in the Arab States, through a curriculum developed by UNFPA. At the country level, UNFPA partnered with community-led groups and networks of young key populations, women and people living with HIV to support policy analysis and advocate for sexual and reproductive health as part of HIV/sexual and reproductive health agendas in Lebanon, Morocco and Tunisia.

UNAIDS Secretariat supported the work of MENARosa for women living with HIV (as described in section iii). It supported MCoalition, the first coalition of men who have sex with men and HIV in MENA, which was launched at the International AIDS Conference in Melbourne.[29] Its objectives include: strengthening the voice of the men who have sex with men community at regional, subregional and national levels; increasing data, investment and coverage for men who have sex with men programmes; and decreasing stigma, discrimination and violence against men who have sex with men. During the year, by providing contacts and opportunities for participation, it helped the network position itself within the civil society architecture of the region's AIDS response, creating a space to raise issues around sexual orientation and to identify where and how to mobilize on matters affecting its community. UNAIDS Secretariat ensured MCoalition was present at relevant meetings in the region.

UNDP commissioned the implementation of phase III of the Karama initiative, an Arabic term meaning dignity. Since 2009, UNDP has supported civil society organizations in enhancing economic empowerment for people living with HIV, including women in nine countries. This has benefited more than 400 people, 60% are women living with HIV. In 2015 and beyond, UNDP will continue working with civil society organizations to leverage social protection benefits for people living with HIV through building evidence, brokering discussion between civil society organizations and governments and sensitizing other partners on the importance and the role of civil society organizations in lobbying for the inclusion of people living with HIV and key populations in national social protection systems.[30]

The Joint Programme, in partnership with the International Development Law Organization, offered support to efforts to document and address human rights violations against men who have sex with men. For example, MCoalition's efforts brought dividends in Lebanon when strong advocacy resulted in the prompt release of men who have sex with men arrested in a public bath venue.

The role of regional civil society networks in supporting key populations is critical but still faces major challenges. Their 'added value' is often poorly understood compared with that of national civil society organizations, for example, and they have few sources of sustainable funding. They can also experience low support within global civil society, with the issues and importance of MENA under-represented.[31] A further challenge is that when networks develop high-quality regional resources, they are often overwhelmed by the scale and urgency of the need for technical support to adapt the resources at the national level. This is particularly the case when civil society sectors in the region operate on a charity model, accustomed to helping rather than providing technical support towards stronger and more sustainable community systems. The dynamics within civil society also present

[29] http://www.m-coalition.org/; and MCoalition: MENA region: strategic vision, powerpoint presentation, Johnny Tohme.
[30] http://www.arabstates.undp.org/content/rbas/en/home/ourwork/hiv_aids/overview.html

[31] This is because the region is seen as low prevalence and lower priority than other regions. Civil society elsewhere has a low understanding of the region's specific sociocultural issues. Civil society in the region has had fewer opportunities and/or capacity to engage in global forums.

challenges, such as competition between larger/established nongovernmental organizations and smaller/newer ones, with the former sometimes perceived to have unfair access to resources and influence.

These challenges emphasize the vital role of regional civil society networks. They serve as intermediaries that can channel national-level issues and needs to regional and global advocacy and decision-making forums, and, likewise, channel information, opportunities and resources from the regional and global levels to national organizations. Such work requires respect, capacity and resources.

According to civil society stakeholders at national and regional levels, key priorities for the future include how the Joint Programme can best support regional networks to: advocate on the specific needs of civil society organizations supporting key populations in lower middle-income countries that are no longer eligible for the Global Fund; develop innovative strategies for resource mobilization; and support local civil society organizations to remove entrenched structural barriers to services for key populations. A further priority is to build the organization-wide capacity of key population groups as opposed to that of individuals, to enable them to engage with and demonstrate their particular added value with other civil society organizations and to make use of the available opportunities, such as in country coordinating mechanisms, to have their own voice.

iii. Strengthening the role and organization of women living with HIV

The Joint Programme recognizes the specific and significant challenges of building an enabling environment for women living with HIV, who account for 40% of people living with HIV in the region.[32] Such community members often experience severe marginalization and human rights violationss, and the issues faced by women in general, such as gender-based violence, lack of economic power and constraints on sexual and reproductive health and rights, are all exacerbated by the stigma associated with being HIV positive. Human rights violations continue to be reported. Women living with HIV are denied access to life-saving services, for example, and treated with discrimination and violence, including within health-care settings.

