

Middle East and North Africa regional report

Unified Budget Results and Accountability
Framework (UBRAF) 2016-2021





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Achievements

Continued advocacy and technical support from UN agencies in the region resulted in a better understanding of the HIV epidemic and response. The improved availability of strategic information at regional and country level influenced the use of evidenced-based national strategic plans and grant applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). UNAIDS and WHO jointly supported the generation of up-to-date HIV/AIDS information within countries through HIV estimates, Global AIDS monitoring and regional surveillance data, along with producing regional surveillance reports and country profiles used for advocacy and planning. In Egypt, technical assistance was provided to the Ministry of Health and Population to develop a health information management system and to build staff capacity for better case reporting.

As a result of continued scale up of HIV testing and treatment services for children and pregnant women, the number of new HIV infections among children (0–4 years old) decreased in 2017 to less than 1500; almost two thirds of children in need of treatment received it in 2017. Advocacy and technical support provided by UNICEF, UNAIDS and WHO resulted in a substantial increase in service uptake and increased support from governments and partners in countries.

Partnerships and resources were mobilized jointly by UNICEF and UNAIDS in 2016 to implement the All In initiative in countries to develop national strategic frameworks based on adolescent and HIV situation assessments.

During the reporting period, the UNODC Regional HIV/AIDS Prevention, Treatment, Care, and Support in Prison Settings project provided almost 40 000 prisoners and prison staff with HIV services. UNODC ROMENA organized a regional training workshop on providing comprehensive HIV and other services in prison settings that was attended by 23 delegates from Egypt, Morocco and Tunisia.

UNFPA supported the Y-PEER Regional Centre for Youth Development, and prioritized its support to comprehensive and integrated sexual and reproductive health (SRH) strategies and services in eight countries in the region. As part of its support for the implementation of the Regional Arab AIDS Strategy, UNFPA and UNAIDS jointly organized a follow-up meeting to the Algeria Call for Action on advancing gender equality, the HIV response and universal access to treatment and prevention in the region.

UN Women Regional Office for the Arab States developed with UNFPA a road map for the roll out of the essential services package for women and girls subject to violence in the region and introduced it to 60 governmental stakeholders from six countries. The package includes guidelines on minimum services to be delivered to survivors of violence, including HIV and sexually transmitted infection (STI) post-exposure prophylaxis in cases of sexual assault. As a result, action plans for the roll out of the package were developed in alignment with other national policies and priorities, including HIV plans.

In the State of Palestine, UN Women supported the production of radio spots that improved the knowledge of women and youth on HIV and AIDS, SRH and gender-based violence (GBV).

90-90-90 and prevention of mother-to-child transmission

Following the Algiers Declaration to fast-track HIV testing, technology innovations and community testing, UNAIDS and Cosponsors mobilized political support and provided technical support to countries, resulting in an increase in community testing and the adoption of test and offer policies in countries. WHO conducted a regional review of access to diagnosis, care and treatment services for people who inject drugs, which was shared with nongovernmental and government stakeholders and used for advocacy. WHO also provided technical support to integrate HIV diagnosis and antiretroviral therapy (ART) for high-risk groups in harm reduction services in Iran. This integration effort will continue in 2018, resulting in better access to services.

WHO's promotion of the treat all approach has resulted in all countries of the region, except Egypt, adopting the policy and updating their national treatment guidelines. Support was provided to countries to overcome stock-outs of antiretroviral medicines (ARVs) and to update the national treatment protocol.

Implementation of the Global Plan to eliminate new HIV infections in children and keep their mothers alive continues to progress, based on the regional framework developed and supported by UNICEF, UNFPA, WHO and UNAIDS. Most countries in the region (except Iraq and Yemen) have adopted Option B+ (all pregnant women living with HIV offered life-long ART, regardless of their CD4 count).

The UN joint team in Somalia worked to ensure HIV clients were included in ongoing emergency programme responses, such as nutrition and food assistance for malnourished people living with HIV and food-insecure households, and registration of HIV clients into the online biometric system to ensure they receive support from WFP.

UNHCR supported access to appropriate education and information, and free condoms, as well as the continuation of HIV prevention, care and treatment services for populations affected by humanitarian emergencies in the region. UN agencies supported resource mobilization from the Global Fund Middle East Response to address the needs of Syrian refugees and refocus the response in Yemen based on the existing situation.

Political and financial commitment to ending AIDS

The Joint Programme supported the endorsement of a resolution to end AIDS by the Council of Arab Ministers of Health during UNAIDS Executive Director's Michel Sidibé's visit. It coordinated with Arab missions and developed a briefing note for national advocacy and

supported civil society organizations (CSOs) to develop a Middle East and North Africa region high-level meeting position paper and ensured key networks participated at the meeting. As a result, for the first time, the League of Arab States addressed the United Nations General Assembly on HIV and expressed a commitment to fast-track the response through increased investment and regional solidarity. A UNAIDS, WHO and United Nations Industrial Development Organization (UNIDO) joint technical mission supported the establishment of the Regional Centre for Research and Cooperation on HIV in Algeria, which was also endorsed by Arab heads of states.

WHO and UNAIDS supported strategic planning and resource mobilization from the Global Fund for Middle East Response grant. WHO also assessed vulnerability among Syrian refugees in Lebanon.

UNAIDS and the LAS mobilized regional media leaders to support implementation of the Arab AIDS Strategy and the Political Declaration; religious leaders were also mobilized, and they endorsed calls for action. The regional joint team provided support to the Intergovernmental Authority for Development (the eight-country trade bloc in Africa based in Djibouti City) to develop a subregional grant on HIV and TB focusing on refugee settings in its member states, including Djibouti, Somalia and Sudan. The grant of US\$ 10 million will provide essential support to fast-track the AIDS response, especially the prevention component, among this vulnerable group.

