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Case study

Nourishing the GIPA tree in MENA

Strengthening the greater involvement of people living with HIV (GIPA) in the Middle East and North African (MENA) Region.

A case study by AMEL, GS++ and Vivre Positif

Acknowledgements

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Photograph from *Mingling… A humanitarian acclaim,* published by Vivre Positif in Lebanon. All the photographs were taken by people living with HIV. © Vivre Positif and SIDC

Nourishing the GIPA tree in MENA: a case study by AMEL, GS++ and Vivre Positif

About this case study

This case study documents the Alliance experience of implementing a capacity building project in the Middle East and North African (MENA) region to strengthen the involvement, care and support of people living with HIV. It took place from 2013 to 2015 in the framework of a regional programme funded by USAID and led by Management Sciences for Health (MSH), through the Leadership, Management & Governance (LMG) Project.[1] This was the first time that nascent organisations or support groups of people living with HIV in Algeria, Lebanon and Tunisia had received regular technical and financial support from an international NGO to lead targeted HIV care and support projects, implemented by and for people living with HIV. In Morocco, the Alliance led national-level advocacy efforts to promote the greater involvement of people living with HIV (GIPA) within the national HIV response. The results of the initiatives were positive and promising, and are paving the way to increased engagement of people living with HIV in these countries and within the MENA region. However, these nascent groups are still vulnerable and should continue to reinforce their new skills to be able to fulfil their vision. More support is needed for them to become autonomous and sustainable organisations driven by and for people living with HIV.

The case study is intended for funders, as well as public sector policy- and decision-makers and programme managers from the civil society sector, committed to preventing HIV and improving the lives of people living with HIV in the MENA region.

> "Before, I was afraid that people would judge me, discriminate against me. Now I am not. … I am able to defend the rights of vulnerable people: women who are abused, and are doubly stigmatised among people living with HIV."
>
> ***Monia, volunteer, GS++, Tunisia***

> "I was a beneficiary, now I am a leader."
>
> ***Socio-medical escort, GS++, Tunisia***

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1. AIDSTAR-Two Project until July 2013.

Summary

In 2013, the International HIV/AIDS Alliance (the Alliance) received funding from United States Agency for International Development (USAID) under the Management Sciences for Health (MSH)-led Leadership, Management & Governance (LMG) Project to strengthen the involvement of people living with HIV in four countries of the Middle East and North Africa (MENA) region:[2] Algeria, Lebanon, Morocco and Tunisia. Over a period of three years, the Alliance provided tailored technical assistance to AMEL (Algeria), Vivre Positif (Lebanon) and GS++ (Tunisia) to build their capacity in project design and management centred on the needs of people living with HIV, in liaison with its longstanding partners APCS, SIDC and ATL (see acronyms list). In Morocco, the Alliance worked closely with its Linking Organisation AMSED to advocate for more meaningful engagement of people living with HIV in the Moroccan HIV response.

Nourishing the ‘GIPA tree of involvement’ harvested benefits resulting in:

1. **Project interventions tailored to the needs of people living with HIV.**
2. **Targeted interventions implemented by and for people living with HIV to improve HIV treatment literacy and adherence, access to and quality of care and support, and Positive Health, Dignity and Prevention.**
3. **Strengthened confidence of people living with HIV and credibility of their organisations.**

People living with HIV (PLHIV) project partners spoke of their participation in this project in an extraordinary positive manner. The project produced meaningful benefits at multiple levels and in numerous ways. These benefits were especially apparent in Algeria, Lebanon and Tunisia where the Alliance worked directly with nascent PLHIV organisations.

At the **individual level**, partners expressed that their participation in the project had a huge psychological impact, increasing their self-esteem and sense of dignity as individuals and people living with HIV. The process helped them to move beyond their personal challenges, to become more professional and to proactively embrace the shared vision of promoting the dignity, well-being and positive care and support to people living with HIV. This remarkable capacity building process encouraged some people to create new organisations for people living with HIV or to raise awareness of HIV in their context, for example women’s issues.

At the **organisational level**, partners shared that the project was the first time they were actively encouraged to put their ideas into practice. The process of planning, designing and implementing targeted interventions for and by people living with HIV resulted in a fundamental shift in the partners’ work culture, creating a genuine space for team work where the unique abilities of each member could be harnessed. This generated a strong sense of solidarity and strengthened the credibility of each partner both within the HIV-thematic organisations that housed them and among external stakeholders.