The Joint Programme has played a pivotal role in the development of MENARosa, the only network specifically for and by women living with HIV in MENA. The organization was set up in 2010 by a small group of passionate women. Over the years, the Joint Programme's assistance has included connecting MENARosa with the Ford Foundation, which is now providing its third grant. It has also provided technical guidance for gathering evidence to inform national and regional advocacy. Examples include MENARosa contributing to: the People living with HIV Stigma Index in 10 countries; *Standing up, speaking out*, a UNAIDS report on women living with HIV in MENA that was developed from

Achieving change for women living with HIV

"The real gains of MENARosa cannot be measured in numbers. It is the expectant mother in Alexandria who now has the knowledge, and the means, to protect her newborn from infection, and the hope that she herself will live to see her child grow; it is the sex worker in Amman who has found the strength to persuade a client to use a condom; it is the housewife in Khartoum who today has the courage to declare her HIV status to her family and community, all thanks to MENARosa's outreach and support."

– *Stepping up, taking stock,* MENARosa, 2015

"HIV has been put on the back row in our region. No matter how much we, as women living with HIV, shout, it's not enough if we don't have UN bodies to put pressure on governments. Without their support, HIV will be under-budgeted, not be a priority and people, especially women, will be left behind."

– Rita Wahab, regional coordinator, MENARosa

[32] Unless stated otherwise, all information in section referenced from: interviews with stakeholders; and *Stepping up, taking stock: MENARosa for women living with HIV in the Middle East and North Africa,* MENARosa, 2015.

focus group discussions led by women living with HIV at the country level;[33] and *Change*, a film addressing stigma and discrimination, produced with the International Community of Women Living with HIV (ICW), RANAA, the Joint Programme and the Ford Foundation.[34] Such efforts have, among other benefits, enabled MENARosa to learn more about the specific needs of women living with HIV who are highly marginalized, such as sex workers or women who inject drugs.

UNAIDS Secretariat has collaboratedwith RANAA tosupport MENARosa to build its capacity as a network. This has been through a range of initiatives, from training workshops covering community mobilization, proposal writing and advocacy, to mentoring of regional leaders and national focal points. By 2014, MENARosa had strengthened its overall structure and operations, including expanding its core membership to 24 women in 12 countries and developing a clear vision, mission and values through its first strategic plan.

Within an increasingly challenging and competitive environment for action on HIV, the Joint Programme has supported MENARosa to engage in regional processes relevant to women living with HIV, including those related to the Arab AIDS Strategy, the Global Fund and the resetting of ambitious targets for antiretroviral therapy coverage and prevention of mother-to-child transmission through the Casablanca Call to Action.[35] The Joint Programme encouraged MENARosa to 'think outside the HIV box', and supported the network to engage in Beijing +20, the 20-year anniversary of the Beijing Platform for Action in the MENA region, as well as in dialogue on the post-2015 agenda, to integrate issues relevant to women living with HIV into wider policy forums on gender and development. For example, the MENARosa focal point for Algeria spoke in 2014 at the 58th Session of the United Nations Commission on the Status of Women (CSW).

In 2014, UNAIDS Secretariat and RANAA facilitated a small grants programme for MENARosa, enabling its focal points in 12 countries to implement small-scale projects based on the needs of local women living with HIV. Each proposal included a clear rationale, budget and expected outcome. Examples of activities included: the development of treatment literacy materials specifically for women and their use in outreach with local women living with HIV in Tunisia; providing information to pregnant women living with HIV and promoting adherence to treatment in Saudi Arabia; raising awareness among health-care workers of stigma and discrimination towards women living with HIV in Egypt, Jordan and Sudan; supporting HIV prevention among sex workers in Algeria; and sensitizing school students and teachers on HIV prevention and HIV-related stigma in Libya and Oman.

During 2014, the Joint Programme complemented its support for MENARosa's regional role by involving the network in national initiatives. For example, members were consulted during national gender assessments of the AIDS response in Egypt, Somalia and Tunisia.

