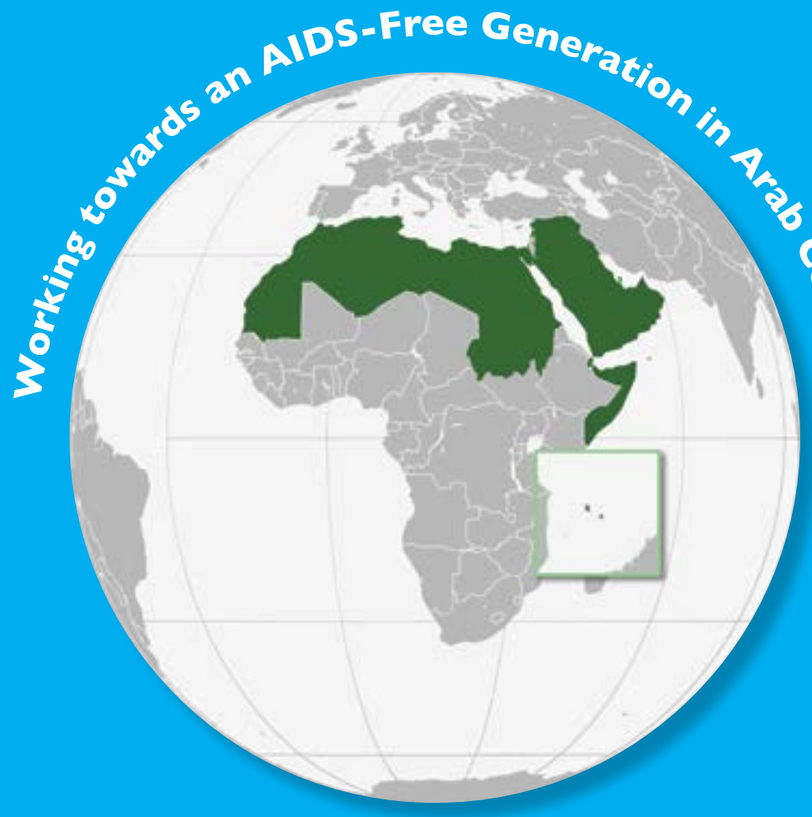
Social Affairs Sector - Directorate of Health and Humanitarian Aid
Technical Secretariat of the Council of Arab Ministers of Health
League of Arab States



March 2014

Arab Strategic Framework for the Response to HIV and AIDS (2014-2020)

Social Affairs Sector - Directorate of Health and Humanitarian Aids

Technical Secretariat of the Council of Arab Ministers of Health

League of Arab States

Arab Strategic Framework for the Response to HIV and AIDS (2014–2020)

Working towards an AIDS-Free Generation in Arab Countries

March 2014

©UNAIDS/P.Virot

Table of Contents

The draft framework of the Arab AIDS strategy (2014–2020) was developed through a consultative process with Member States of the League of Arab States, Joint United Nations Programme on HIV and AIDS (UNAIDS) cosponsors and Secretariat, and civil society organizations, based on:

- the decision of the Executive Office of the Council of Arab Ministers of Health (no. 2) issued in October 2011 in Cairo, Egypt regarding the international and regional developments on human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), which endorsed the initiative of Saudi Arabia and adopted the Riyadh Charter on combating HIV in the Gulf Cooperation Council issued in April 2011 as a pan-Arab document;

- the decision of the Council of Arab Ministers of Health (no. 2) issued during its 37th ordinary session in Amman, Jordan in March 2012 on uniting Arab countries against AIDS, which adopted the recommendations of the Saudi Forum that took place in Riyadh, Saudi Arabia in November 2011 and agreed to constitute a technical committee under the leadership of Saudi Arabia that would follow up on the recommendations of the Saudi Forum and develop an Arab AIDS strategy in coordination with the Technical Secretariat and UNAIDS;

- the recommendations of the Saudi Forum, which called for Arab countries to review their national strategic plans, with particular focus on protecting human rights, including the rights of people living with HIV and more vulnerable populations, and scaling up of HIV prevention, treatment, care and support services;

- the results and recommendations of the first meeting of the technical committee that took place in Riyadh in November 2012 to discuss and agree on the outline and components of the Arab AIDS strategy and that was effectively a technical forum to develop the strategy according to the regional context and global and international strategies;

- the results and findings of the second meeting of the technical committee organized in collaboration with UNAIDS under the leadership of Saudi Arabia and with the participation of national AIDS programme managers and other partners to technically validate the strategy and finalize the vision, message, guiding principles, strategic goals and key priorities, and to build consensus on the final document of the Arab AIDS strategy and ensure the full participation of various partners in the finalization process.

The partnership aims to scale up the HIV response at the regional and national levels through the Arab AIDS Initiative, which emphasizes the political commitment to combat AIDS, including the goals, principles and priorities aligned to the United Nations (UN) General Assembly Political Declaration on HIV/AIDS.

The Arab AIDS strategy aims to support Arab states to achieve the goals and targets of the 2011 UN High-Level Meeting on AIDS, to identify suitable interventions taking into consideration the challenges associated with HIV, to support the leadership roles of governments and concerned communities to enable them to achieve the goals and targets of the strategy, and to ensure universal access to HIV prevention, treatment, care and support. The strategy also emphasizes providing support to groups at higher risk of HIV vulnerability and addressing risky behaviours and factors that heighten exposure to HIV.