[2] Until July 2013, funding was received under another MSH-led Project: AIDSTAR-Two.

Greater involvement of people living with HIV

Support from the Alliance is founded on the good practice programming standards for the **greater involvement of people living with HIV (GIPA)**[3] and the approaches set out in the Positive Health, Dignity and Prevention (PHDP) policy framework.

GIPA is a guiding principle and a rights-based approach that calls for the active and meaningful participation of people living with HIV across all aspects of the HIV response, including prevention, treatment, care and support. This participatory way of working breaks down simplistic and false assumptions of 'service providers' as those who are living without HIV and 'clients' as those who are living with HIV.

Alliance Linking Organisations implement three good practice programming standards for GIPA:[4]

1. Our organisation is committed to ensure equal and full participation of all stakeholders, especially potential programme beneficiaries, at all stages of the programme cycle.
2. Our organisation is committed to the effective implementation of the GIPA principle throughout all areas of our organisation.
3. Our programmes promote and provide an enabling and protected environment to facilitate the participation of people living with HIV.

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[3] International HIV/AIDS Alliance, GNP+. 2010. *Good practice guide: greater involvement of people living with HIV (GIPA).* www.aidsalliance.org/resources/283-good-practice-guide-greater-involvement-of-people-living-with-hiv

[4] Ibid. page 1.

The powerful transformations that took place, both at individual and organisational levels, resulted in the creation of targeted interventions by people living with HIV that were tailored to their needs.

At the **community level**, partners identified and designed projects based on the results of their own needs assessments. For the first time ever, they created low-literacy information education and communication (IEC) materials in the local Arabic language to support the implementation of their interventions. Drawing on their unique ability to deeply connect with people living with HIV, peer educators used these materials to increase treatment literacy, conduct positive prevention campaigns, ensure the continuum of care and improve the quality of health services for people living with HIV.

In Algeria, AMEL volunteer *femmes relais* ('female mediators') oriented people living with HIV towards HIV care and support services, provided psychosocial support to women living with HIV, distributed boxes of formula milk to babies affected by HIV, and covered the costs of laboratory tests for women living with HIV.

In Tunisia, GS++ volunteer *accompagnateurs socio-sanitaires (*'socio-medical escorts') reached out to people with HIV who were lost to follow up. Through this project, people living with HIV received several care and support services: psychosocial support, social services, legal assistance and nutritional support (provided under the Global Fund grant).

In Lebanon, Vivre Positif volunteers reached thousands of young people with positive prevention and HIV-related stigma and discrimination reduction messages in schools, campuses, workplaces and public beach areas. They also ensured that people living with HIV received HIV treatment literacy education.