MENARosa representatives welcome the support and personal commitment provided by UNAIDS Secretariat staff for a network they say reduces their personal isolation and enables collective advocacy on issues affecting their lives. Some stakeholders note challenges as the network seeks to mature. These include the risk of MENARosa being over-dependent on UNAIDS Secretariat and RANAA, highlighting the need for greater operational independence in 2015. At the same time, however, the network still needs support to strengthen its core capacity as an organization – in proposal writing, for example – and to engage in healthy competition with established civil society organizations. The next stage in MENARosa's development needs to ensure that it not only functions well and has strong visibility in national and regional forums, but also in this time of reduced financing achieves concrete gains for women living with HIV, such as targeted services, funding and

[33] *Standing up, speaking out: women and HIV in the Middle East and North Africa*. Cairo, UNAIDS, 2012.

[34] See: https://www.youtube.com/watch?v=cWltMf5lxII

[35] Calls on governments to achieve the targets set out in the Arab AIDS Strategy of 80% coverage of ART and elimination of mother-to-child transmission by 2020. Call for action on universal access to HIV testing and treatment in the MENA region, Casablanca, Morocco, 25 April 2014.

supportive policies.

A key task going forward is to ensure the work of MENARosa is systematically integrated into wider regional initiatives. An example is the RANAA-coordinated proposal to the Global Fund, which budgets for MENARosa to expand the number of focal points and geographic coverage at country level and to implement initiatives such as peer education and treatment literacy. UNAIDS Secretariat, RANAA and others could further support MENARosa to mobilize the women and gender movements in MENA to understand the relevance of HIV and make the policy connections, such as the agendas relating to gender-based violence or Beijing +20.

iv. Mobilizing and supporting the role of religious leaders in the AIDS response

Within the specific social and cultural environment of MENA, the Joint Programme, in line with its concept and practices, has included mobilization of and support to religious leaders to create a more enabling environment for HIV. This recognizes the critical role of such stakeholders in influencing the values, attitudes and practices of community members, policy-makers and key institutions in the region.

Past work in this area included action around the Cairo Declaration produced by the first Regional Colloquium on Religious Leaders and HIV/AIDS in the Arab Region in 2004. This focused on compassion for people living with and affected by HIV. The subsequent Tripoli Declaration, produced by the Regional Women Religious Leaders Forum in 2006, focused on the rights of women and children. Over a number of years, UNDP's HIV/AIDS Regional Programme in the Arab States (HARPAS) featured a series of initiatives to bring together and mobilize Muslim and Christian religious leaders to be agents for change in their communities.[36]

A key achievement of HARPAS was the development of CHAHAMA, a regional network of faith-based individuals and organizations concerned about HIV. CHAHAMA has been supported to carry out capacity-building trainings, facilitate regional workshops and interactions with people living with HIV and key populations, and develop technical resources, such as training kits, with references to the Qur'an and the Bible that can serve as advocacy and preaching tools in mosques or churches. HARPAS training has benefited thousands of religious leaders who, in turn, have reached local communities in multiple countries.

Maximizing the positive role of religious leaders

"CHAHAMA means 'able to give' in Arabic and we need the support of all leaders in Islam and Christianity in all countries in the region. Through our work, I have learned to look at people affected by HIV from a humanitarian perspective and to talk about love for everyone in our community. In the future, we need to go beyond HIV, to talk about other important issues, such as gender-based violence, poverty reduction and comprehensive development. We have only just begun to tackle the issues that matter."

– Sheikh Ahmed Turki, focal point in Egypt CHAHAMA

UNDP has supported CHAHAMA to focus on the wider, societal issues raised by HIV, such as stigma, discrimination and human rights. The network promotes a constructive role for the religious community, shifting the dialogue on HIV to focus on compassion.

In 2013–2014, UNAIDS Secretariat promoted consultation with CHAHAMA during the development of the Arab AIDS Strategy, which includes multiple references to the role of religious leaders within the AIDS response. In 2015 and beyond, CHAHAMA and its members will strive to ensure the strategy is widely disseminated and actioned, including through a regional forum for religious leaders.