I- Introduction

The Arab region comprises 22 countries with a population of 367 million people, accounting for about 5% of the world population. According to the medium variant projection, the Arab region will have 598 million inhabitants by 2050, an increase of two-thirds since 2010.[1] In addition, Arab countries are receiving more than 10% of the world's migrants, and the United Nations (UN) Economic and Social Commission for Western Asia estimates that there are more than 25 million migrants in the region. The Gulf region hosts the largest proportion of guest workers to indigenous populations in the world.

Although Arab countries have made significant progress on several development fronts over the past 40 years, such as improving life expectancy and school enrolment, the region could have been more effective in transforming its considerable wealth and potential into commensurate development gains. The region faces various sociopolitical, economic and environmental challenges. Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are considered among these development challenges.[2] Estimates indicate that the number of new infections and AIDS-related deaths has increased markedly in the past decade, and recent studies suggest that concentrated epidemics are emerging among key populations at higher risk in many countries.[3] Throughout the region, limited strategic information on the HIV situation, high levels of stigma and discrimination against people living with HIV, and limited financial and technical resources are key factors hindering an effective HIV response. Political upheaval and changing social and economic dynamics in many countries have increased the need for tailored and coordinated strategies to address growing epidemics. In this context, it is essential that surveillance is increased to generate more strategic information and to ensure prevention activities are strengthened and countries develop strong, multisectoral and human rights-based responses to the HIV epidemic.

In recent years, some Arab countries have demonstrated increased political will to intensify efforts in the AIDS response. Arab countries have endorsed a number of important global and regional commitments, declarations and decisions aimed at expanding HIV prevention, treatment, care and support and advancing human rights in the HIV response. These documents served as key reference points for guiding the development of the Arab AIDS strategy, which is directly aligned with the specific targets, priorities and objectives articulated in each. These documents include the following:

1-Mirki B. Population levels, trends and policies in the Arab region: challenges and opportunities. New York: United Nations Development Programme; 2010.
2-Arab world competitiveness report. Geneva: World Economic Forum and European Bank for Reconstruction and Development; 2011–2013.

- June 2010: Dubai consensus statement on scaling up towards universal access in the Middle East and North Africa;
- June 2010: Joint United Nations Programme on HIV and AIDS (UNAIDS) strategy (2011–2015);
- September 2010: Djibouti declaration of commitment and call for action to address HIV among vulnerable and mobile populations;
- October 2010: regional strategy for health sector response to HIV (2011–2015);
- December 2010: UN Office on Drugs and Crime and League of Arab States' regional programme for controlling AIDS and crime (2011–2015);
- April 2011: Riyadh Charter on scaling national AIDS responses in Gulf Cooperation Council countries;
- June 2011: UN General Assembly Political Declaration on HIV and AIDS (2011–2015);
- June 2011: statement of commitment on the implementation of International Labour Organization recommendation R200 from Mashreq countries (Iraq, Jordan, Lebanon and Syrian Arab Republic);
- October 2011: decision point no. 2 of the Executive Office of the Council of Arab Ministers of Health on the regional and global developments on AIDS;
- November 2011: recommendations of the Doha symposium on AIDS, the family and the Millennium Development Goals;
- November 2011: recommendations of the Saudi Forum on uniting Arab countries against AIDS;
- March 2012: Arab Convention on HIV Prevention and Protection of People Living with HIV;
- March 2012: decision point no. 2 of the Council of Arab Ministers of Health in its 37th ordinary session on the development of the Arab AIDS strategy;
- June 2012: UN Security Council Resolution 1983 on addressing HIV in conflict and post-conflict settings;
- October 2012: regional framework on elimination of mother-to-child transmission;
- October 2013: regional initiative on accelerating HIV treatment in the World Health Organization (WHO) Eastern Mediterranean and UNAIDS Middle East and North Africa regions;
- November 2013: regional forum on HIV prevention among young people in Arab countries.

3-Middle East and North Africa regional report on AIDS, Joint United Nations Programme on HIV/AIDS; 2013.

Globally, 35.3 million (range 32.2 million–38.8 million) people were living with HIV at the end of 2012. Sub-Saharan Africa remains the most severely affected region, with nearly 1 in every 20 adults (4.7%) living with HIV and accounting for 71% of the people living with HIV worldwide. Although the regional prevalence of HIV infection is nearly 25 times higher in Sub-Saharan Africa than in Asia, almost 5 million people are living with HIV in South Asia, South-East Asia and East Asia combined. After Sub-Saharan Africa, the regions most heavily affected are the Caribbean and Eastern Europe and Central Asia, where 1.0% and 0.7% of adults were living with HIV in 2012, respectively.[4]

Worldwide, the number of people newly infected with HIV continues to fall: the number of adults and children who acquired HIV in 2012 (2.3 million [range 1.9 million–2.7 million]) was more than 20% lower than in 2001. Variation is apparent, however: the sharpest declines in the numbers of people acquiring HIV since 2001 have occurred in the Caribbean (52%) and sub-Saharan Africa (38%); in some other parts of the world, since 2001 the number of people newly infected in the Middle East and North Africa has increased by more than 62%, from 21 000 (range 16 000–30 000) to 34 000 (range 24 000–46 000[4]).