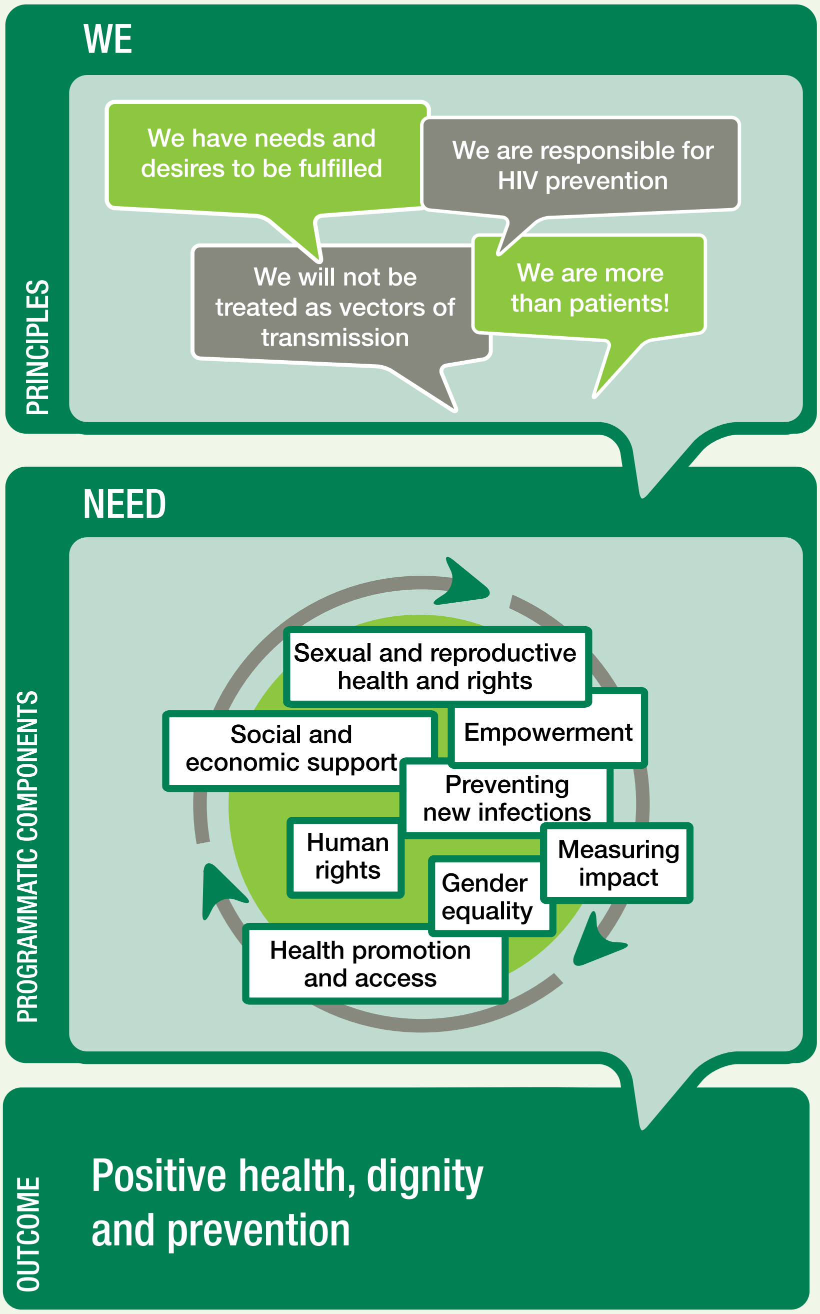
At the **health service delivery level**, PLHIV project partners succeeded in raising awareness to healthcare providers about the specific needs of people living with HIV and their constraints while accessing services. PLHIV project partners were able to engage in direct dialogue with health service providers to reduce the level of stigma in health settings, and ensure that the necessary laboratory equipment, medications and guidelines were available to improve access and adherence to antiretrovirals (ARVs).

In Morocco, the Alliance and AMSED led national-level advocacy activities to mobilise the national stakeholders of the HIV response towards greater and more meaningful engagement with the GIPA principal and the Positive Health, Dignity and Prevention approach. An exploratory mission on the involvement, care and support of people living with HIV within the national response and a national forum on GIPA principles resulted in clear recommendations for moving forward in this area.

Positive Health, Dignity and Prevention

Positive Health, Dignity and Prevention[5] (formerly known as 'positive prevention') advocates for a fundamental shift in the way in which people living with HIV are involved in the HIV response:

- It calls for leadership by people living with HIV, including those from key populations
- It transforms the concept of access to services, from a simple biomedical model to a holistic approach to meeting the needs of people living with HIV and their families in their communities
- It puts people living with HIV in the centre, and calls for a comprehensive set of actions – at policy and service delivery levels – that take into consideration the individual's lived environment
- It recognises the importance of meeting not only the person's clinical needs but also their health needs and to protect their human rights.



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[5] UNAIDS, GNP+. 2013. *Positive Health, Dignity and Prevention: Operational Guidelines.*

Introduction

At the end of 2012, the Alliance received funding from USAID to strengthen the involvement of people living with HIV in four countries in the MENA region: Algeria, Lebanon, Morocco and Tunisia. Between 2013 and 2015, the Alliance provided funding and tailored technical assistance to nascent grassroots PLHIV organisations and support groups in order to strengthen their involvement in the HIV response in their countries, in close liaison with its longstanding partners who hosted or supported these nascent organisations (AMSED, ATL, APCS and SIDC).

The financial support for this project was provided to the Alliance as part of the regional programme *Responding to Key Populations in the MENA Region*. This programme was implemented by Leadership, Management & Governance (LMG) Project, a USAID-funded health project led by Management Sciences for Health (MSH). As a primary partner, the Alliance provided technical leadership to increase HIV programming that met the needs of key populations in the region, particularly people living with HIV.

HIV care and support in the MENA region

The MENA region is diverse, spanning 24 countries from Morocco at its utmost western limit to Pakistan in the east.[6] The situation with regards to HIV care and support in this region is concerning. According to the latest UNAIDS reports, MENA is one of the two top regions in the world with the fastest growing HIV epidemics.[7] In 2014, it was estimated that 240,000 people were living with HIV[8] and an estimated 22,000 new HIV infections occurred that year.