Gender inequality and the rights of people living with HIV and key populations

WHO, with support from UNAIDS, lead a campaign with the slogan Dignity above All that focused on reducing stigma in health-care settings. At least 14 countries developed national committees to adopt and produce their national policies, and some announced their policies on World AIDS Day 2016. WHO supported countries in improving the efficiency of HIV testing.

UNAIDS has supported advocacy and awareness on stigma and discrimination, and addressed vulnerability of women by working with regional GWA law enforcement agents and regional gender forums and with a women's leaders conference in the United Arab Emirates.

UNDP conducted an in-depth assessment of gender-based violence and violence against women and law in 20 Arab countries. It supported the establishment of the Middle East Network for Legal Aid (MENAL). With UNDP advocacy, the health and social welfare ministries in Sudan extended social health insurance for all people living with HIV in the country. This will provide support to more than 5000 people living with HIV on treatment and to their families. Together with UNDP and UNFPA, the UN Women Regional Office for Arab States continues to work on the national validation of the Gender Justice Studies, which include a mapping of discriminatory laws, namely those related to GBV and the rights of key populations at higher risk of HIV infection. The final report is expected in 2018.

UN Women provided capacity-building trainings that improved knowledge on women's rights and GBV among 2121 Syrian women refugees in camps and host communities. Public awareness campaigns reached 500 000 men and women. The capacity of 85 service providers on GBV prevention and response, including HIV prevention, was enhanced. UNHCR and its partners supported the provision of post-exposure prophylaxis to survivors of sexual assault. In Syria, 90 000 women and girls, boys and men were reached with more than 3000 sexual and GBV awareness prevention events/programmes, while 70 community-based committees were established, serving 175 000 beneficiaries. UNHCR monitors crude mortality rates (CMR) and ensuring 100% coverage in the contracted health facilities for survivors. Advocacy was undertaken to prevent the deportation of HIV-positive refugees in various countries in the region. Affected refugees were provided with access to treatment and medical and psychosocial social support until a durable solution is found.

The World Bank support for programmes on multisectoral determinants of health in education, transport, gender and HIV-sensitive social protection, led to institutional development and capacity building for the HIV response and increased access to health and social protection services for people living with HIV and those most at risk. UNAIDS has worked with partners to develop and launch the region's men who have sex with men toolkit for enhanced outreach and rights-based programming.

Challenges

The concentration of HIV infections among key populations at higher risk remains a major challenge for national programmes in the region. Some countries have gradually expanded the reach to those populations by empowering CSOs to deliver services. However, a rapid increase in prevention, testing and treatment coverage is difficult to achieve, since homosexuality, sex work and drug use continue to be stigmatized and criminalized. Complicated social and legal contexts, and a lack of political commitment to provide comprehensive HIV services to key populations, adds to the complexity. Limited access to HIV prevention, testing and treatment services in prison settings poses another key challenge.

Access to HIV diagnosis services remains the biggest bottleneck to accessing treatment for people living with HIV. Lack of resources and weak health systems pose further challenges to national AIDS programmes seeking to monitor treatment.

Political instability, combined with a reduction in the Unified Budget, Results and Accountability Framework (UBRAF) and other HIV funding, has severely impacted on regional and country capacities to sustain past efforts and provide services to key populations, such as refugees and internally displaced persons.

Addressing sexuality and reproductive health and rights, and the needs and rights of key populations, provide yet further challenges. Prevailing social norms and attitudes perpetuate gender inequalities and continue to put women at higher risk of HIV infection. HIV and AIDS are perceived as being of lower priority due to low prevalence and other emerging challenges. There are considerable gaps in the coverage of services to prevent mother-to-child transmission in the region. As a result, nearly one third of women living with HIV pass the virus to their children.

There is a critical need for reliable and robust data, disaggregated by age and sex, to strengthen the HIV response in the region.

Key future actions

Advocacy and technical support to integrate HIV services into broader health, community and humanitarian programmes are key to addressing the challenging environment and shrinking resources in the region. Supporting countries to better understand their epidemics and reviewing their national strategic plans and Global Fund applications, are priorities.

WHO's focus on improving access to the continuum of HIV diagnosis, care and treatment remains crucial. Establishing new integrated service delivery models and prevention, diagnosis and treatment approaches and techniques will be pursued. UN Women will continue to work on the links between HIV and AIDS and violence against women in the Arab states region, work with key partners to support the roll out of the essential services package for women subject to violence and induce policy and legal reforms.

UNODC will expand HIV prevention, treatment and care services to those living in closed settings and pursue outreach to introduce those same services to people who inject drugs. UNICEF in partnership with other agencies will adopt a new, differentiated approach to HIV programming and supporting efforts to prevent HIV in adolescents.

UNHCR will seek to strengthen protection efforts for displaced people living with HIV by advocating for an end to mandatory testing for HIV and strengthening services for key populations in humanitarian settings. UNDP will support ratification of the Arab Convention, capacity building of specialized civil society networks and developing legal environment assessments in Somalia and Tunisia.

The World Bank will prioritize health systems strengthening, universal health coverage and multisector reach, including in infrastructure, transport, education, social protection and social inclusion sectors. UNFPA will continue to provide support to the Y-PEER Regional Centre, reinforcing the capacity, engagement and contribution of young people to HIV prevention, with a focus on those most at-risk and vulnerable.

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