Although the overall HIV prevalence in the Arab region is comparatively low, the rise in new infections makes the Arab region home to one of the fastest-growing HIV epidemics in the world. HIV prevalence, new HIV infections and AIDS-related deaths are increasing in this region. Between 2001 and 2012, the estimated number of people living with HIV in the League of Arab States Member Countries increased from 140 000 (range 95 000–230 000) to 210 000 (range 160 000–310 000). Since 2001, the number of people newly infected with HIV in Arab countries has increased by more than 44%, from 18 000 (range 14 000–26 000) to 26 000 (range 17 000–39 000). Between 2001 and 2012, there was a significant increase (69%) in AIDS-related deaths in the region, from 8300 (range 4600–15 000) to 14 000 (range 9600–21 000).[5]

HIV epidemics in Arab countries can be characterized as either low-level and concentrated, or generalized. The majority of Arab countries demonstrate low-level and concentrated HIV epidemics. Among countries for which there are data, HIV prevalence levels are extremely low, estimated at 0.2% of the population or lower. Two Arab countries demonstrate generalized HIV epidemics, with HIV

4-Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: Joint United Nations Programme on HIV/UNAIDS; 2013.
5-Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: Joint United Nations Programme on HIV/UNAIDS; 2013.

prevalence exceeding 1% among pregnant women: Djibouti and some areas of Somalia, where HIV prevalence is estimated at 1.2% and 0.5%, respectively.[6]

In the region, HIV is spread mainly among men who engage in higher-risk sexual behaviours and women who engage in transactional and commercial sex, and through the use of contaminated injection equipment by people who inject drugs. Further spread of the epidemic involves onward transmission of the virus from these key populations to their regular sexual partners.

Increasing prevalence of HIV among key populations reflects data showing an increase in behaviours that put these populations at higher risk of exposure, including unsafe injection practices and unprotected sex. HIV dynamics in the region are heterogeneous: in some countries the epidemic is concentrated primarily among people who inject drugs, but in other countries HIV primarily affects men and women who engage in higher-risk sexual behaviours. The diversity of the epidemic is further amplified by differing attitudes, policies, political commitments, and availability of and access to HIV services.[7]

In addition to key populations at higher risk, vulnerable populations are also important to consider in the context of HIV epidemics in Arab countries. These include mobile people such as truck drivers, displaced people and refugees, prisoners, women and young people. Often these populations face economic, social and other forms of vulnerability to HIV, including stigma and discrimination, social marginalization, gender inequality and lack of legal status. The majority of Arab countries report high HIV vulnerability for at least one of these populations.

6-Abu-Raddad LJ, Akala FA, Semini I, Riedner G, Wilson D, Tawil O. Characterizing the HIV/AIDS epidemic in the Middle East and North Africa
7-Middle East and North Africa regional report on AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2013.

III- Responses to HIV in Arab Countries

Progress is being made in some countries, and strong commitments have been made by governments and key stakeholders to scale up the HIV response. Most Arab countries have developed national strategies, supported free treatment programmes for people living with HIV, and included concerned sectors in the response. In addition, some countries have seen an increase in HIV research and studies and a remarkable improvement in information systems and disease surveillance. Nonetheless, the current response to HIV in Arab countries is characterized by:

- low coverage of prevention, treatment, care and support programmes for key populations at higher risk and other vulnerable populations;
- widespread stigma and discrimination that undermine access to and use of these services and enjoyment of human rights;
- limited capacity of the multisectoral response to address these challenges;
- lack of strategic information and evidence for designing tailored and effective interventions.

Nearly all countries in the region report limited HIV prevention programming, particularly in relation to key populations at higher risk. Often this challenge is related to lack of information about people who inject drugs and men and women who engage in higher-risk sexual behaviours, difficulties in accessing these populations in high-stigma contexts, and weak capacity of local systems to target and deliver services to these populations. The limited scope of prevention efforts targeting key populations is evidenced by lack of knowledge of HIV risk factors and unsafe sexual behaviour among these groups. There is growing awareness among governments and civil society organizations, however, of the importance of reaching these populations and increased willingness to engage with these populations through intensified HIV prevention efforts. Arab countries are gradually recognizing the importance of addressing the needs of other populations vulnerable to HIV, including mobile people, prisoners, women and young people, but interventions for these populations remain limited in scope.

Although all countries in the region offer some services for the prevention of vertical HIV transmission, the services remain fragmented and limited in many settings. In 2012, an estimated 14% (range 10–20%) of pregnant women living with HIV in low- and middle-income Arab countries had access to such services.[8] The Middle East and North Africa is the only region in the world that has yet to see a reduction in the number of children newly infected with HIV.

8-Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: Joint United Nations Programme on HIV/AIDS; 2013.