General population and key population-specific data on HIV is generally scarce for MENA. However, behavioural surveys that are conducted give growing evidence that HIV prevalence is concentrated in key populations at higher risk, who transmit the virus to a larger number of individuals who are generally at lower risk of infection. New infections are increasing among both women and children.

Despite globally increasing availability of life-prolonging treatment, AIDS-related mortality is also on the rise in the region. AIDS-related deaths more than tripled between 2000 and 2014.[9] Access to antiretroviral therapy (ART) was alarmingly low with treatment coverage of people living with HIV at only 14% of adults and 15% of children aged 0–14 years, the lowest coverage in the world. Testing and treatment is similarly low for pregnant women, with only 13% having access to prevention of mother-to-child transmission programmes. UNAIDS estimate that

[6] According to UNAIDS or WHO, the MENA region refers to the following 24 countries or territories: Afghanistan, Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Occupied Palestinian Territories, Qatar, Saudi Arabia, Somalia, North Sudan, South Sudan, Syria, Tunisia, United Arab Emirates and Yemen.

[7] UNAIDS *2013 Report for the Middle East & North Africa* (2013), UNAIDS *Global Report*, UNAIDS *Report on the global AIDS epidemic 2013*

[8] UNAIDS *Strategy for 2016-2020. Fast Tracking to Zero* (2015)

[9] ibid

less than one out of five people living with HIV in the MENA region knows their HIV status.

Why? There are many reasons. From political, programmatic and financial perspectives, the HIV response has been neglected in the countries of the MENA region. Deeply rooted HIV-related stigma and discrimination apparent in laws, policies, programmes and at all levels of society pose significant barriers to HIV prevention and care, support and engagement of people living with HIV. As a result, most people living with HIV in the MENA region remain hidden. This situation is exacerbated by personal feelings of low self-esteem and guilt, and the lack of awareness of the availability of ART and social support mechanisms. When HIV care is accessed, adherence to treatment and support may be hindered by frequent ART stock-outs, inability to pay for transport, low general and health literacy, poverty and depression.[10]

> "It was painful to see how people would not communicate or accept to have a better life because of HIV. They would hide their medication, find excuses to go to see the doctor. Life seemed full of these small obstacles, which made them carry such a heavy load."
>
> ***Juan Jacobo Hernandez, HIV activist, Executive Director Colectivo Sol and resource person for the Alliance in this project***

Photograph from *Mingling… A humanitarian acclaim,* published by Vivre Positif in Lebanon. All the photographs were taken by people living with HIV. © Vivre Positif and SIDC

In the past years, a number of initiatives have supported the leadership of people living with HIV, such as the creation of PLHIV groups (usually hosted by HIV-thematic organisations), a regional network of women living with HIV (MENARosa), and Country Coordinating Mechanisms (CCM) in countries where the Global Fund is present, which include PLHIV representatives. Despite all this, the engagement of people living with HIV in the national HIV response has been suboptimal; some may say purely symbolic or tokenistic. In other regions, it is typical to find associations of and for people living with HIV at the frontline of prevention and care for populations affected by HIV. However, in the MENA region, these associations lack the structure, staff, skills, capacity and financial means to sustain meaningful engagement and challenge HIV-related stigma in their societies.

The table on page 8 gives data on the epidemiology of HIV in the four focus countries of this project.