[36] Unless stated otherwise, all information in section referenced from: interviews with stakeholders; inputs of the UNDP - health, HIV and development - HHD practice in the Arab States, UNDP; and Innovative south-south partnerships to achieve results in the AIDS response: religious leaders addressing HIV-related stigma in the Arab region, UNDP and UNAIDS.

They will be involved in the process to ratify the Arab Convention on the Prevention of HIV/AIDS and the Protection of Rights of People living with HIV (2012) at the national level. The network hopes to widen and sustain its action by broadening the remit of its work to include other critical issues within the post-2015 framework.

The Joint Programme has complemented its regional support to CHAHAMA with work to engage religious leaders in national-level responses to HIV. For example, in Morocco, the Joint Programme has collaborated with Rabita Mohammadia des Oulémas, a religious scholars' association, on policy and advocacy initiatives related to HIV, including the development of a national AIDS strategic plan, a concept note for the Global Fund and a national strategy on human rights and HIV, a first in the region.

In 2014, the Joint Programme facilitated the involvement of representatives from MENA in relevant international initiatives related to the role of religion and culture in the AIDS response. An example was a meeting hosted by the OPEC Fund for International Development in Vienna, Austria, on the theme overcoming HIV in conservative social settings. The call to action made at the end of the meeting outlined relevant steps for MENA. These included reforming legislation that is harmful to people living with HIV and key populations, and building partnerships that are based on "involvement and collaboration of religious leaders, national authorities, civil society organizations, media outlets, the private sector, and UN agencies in the AIDS response"[37]. UNDP facilitated the meeting and ensured that members of CHAHAMA were involved and sufficiently informed to follow up the call to action at regional level.

The work of UNDP and other partners has produced important lessons on the most effective ways to mobilize and win the support of religious leaders: involve the widest possible representation of leaders; start by working with trusted leaders who understand the issues; provide a safe, welcoming environment for all involved; and build on true religious and spiritual principles. It is crucial to invest in leaders, focusing on the human face of the issues, moving forward step-by-step rather than forcing rapid change.[38]

Within wider civil society, the role of CHAHAMA is appreciated, with recognition that religious leaders can play a role and have influence that other types of stakeholders may not, especially in the MENA context. To build an enabling environment and ensure no one is left behind, stakeholders have urged CHAHAMA be supported to take on more specific and sensitive issues relevant to the AIDS response, such as matters related to sex workers and men who have sex with men.

v. Building a human rights-based AIDS response

A cross-cutting theme of the Joint Programme's engagement with civil society and work towards an enabling environment in MENA has been the promotion of a human rights-based approach to HIV. This has been important within the context of a region characterized by concentrated epidemics, punitive legal environments and sociocultural norms.

The Joint Programme has used universal human rights, as mandated by the Universal Declaration of Human Rights and other international instruments, as an entry point for change in the AIDS response. In some contexts, this has enabled a shift in the dialogue, moving beyond some of the specific sensitivities associated with the pandemic and providing a means to hold governments to account for commitments made.

In 2014, the Joint Programme promoted a human rights-based approach through a range of strategies with and for civil society. These varied from high-level diplomacy by the Joint Programme leaders with heads of government to the documentation of human right violations experienced by key

[37] Vienna call to action for overcoming HIV in conservative social settings, April 2014.

[38] Inputs of the UNDP - health, HIV and development - HHD practice in the Arab States, UNDP.

populations within communities. A highlight of the year was the Joint Programme and civil society joint advocacy contribution to the Arab AIDS Strategy, citing human rights as both a guiding principle and a goal ("eliminate stigma and discrimination against people living with and affected by HIV by reviewing and updating laws and policies that ensure full realization of all human rights and fundamental freedoms")[39]. In addition, UNDP, UNAIDS Secretariat and the League of Arab States in collaboration with civil society organizations continued regional and national advocacy for ratification of the 2012 Arab Convention on the Prevention of HIV/AIDS and the Protection of Rights of People living with HIV.[40]

An example of work in this area was the Joint Programme collaboration with the International Development Law Organization (IDLO) and civil society on a programme focused on Egypt, Jordan, Lebanon, Morocco and Tunisia. In 2014, this built on previous legal assessments and brought together lawyers and community activists to document incidents and provides legal services for key populations experiencing unlawful arrests or other human rights violationss. The fourth Regional Consultation on HIV-Related Legal Services and Rights was held in Egypt, with the UNAIDS bringing in stakeholders from MENARosa and key population groups. At this meeting, actions to support the release of men who have sex with men who had been arrested in Egypt were mobilized.