Coverage of HIV treatment remains low across the Middle East and North Africa and among the Arab countries, at around 23% (range 18–34%). Between 2008 and 2011, however, the number of people accessing HIV treatment in the region nearly doubled, from 9700 to more than 18 000.[9] Antiretroviral therapy coverage in Arab countries remains so low because of interconnected series of causes, including that so few people living with HIV are identified within the health system. The wide disparity between the number of known people living with HIV and the estimated number of people living with HIV in the region underscores the importance that must be placed on scaling up targeted HIV testing and counselling services to incorporate stigmatized and hidden populations in the health-care system.[10] Although the rate of HIV testing has increased steadily since 2006, many of the people who are tested are not among those at highest risk of HIV, and the overall percentage of people tested remains much lower than the global percentage. Finally, although some countries are making impressive gains, in many Arab countries antiretroviral therapy coverage and efficacy are undermined by poor treatment retention, lack of treatment follow-up, and tenuous connections between treatment, care and support.

Stigma and discrimination seriously undermine the quality of life of people living with and affected by HIV and represent the primary barriers to access and adherence to essential HIV services for people living with HIV and key populations at higher risk. Some 70% of Arab countries cite stigma and discrimination and difficult social environments experienced by people living with HIV as key challenges in the national HIV response. In their national strategic plans, a number of Arab countries report that gender inequality in accessing HIV services is a major challenge for national responses to HIV. Although there has been progress, at least 10 of the 22 countries in the region still report having laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable or marginalized populations. At least 14 countries in the region deport or ban entry of people living with HIV. Punitive laws affect progress by limiting the ability of governments and civil society to provide services; limiting the ability of key populations to access available HIV services; and limiting the amount of data available for evidence-informed decision-making. The Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV, endorsed by the Arab Parliament in March 2012, represents an important breakthrough in addressing stigma and discrimination. The convention provides countries with a

9-Regional fact sheet 2012: Middle East and North Africa. Geneva: Joint United Nations Programme on HIV/AIDS; 2012.
10-2013 regional report for the Middle East and North Africa. Cairo: Joint United Nations Programme on HIV/AIDS Regional Support Team for the Middle East and North Africa; 2013.

legal framework to review their national policies and laws to address HIV-related stigma and discrimination in a systematic and comprehensive manner.

Health systems, civil society organizations and organizations of people living with HIV are characterized by limited capacity, especially in terms of the ability to reach and provide services to key populations at higher risk. A major issue in the Arab region is that civil society lacks the tools and capacity required to work effectively with key populations at higher risk and, as a result, the overall impact of civil society's engagement with these populations is limited. The opportunities and momentum created by regional networks of civil society organizations such as the Regional Arab Network against AIDS (RANAA), the Middle East and North Africa Harm Reduction Association (MENAHRA), and networks of women living with HIV such as MENARosa have provided new avenues to enhance the role of civil society organizations in the region's response.

In terms of partnership and coordination, a number of Arab countries indicate that although political commitment around HIV has increased in recent years, the multisectoral response to HIV must continue to be improved and key challenges must be met, including limited partnership, coordination and harmonization of response efforts.

Resources allocated to the HIV response have grown rapidly, but many Arab countries still face a shortage of financial resources for the AIDS response, are primarily dependent on a single donor such as the Global Fund to Fight AIDS, Tuberculosis And Malaria, and are facing decreasing funds as a result of the global economic crisis. Lack of costed national strategic plans in some countries, and limited financial resources allocated to capacity development and prevention programming, are also cited as key challenges in some countries.

Capacity for surveillance, research, and monitoring and evaluation of national responses is extremely limited in many Arab countries. Many countries acknowledge significant deficiencies in national monitoring and evaluation systems and the urgent need for improvements, especially with regard to increasing the capacity of professionals conducting monitoring and evaluation and improving data-collection tools and data management systems. In general, limited capacity of monitoring and evaluation systems means reduced ability of countries to

evaluate current approaches and adapt programmes to emerging trends. The lack of strategic information is a primary challenge cited by nearly every government in the region. In many countries, lack of data on key populations at higher risk and vulnerable populations makes it difficult to develop strategies to reach these populations.

IV- Methodology and Stages of Strategy Development

In March 2012, the Council of Arab Ministers of Health decided to constitute a technical committee of Member States of the League of Arab States, under the leadership of Saudi Arabia and in coordination with UNAIDS and UN partners, to develop the Arab AIDS strategy aimed at achieving the 2011 UN General Assembly Political Declaration targets on HIV/AIDS. Based on existing evidence, the new strategy will guide the development of a coordinated and consensus-driven regional response to HIV that provides for comprehensive delivery of services and effective monitoring and evaluation of activities. The process of developing the strategy has provided countries with an opportunity to jointly review progress and identify achievements, constraints and gaps to address in future programming.

The League of Arab States, Saudi Arabia and UNAIDS have exerted exceptional efforts to ensure a participatory process of strategy development that is informed by evidence, guided by human rights, and led and owned by Member States. The process of developing this strategy has involved the following steps:

- **Situation and response analyses:** UNAIDS provided technical support to the League of Arab States to conduct HIV situation and response analyses in Arab countries as an essential step for the development of the strategy. The analyses are based on a comprehensive review of declarations, commitments and decisions endorsed by Arab countries between 2010 and 2013, national strategic HIV and AIDS plans from Arab countries, and global AIDS progress reports on HIV and AIDS by Arab countries.

- **Priority setting:** the findings of the situation and response analyses were presented to government and civil society representatives of Arab countries in the technical meeting on the strategy development convened in Riyadh in November 2012, under the patronage of the Minister of Health of Saudi Arabia. During the meeting the participants discussed and agreed on the outline of the strategy, including goals, guiding principles and priorities to achieve strategic goals.