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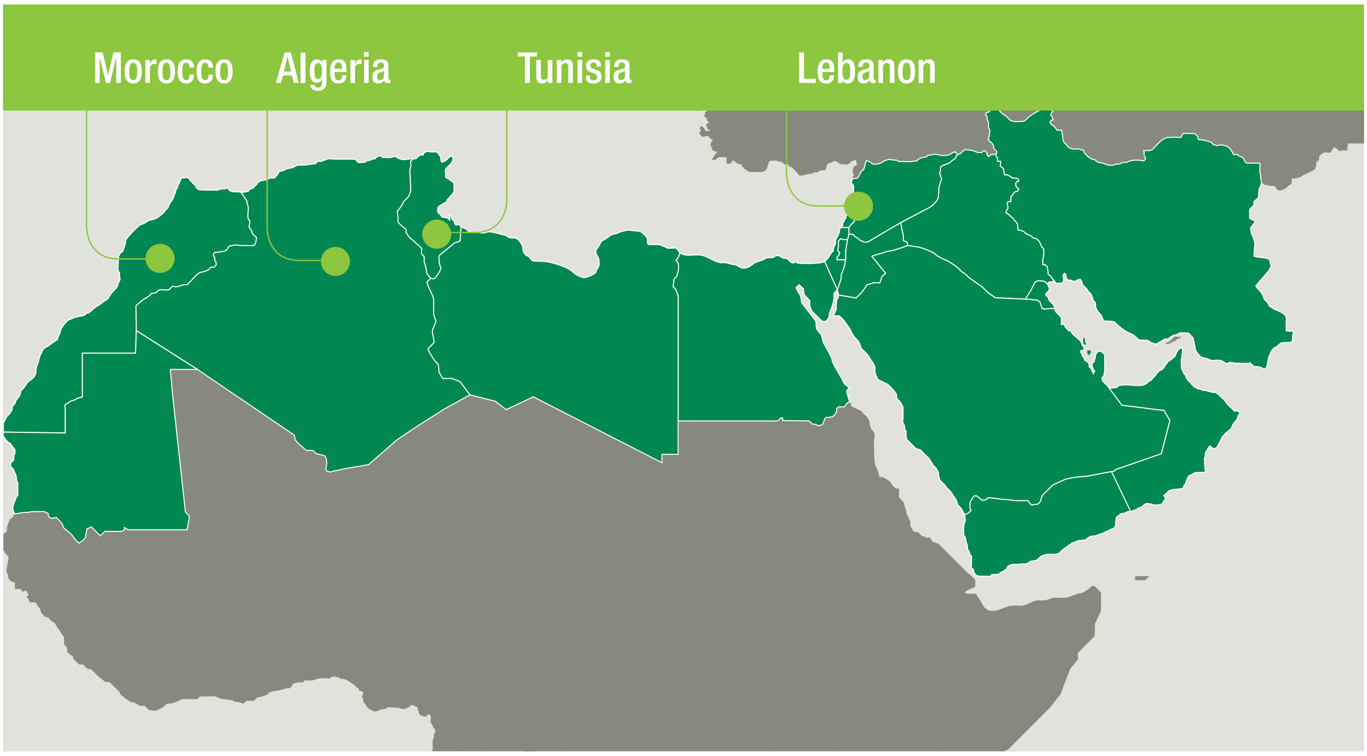
[10] Alliance. 2013. *Strengthening the Involvement, Care and Support of People Living with HIV in the Middle East and North Africa: A Situational Overview.* USAID. www.aidsalliance.org/resources/281-strengthening-the-involvement-of-people-living-with-hiv-in-mena-region

MENA region



HIV epidemiology data (estimated) in four MENA region countries

	Morocco	Algeria	Tunisia	Lebanon††
Year	2012	2012–2013	2012–2013	2010–2011
Estimated number of people living with HIV	30,000	25,000	3,400	3,600
Estimated new HIV infections yearly	3,400	No data	<500	No data
Estimated HIV prevalence in key populations				
Men who have sex with men	5.1%*	13%	10.1%	No data
People who use drugs	14%	2.3%–11%†	3%	No data
Sex workers	2%	4.6–10.4%†	0.6%	2%
Estimated ART coverage	48%	22%	42%	37%
Estimated prevention of mother-to-child transmission (PMTCT) programme coverage	55%	15%–39%	34%	No data

* Souss Massa Draa Southern region

† Estimates vary

†† Approximately 1 million Syrian refugees currently live in Lebanon, amounting to around 1 in 5 people in the country. Syrian refugees living with HIV are not included in the above estimates.

Sources: *UNAIDS Global report 2013*; *UNAIDS MENA report 2013* (see footnote 5); *The Global Fund in the MENA region: an Aidspan regional report 2015*. The Lebanese data is from *UNAIDS MENA Report 2011* as there is no Lebanese data in subsequent reports.

Nourishing the roots of the GIPA tree

For the Alliance, strengthening the involvement of groups and organisations of people living with HIV in the four focus countries meant helping to build strong and empowered communities whose active and meaningful engagement could contribute to achieving universal access to HIV prevention, treatment, care and support.

The Alliance decided to support PLHIV groups that were hosted and supported by its longstanding partners: APCS in Algeria, ATL in Tunisia and SIDC in Lebanon. These organisations are among the very few working with key populations in MENA and hosting and supporting nascent PLHIV organisations (*see* box on page 11).

The Alliance provided technical and financial support through targeted capacity building interventions.