The work with IDLO in the five countries facilitated by the Joint Programme focused on integrating legal support into programme packages for key populations to better overcome the everyday human rights violations experienced by community members and create a supportive environment for civil society organizations to function. The work has increasingly focused on reports of police actions, such as, harassment of people who inject drugs and carry syringes. In 2015, a regional conference with law enforcement agencies is planned by IDLO, UNAIDS Secretariat, UNODC and regional civil society organizations.

At the regional level, the Joint Programme facilitated partnership between IDLO and RANAA for a project on mapping nongovernmental organizations providing legal services to key populations and using them to support a regional observatory for human rights violations planned by RANAA.

The foundations for some of the work in 2014 were laid by a regional meeting on human rights-based approaches to HIV treatment that was hosted by the Joint Programme in Sudan the previous year. This meeting provided an opportunity for civil society organizations and other stakeholders to share successful human rights-based approaches, such as changing legislation and documenting and addressing human rights violations.

The regional work of the Joint Programme was complemented by engagement at the national level. In 2014, the Joint Programme in Morocco, which has human rights stated as a priority in the National AIDS Strategy, collaborated with Association Marocaine de Solidarité et de Développement (AMSED) and the International HIV/AIDS Alliance to conduct a national workshop on human rights, with a focus on key populations. Another example in Morocco was a national meeting with the police, involving civil society organizations working with key populations.

A key challenge is how the Joint Programme can support local civil society organizations to ensure that increasingly supportive regional-level commitments to human rights are translated into supportive national legislation for people living with HIV and key populations and, in turn, safer and healthier lives for communities. Some countries, such as Djibouti and Yemen, have specific laws to support people living with HIV, but enforcement and implementation needs to be increased. Other countries lack such critical legislation. A further challenge is that for some stakeholders rights language can be counterproductive, provoking hostility and risking making situations worse rather than better for key populations. In such circumstances, the Joint Programme and civil society face balancing pragmatic

[39] Arab Strategic Framework for the Response to HIV and AIDS (2014–2020), Social Affairs Sector – Directorate of Health and Humanitarian Aid Technical Secretariat of the Council of Arab Ministers of Health, League of Arab States, March 2014.

[40] Arab Convention on the Prevention of HIV/AIDS and the Protection of Rights of People Living with HIV with HIV/AIDS, Arab Parliament, 2012.

approaches with the risk of compromising fundamental principles.

CONCLUSION

As noted in the introduction, this case study does not aim to provide a comprehensive overview of UNAIDS engagement with civil society in the MENA region, listing the work of each Cosponsor or achievements according to the UNAIDS Strategy. Rather, it focuses on selected examples of approaches, results and challenges of particular relevance to the changing environment for AIDS responses. The case study identified a number of conclusions about how the Joint Programme can successfully engage with civil society to build a politically, financially and programmatically sustainable response to HIV in the MENA region.

Civil society organizations in many contexts in MENA continue to work in an environment that is not enabling action on HIV, such as where key populations face systematic harassment, denial of services and violations of their rights. Regional initiatives such as the Arab AIDS Strategy provide critical frameworks and important goals. However, they are not an end in themselves and the Joint Programme must continue to engage with civil society to ensure they are translated into real-life changes and benefits for community members.

a. The Joint Programme has a unique and strategic role to play in creating an enabling environment with and for civil society. It can make a vital contribution as a partner by providing civil society organizations with contacts, opportunities and resources to enable them to play their own role to the best of their capacity. However, it can make other contributions that are beyond the capability of civil society organizations; for example, through high-level advocacy to government decision-makers. In a complex environment such as MENA, both types of contribution are important and should continue.