- **Drafting the strategy:** UNAIDS provided technical support to the League of Arab States in drafting the Arab AIDS strategy based on agreements reached during the first and second technical meetings on the strategy development.

- **Consensus building and validation:** the consensus building around the strategy document involved sharing drafts and soliciting inputs from Member States, UN partners, civil society organizations and regional groups of people living with HIV. The input and feedback from the different stakeholders and constituencies were incorporated in the strategy before final validation by a technical committee in a meeting hosted by the League of Arab States in Cairo, Egypt in June 2013.

- **Regional youth forum on HIV prevention among young people in Arab countries:** the recommendations of this forum and the discussions with various partners provided an opportunity to review the strategy with a focus on the issues of young people as a key population segment in the HIV response.

- **Final endorsement:** the strategy was endorsed by the Council of Arab Ministers of Health in its 41st ordinary session, which took place in Cairo on 13 March 2014.

V- Guiding principles of the Arab AIDS Strategy

- **Appropriate and culturally sensitive:** leverage the constructive roles of culture and religion in shaping the HIV 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 inter-country collaboration and cooperation for improved financing and leadership of the HIV response.

VI- Vision and Strategic Goals

In the 2011 UN General Assembly Political Declaration on HIV/AIDS, Arab countries pledged to take specific steps to achieve ambitious targets and commitments by 2015. Arab countries have agreed on the 10 targets of the political declaration to guide their collective actions through the Arab AIDS strategy.

a- Vision:

To achieve an AIDS-free generation in the Arab world with zero new infections, zero AIDS-related deaths and zero discrimination.

b- Strategic Goals:

1. Reduce the HIV incidence rate through sexual transmission by more than 50% by 2020.
2. Reduce the HIV incidence rate among people who inject drugs by more than 50% by 2020.
3. Eliminate new infections among children and substantially reduce AIDS-related maternal deaths.
4. Accelerate efforts towards universal access to antiretroviral therapy according to the new WHO guidelines and work towards achieving more than 80% treatment coverage among eligible people by 2020.
5. Reduce the mortality rate among people living with HIV from tuberculosis (TB) by more than 50% by 2020.
6. Mobilize resources and increase reliance on domestic resources in the AIDS response by more than 80% by 2020 in all Arab countries.
7. Eliminate gender inequalities in accessing HIV services and gender-based violence, and increase the capacity of women and girls to protect themselves from HIV.
8. 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.
9. Ensure universal access to HIV prevention, treatment, care and support services for mobile populations, including displaced people, refugees and migrant workers.
10. Strengthen integration of the AIDS response in health and development efforts and social protection systems.

Goal 1: Reduce the HIV incidence rate through sexual transmission by more than 50% by 2020

Reducing new HIV infections by 50% will require substantial reductions each year in sexual HIV transmission, which accounts for the overwhelming majority of people who are newly infected in the Arab region. Although many Arab countries have developed and implemented prevention programmes targeting key and vulnerable populations, the current pace of progress is insufficient to reach the target of halving sexual transmission. The number of new HIV infections continues to rise in the region, underscoring the urgent need to scale up the current response. This will require effective combination prevention: using behavioural, biomedical and structural strategies in combination, focusing on specific populations in concentrated epidemics, and targeting the whole population in generalized epidemics. Critical elements of combination prevention of sexual transmission of HIV include behaviour change, condom provision and focused programmes for men and women who engage in higher-risk sexual behaviour, and improved access to HIV testing and counselling and antiretroviral therapy. [11]

The key priorities include:

- developing and implementing prevention programmes targeting women, young people, migrants, mobile populations, and men and women who engage in higher-risk sexual behaviours that are supported by evidence and coordinated by various partners;
- strengthening the multisectoral response in areas of prevention with the involvement of civil society, community and religious leaders, and key sectors such as youth, media, labour, education, religious and endowment and justice;
- ensuring high-level advocacy and mobilizing political and financial support to enhance prevention and treatment programmes;
- developing the capacity of young people and youth organizations for effective involvement and access to youth-friendly services;
- improving the exchange of experience, knowledge and lessons learned among Arab countries to facilitate better planning of programmes that engage with key and vulnerable populations;
- strengthening strategic information systems and promoting HIV research and studies.

11-Global report: UNAIDS report on the global AIDS epidemic 2012. Geneva: Joint United Nations Programme on HIV/AIDS; 2012.

Goal 2: Reduce the HIV incidence rate among people who inject drugs by more than 50% by 2020

Drug-related HIV transmission is driving the epidemic, and people who inject drugs are one of the population groups most severely affected by HIV infection in many Arab countries. Throughout the region, there is a convergence of higher-risk behaviours among people who inject drugs, where unsafe injecting practices are accompanied by unsafe sexual behaviours and overall risk of exposure increases. Available evidence indicates that Arab countries are far from being on track in achieving the global target for people who inject drugs. Significantly stronger commitment is urgently needed to bring evidence-informed responses to scale programmes targeting people who inject drugs. Arab countries with documented epidemics among people who inject drugs and that do not currently address the needs of these people in their national AIDS strategies should take immediate steps to rectify this.[12] Governments must urgently commit major new resources to comprehensive, evidence-informed prevention programmes for people who inject drugs and intensify efforts to increase the scale of HIV testing and harm-reduction programmes.

The key priorities include:

- providing an integrated package of services to people who inject drugs, including harm-reduction programmes and programmes at prison settings;
- developing the capacity of civil society, service providers, concerned security authorities and the judiciary and involving them in the provision of support and services targeting people who inject drugs;
- reviewing laws and regulations in relation to drug use and HIV to promote comprehensive and evidenced-based programming focusing on the health aspect rather than the punitive dimension in service provision;
- undertaking scientific research to estimate the scale and mode of transmission, surveillance and information systems.

12-Global report: UNAIDS report on the global AIDS epidemic 2012. Geneva: Joint United Nations Programme on HIV/AIDS; 2012.

Goal 3: Eliminate new infections among children and substantially reduce AIDS-related maternal deaths

The Arab countries have embarked on an historic initiative towards the elimination of mother-to-child transmission of HIV. This initiative was launched in October 2012 on the margins of the 59th session of the WHO Regional Committee for the Eastern Mediterranean. The initiative is part of a larger global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. It provides the region with a common systematic approach to guide countries in developing elimination plans consistent with their HIV epidemic profile and local realities. The bold targets of the initiative are intended to catalyse the implementation at the country level of high-quality interventions to prevent mother-to-child transmission on a scale required to guarantee impact. The framework of the initiative is based on the four-pronged approach to preventing mother-to-child transmission, comprising primary prevention of HIV among women of childbearing age; preventing unintended pregnancies among women living with HIV; preventing HIV transmission from women living with HIV to their infants; and providing appropriate treatment, care and support to women living with HIV and their children.

The key priorities include:[13]

- ensuring enhanced political commitment to elimination of mother-to-child transmission of HIV;
- improving coverage and quality of prevention of mother-to-child transmission services;
- ensuring access to comprehensive services for women of childbearing age and especially vulnerable women;
- promoting integration and linkages of prevention of mother-to-child transmission services with relevant health programmes.

13-Towards the elimination of mother-to-child transmission of HIV: conceptual framework for the Middle East and North Africa Region. Cairo: World Health Organization Regional Office for the Eastern Mediterranean; 2012.

Goal 4: Accelerate efforts towards universal access to antiretroviral therapy according to the new WHO guidelines and work towards achieving more than 80% treatment coverage among eligible people by 2020

With the aim of achieving universal access to HIV prevention, care, treatment and support, it is the health sector's responsibility to ensure the availability, quality, accessibility, affordability, acceptability and use of health services through the involvement and regulation of public and private providers.[14] With the low coverage of antiretroviral therapy in the region, urgent and intensified efforts to improve the efficiency and effectiveness of treatment programmes are needed to end the treatment crisis and close the gaps in the treatment continuum. People living with HIV need to be diagnosed earlier in the course of infection through testing services that are simple and easy to access. People who test positive must be linked to care that they can easily access. Antiretroviral therapy must be initiated in a timely manner, and people must receive support to adhere to prescribed regimens. Drug-supply systems must be more reliable, programmes must better leverage opportunities to link treatment to other health system-strengthening efforts, and communities need to be better engaged in supporting treatment initiatives. Further reduction in the cost of antiretroviral therapy is essential, particularly to intensify efforts to improve treatment coverage among children, especially poor children, and to reach more men and women earlier in high-prevalence settings. Health systems need to be more responsive to the needs of vulnerable populations. Health reporting systems need to be strengthened to monitor treatment retention by age and gender. Finally, greater efforts are needed to speed the next phase of HIV treatment by accelerating implementation research and heeding the lessons learned in different parts of the world.[15]

In October 2013, WHO and UNAIDS launched a regional initiative on accelerating HIV treatment in the WHO Eastern Mediterranean and UNAIDS Middle East and North Africa regions. This promising initiative aims to achieve universal coverage of HIV treatment by 2020 by mobilizing urgent remedial actions to accelerate treatment scale-up in order to end the treatment crisis in the region.

Guided by the regional initiative on "Accelerating HIV treatment in the WHO Eastern Mediterranean and UNAIDS Middle East and North Africa regions", the key priorities include:

14-Regional strategy for the health sector response to HIV 2011–2015. Cairo: World Health Organization Regional Office for the Eastern Mediterranean; 2010.
15-Global report: UNAIDS report on the global AIDS epidemic 2012. Geneva: Joint United Nations Programme on HIV/AIDS; 2012.