b. Building an enabling environment for the AIDS response requires the Joint Programme to engage with civil society in all its diversity and at all levels. For example, in addition to working with HIV-specific organizations, the Joint Programme needs to engage other civil society stakeholders who are central to the lives of people living with HIV and key populations, such as religious leaders and media champions. Engagement by the Regional Support Team (RST) with regional stakeholders strengthens and is strengthened by UNAIDS country offices engaging with national stakeholders. The RST has an important role in advocating for the specific challenges and needs of MENA civil society within global forums, including the UNAIDS PCB.

c. Within a region such as MENA, where concentrated national epidemics can combine with strong cultural influences and punitive legal environments, regional civil society networks have a unique and critical role. The Joint Programme has a role in providing important support (political, financial, technical, etc.) to such networks. It needs to continue backing emerging and smaller networks, in addition to supporting increased synergy, coordination and complementarity among all regional civil society stakeholders.

d. The Joint Programme can play a catalytic role in the establishment of groups by and for key populations and women living with HIV, ensuring that community members have a direct voice in the policy-making and programming that affects their lives. Within such work, it is important to develop approaches to build the capacity of organizations rather than just individuals, and to plan for autonomy from the start, providing them with the necessary tools to become independent from the Joint Programme and regional networks of civil society organizations. Support is needed also to enable networks to integrate their issues and needs into wider development agendas, such as the broader women's movement in the case of networks for women living with HIV.

e. Securing a financially enabling environment is of increasingly urgent concern to civil society,

notwithstanding the importance of legal and social issues. The Joint Programme has an important role to support civil society organizations in MENA to adapt to the changing funding environment by developing plans for sustainability and to mobilize resources, and by repositioning themselves within the post-2015 agenda. The Joint Programme has a critical role also as a global advocate within international forums, such as the board of the Global Fund for example, by articulating the devastating impact of reduced funding on civil society in MENA in lower middle-income countries.

f. UNAIDS remains deeply committed to supporting civil society engagement as a Joint Programme, with work by individual organisations (in line with the Division of Labour) complemented by collaboration on specific themes. While significant progress has been made through UNAIDS support to civil society engagement, civil society stakeholders have also underscored the importance of all Cosponsors being fully engaged.

g. UNAIDS Secretariat and Cosponsors face their own budget constraints, and the subsequent need to prioritize work to do more with less. UNAIDS continues to invest significantly in leveraging and influencing evidence-informed allocation of resources for civil society, for example through the Global Fund, bilateral programmes and foundations.

WAYS FORWARD

Based on the conclusions, the following actions are suggested to further strengthen the impact and accountability of the Joint Programme's engagement with civil society in the MENA region.

a. Continues to champion the role of and engagement with civil society throughout its work within the changing AIDS response and the post-2015 agenda. This could involve: continuing to include and implement civil society engagement as a stated priority in the RST's workplan; allocating financial and human resources in regional Cosponsors and RST to ensure maximum relevance to the priority needs of civil society; and supporting and closely monitoring regional partnerships.

b. Discuss and advocate on a continuing basis civil society's priority needs for engagement post-2015 with the participation of UNAIDS RST, regional Cosponsors and regional civil society leaders. This should provide an opportunity to update Cosponsors on the critical issues for HIV (for example, human rights violationss and lack of sustainable funding) that affect the work of civil society, and clarify and strengthen the Division of Labour for engagement with civil society. It should specifically include devising strategies for the Joint Programme to promote sustainable financing solutions.

c. Monitor and strengthen strategy for engaging with regional key populations networks, including women living with HIV. This should more explicitly support: in their organizing and institutional strengthening; to build the capacity of their organizations rather than individuals; to have a direct voice in regional policy-making and global advocacy; and to more systematically adapt to the changing environment, for example, through strategies to mobilize sustainable funding and to integrate their issues into wider areas of the post-2015 agenda, such as gender.

d. Devise strategies with regional civil society leaders on ways to ensure the more systematic inclusion of priority issues and needs for MENA in the discussions and decisions of key global policy-making. Examples include the civil society delegations to the UNAIDS PCB and the Global Fund board, (ICASA 2015), as well as international bodies related to the post-2015 agenda. Where possible, civil society from MENA should have direct involvement. Where this is not possible, strategic partnerships should be identified to ensure entry points for the region's issues.

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