1. commit to urgent action:

- setting ambitious annual targets for HIV testing and treatment at the national and local levels, monitoring progress closely, and taking urgent remedial action if targets are not met;

2. creating demand for testing and treatment:

- implementing bold action plans to overcome stigma and discrimination in health services;
- adopting and implementing rapid testing technologies that permit same-day test results;
- providing HIV testing services in community settings in order to reach key populations at higher risk of HIV exposure;
- normalizing HIV testing in health-care settings by routinely offering it as a component of regular health care in appropriate services, including antenatal care, TB, sexually transmitted infections, and drug prevention and treatment;
- adopting client-friendly, standardized, free-of-charge HIV treatment and care services to facilitate prompt linkage to care following HIV diagnosis, earlier initiation of antiretroviral therapy, treatment adherence and retention in care;

3. mobilizing sustained investments:

- increasing the share of domestic investment for HIV through sustainable and predictable financing mechanisms at the country level;
- reducing the costs associated with antiretroviral medicines, including expanded use of generic medicines, exploration of bulk purchasing, and investments to build regional pharmaceutical manufacturing capacity;
- tracking and developing opportunities to increase the efficiency and effectiveness of testing, treatment and care activities, starting with an increased focus of resources on key populations specific for each country and locality;
- building community capacity to help design and support testing and treatment scale-up and to improve long-term treatment outcomes;
- developing health system capacity to deliver chronic care inclusive of HIV;

4. delivering results in an equitable manner:

- simplifying treatment protocols and moving towards fixed-dose combinations with one-pill-per-day regimens;
- offering antiretroviral therapy, irrespective of the person's immunological status, to the following groups of people living with HIV: people in discordant couples, pregnant and breastfeeding women, children aged 5 years and under, people with active TB, and people with hepatitis B with severe chronic liver disease;
- avoiding service interruptions as a result of stock-outs of medicines and laboratory supplies;
- strengthening and expanding laboratory services for monitoring of the response to treatment, including CD4 and viral load monitoring;
- decentralizing routine patient care and HIV treatment monitoring to selected primary care and community-based settings based on needs assessment, with consideration to the involvement of both public and private providers;
- integrating HIV treatment and care in other health services, such as mother, neonatal and child health services, TB clinics, and drug use harm-reduction services.

Goal 5: Reduce the mortality rate among people living with HIV from TB by more than 50% by 2020

Testing everyone living with TB for HIV provides an essential entry point to care for undiagnosed HIV. Similarly, scaling up the so-called three I's for HIV and TB (intensified TB case-finding; isoniazid preventive therapy and infection control for TB; and initiating antiretroviral therapy early) is crucial for HIV programmes in preventing and reducing the burden of TB among people living with HIV. Everyone enrolled in HIV care should be screened for TB; people living with HIV without active TB should receive isoniazid preventive therapy; and antiretroviral therapy should be provided to everyone living with HIV and TB, regardless of their CD4 count. All HIV care facilities should ensure that adequate TB infection control measures are in place to limit the transmission of TB and ensure a safer environment for service users and health-care staff. Further efforts are needed to strengthen case reporting and tracking progress of the collaborative HIV and TB activities by HIV stakeholders through harmonized indicators and globally recommended patient monitoring systems.[16]

The key priorities include:

- updating the guidelines on TB/HIV confection, including prophylaxis, testing and early initiation of antiretroviral therapy, patient monitoring and case findings;
- promoting collaboration between TB and HIV programmes;
- enhancing infection control measures and strengthening referral systems within the health system for improved management of TB/HIV infections.

16-Global report: UNAIDS report on the global AIDS epidemic 2012. Geneva: Joint United Nations Programme on HIV/AIDS; 2012.

Goal 6: Mobilize resources and increase reliance on domestic resources in the AIDS response by more than 80% by 2020 in all Arab countries

Based on available data, it is clear that Arab countries should increase their investments in HIV, diversify funding and reallocate funding to more effective interventions within their response. For many countries, including those with the financial capacity to support an expanded response to HIV, the problem appears to be one of resource allocation in terms of governments' willingness to provide funding and to allow public health experts to use funds where they would be most effective. Without the necessary political leadership and will, it is likely that critical programmes in these countries will not receive sufficient funding to make a significant impact on the spread of HIV. Countries should ensure that HIV investments are targeted to the most effective interventions and towards populations that would benefit most. Steps should be taken to further diversify investment sources and increase domestic investments, including developing innovative and sustainable AIDS funding sources. In the context of shared responsibility and global solidarity, international donors must remain engaged in closing the resource gap for countries in need and greater efforts must be made for regional solidarity.

The key priorities include:

- increasing domestic investments in HIV to reduce reliance on external funding sources;
- calling for a regional mechanism to fund bilateral projects among Arab states in the context of regional solidarity, with a focus on the least developed countries;
- calling for an increased focus on the mobilization of resources for capacity development initiatives to improve the sustainability and self-sufficiency of HIV programmes;
- encouraging the participation of the private sector and foundations to finance national responses;
- strengthening public–private partnerships and mobilizing additional resources for civil society organizations working in the region.

Goal 7: Eliminate gender inequalities in accessing HIV services and gender-based violence, and increase the capacity of women and girls to protect themselves from HIV

Countries need to empower women and girls in all their diversity, including women living with HIV, as leaders to catalyse shifts towards gender equality and improve access to high-quality services. HIV programmes should ensure they reach all those in need, including more vulnerable women and men. Efforts to combat gender-based violence that enhance women's access to integrated HIV and reproductive health services should be strengthened. In addition, the economic empowerment of women living with HIV is a critical element of an effective HIV response and broader sustainable development as a whole.[17]

The key priorities include:

- enhancing local and national efforts to address gender inequality in accessing HIV services and gender-based violence and increasing women's access to reproductive health information and services;
- supporting civil society organizations working with vulnerable women and women affected by HIV to scale up outreach and services related to gender-based violence, HIV prevention, treatment and care, and to help women know and claim their legal rights;
- promoting a comprehensive review of existing laws and policies hindering an effective HIV response and reforming legal frameworks to promote the implementation of international agreements and conventions on human rights and gender equality in the context of HIV and AIDS;
- addressing the needs of vulnerable women and girls and other vulnerable groups in national HIV strategic plans and programmes with involvement of key sectors such as media and religious leaders.

17-Global report: UNAIDS report on the global AIDS epidemic 2012. Geneva: Joint United Nations Programme on HIV/AIDS; 2012.

Goal 8: 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

The persistence of stigma and discrimination underscores the need to integrate the AIDS response in a human rights framework. Countries should take steps to better understand and address the factors that contribute to vulnerability to HIV and impede service access; measure and reduce stigma and discrimination; initiate legal reform, enforce existing protective laws and improve access to justice; and work to ensure a safe and dignified space to permit people living with and affected by HIV to lead the work against stigma and discrimination. [18]

The key priorities include:

- conducting a comprehensive review of laws and policies that hinder effective responses to HIV and reform legal frameworks for the promotion of rights of people living with HIV, populations at higher risk and all inhabitants in accessing prevention, support, treatment and care services;
- developing new and bold strategies and strengthening partnerships to reduce stigma and discrimination at all levels to improve universal access to and availability of services for people living with HIV and key and vulnerable populations;
- implementing programmes to address stigma in health care, concerned sectors, workplaces and other settings;
- strengthening the involvement of media and religious leaders in stigma and discrimination reduction programmes;
- promoting the ratification and implementation of the Arab Convention on HIV Prevention and Protection of the Right of People Living with HIV as a comprehensive framework to advance the rights of people living with HIV in the region.

18-Global report: UNAIDS report on the global AIDS epidemic 2012. Geneva: Joint United Nations Programme on HIV/AIDS; 2012.

Goal 9: Ensure universal access to HIV prevention, treatment, care and support services for mobile populations, including displaced people, refugees and migrant workers

The Arab region is witnessing intense population movement as a result of political, economic and environmental factors. It is important to take into account the growing number of immigrants, refugees and displaced people in many Arab countries and the need to provide a comprehensive response targeting these important groups. There is a need for swifter progress in the review and updating of policies and national plans to ensure access for these groups to prevention, treatment, care and support services and to eliminate all restrictions that hinder their right to health as an essential element of human rights. Moreover, government officials, especially in the ministries of health, have an important role in showing how such restrictions do not protect public health. The role of the ministries of labour is equally important in addressing negative practices against migrant workers. It is also essential to study and review the policies concerning the rights of movement and residence of people living with HIV in the light of international experiences, the economic impact and human rights. Instead of such restrictions, sufficient HIV information and services for HIV prevention and treatment should be ensured for all people – nationals and non-nationals – entering and leaving each country.[19]

The key priorities include:

- updating policies and plans to ensure access of mobile populations to prevention, treatment, care and support services;
- updating existing policies and studying the costs and impact of travel restrictions on people living with HIV;
- cooperation with international organizations and the private sector to provide services for prevention, treatment, care and support;
- inclusion of HIV and AIDS within the emergency plans and humanitarian work in conflict-affected countries.

19-Global report: UNAIDS report on the global AIDS epidemic 2012. Geneva: Joint United Nations Programme on HIV/AIDS; 2012.

Goal 10: Strengthen integration of the AIDS response in health and development efforts and social protection systems

With the aim of taking AIDS out of isolation, the 2011 UN General Assembly Political Declaration on HIV and AIDS calls for eliminating parallel systems for HIV-related services, broader health systems strengthening and integrating the AIDS response in global health and development efforts. A more integrated approach will strengthen the reach and impact of the AIDS response, leverage HIV-related gains to generate broader health and development advances and enhance the long-term sustainability of the AIDS response.

Maximizing synergy and integrating HIV responses into wider health and development efforts are critical to the effectiveness and sustainability of the response.

The key priorities include:

- integrating HIV services in social, development and other health-care programmes;
- promoting partnership at all levels and strengthening national multisectoral committees with membership of key sectors such as education, youth, labour and media;
- ensuring alignment of national and regional strategies with global and regional commitments;
- developing and implementing coordinated systems for strategic information, including operational research to provide evidence on the quality, feasibility and effectiveness of different approaches to HIV;
- facilitating the exchange of lessons learned and best practices in monitoring and evaluation across the region, particularly with regard to key populations and groups most vulnerable to infection.

VII- Recommendations to Member States

- Review and update national HIV policies, strategies and plans to ensure alignment with the Arab AIDS strategy and ensure national strategies and plans are evidence-informed and human rights-based.

- Enhance political commitment to universal access to HIV prevention, treatment, care and support.

- Allocate adequate human and financial resources to ensure implementation of the priorities identified in the national and regional strategies.

- Develop or strengthen legislative, regulatory and other effective measures to enhance national AIDS responses.

- Scale up interventions to prevent HIV among key populations at higher risk in an integrated and sustainable manner.

- Strengthen HIV surveillance systems and monitor progress towards the achievement of the targets of this strategy as aligned to the targets of the 2011 UN General Assembly Political Declaration on HIV/AIDS.


جامعة
الدول العربية