In Algeria, Lebanon and Tunisia, technical assistance was offered using participatory methodologies to ensure that the projects were generated and owned by all partner members. The methodologies included:

- **Regional workshops** to foster horizontal learning and exchange
- **One-to-one coaching** and tailored organisational and technical support through yearly in-country visits and continuous assessments of the needs of each partner
- **National skills building workshops** for project coordinators and peer educators in specific subject matters determined by each partner.

Over the course of the project (2013–2015), each partner received about USD 53,000 for the implementation of three small pilot projects (one per year). The small grants were intended to support the capacity development process of each support group in line with the GIPA principle and the Positive Health, Dignity and Prevention approach (*see* pages 3 and 5). Pilot projects focused on IEC material development, peer-based action, mutual support and self-help among people living with HIV, ARV adherence and therapeutic education, and advocacy to reduce stigma in healthcare settings.

In Morocco, activities supported by the Alliance took on a different shape. The Alliance leveraged connections through its Linking Organisation AMSED to raise awareness of GIPA and to mobilise stakeholders in the HIV response (from public and civil society sectors) towards more meaningful involvement of people living with HIV in Morocco.

> "We provided them with very practical and effective tools to improve communication within their groups and with the people living with HIV they worked with. This increased their capacity to deliver meaningful messages tailored to their peers, in a more natural and acceptable way. They crafted messages that were adapted to their cultural setting, their mindset and their questions."
>
> ***Juan Jacobo, Colectivo Sol***

Participating organisations and support groups

GS++ – Tunisia

GS++ is a support group established in April 2010 as part of the Association Tunisienne de Lutte contre les MST et SIDA (ATL). It is led by people living with HIV, with members from key populations, *accompagnateurs sociaux-sanitaires* (‘socio-medical escorts’) peer educators and volunteers. It is based in Tunis but members conduct outreach activities across Tunisia.

Their mission is to contribute to the care and support of people living with HIV in Tunisia and enhance their participation in the HIV response. Their core values and principles include: solidarity, unity, ideas exchange, non-discrimination, confidentiality, mutual respect, responsibility and improving self-esteem.

(The Alliance initially supported the PLHIV organisation RAHMA, but HIV positive activists requested that GS++ host the project.)

Vivre Positif – Lebanon

Vivre Positif is a legally-registered organisation created in 2008, housed within and closely affiliated to Soins Infirmiers et Développement Communautaire (SIDC). It is based in Beirut and led by a group of HIV positive activists with the aim to provide legal, medical, financial and emotional support for people living with HIV.

Vivre Positif’s mission is to build a society free of discrimination and stigmatisation so that people living with HIV may live positive and full lives. Their core values and principles include: support to people living with HIV regardless of age, gender, nationality and social class; confidentiality; participation and active engagement of people living with HIV in social work.

AMEL – Algeria

AMEL[11] is a self-support group of women living with HIV established in 2010 as part of the Algerian Association de Protection Contre le SIDA (APCS). It is member-led by volunteer *femmes relais* (‘relay women’) peer educators. It is based in Oran with outreach activities in the Western provinces of Algeria

AMEL’s mission is to promote and reinforce global care and support of people living with HIV. Their main objectives are to: promote the rights, self-esteem and empowerment of people living with HIV; maintain, reinforce and extend the work of support groups; implement income-generation activities for people living with HIV; practice GIPA.

(El Hayat in Algiers is the first PLHIV organisation with legal status in the MENA region and is well known, but the Alliance decided to support AMEL given its strong community base, limited capacity and lack of sponsors.)

Comité des Familles – Morocco

Comité des Familles was established in Berrechid in 2013 by an HIV positive activist[12] with no further stakeholder support. It is a legally registered organisation for HIV positive or sero-discordant couples and for families living with HIV. This fragile organisation is currently managed by a handful of volunteers from several cities across Morocco and supported by Association Marocaine de Solidarité et de Développement (AMSED)

Comité des Familles’ mission is to offer direct assistance and support and to refer beneficiaries to the relevant healthcare services. Their main objectives are to better accompany and support people living with HIV and their families, hospitalised patients and women who discover their HIV status during pregnancy.

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[11] ‘Amel’ means ‘hope’ in Arabic.

[12] M. Benlama Bouchaib passed away in April 2015.

Harvesting GIPA benefits

The experiences documented in this case study were ground breaking for those who participated, and created the momentum for active engagement in the HIV response. Representatives from the four countries spoke of their participation in the project in an extraordinarily positive manner.

1. Building projects that are tailored and responsive to people living with HIV in Algeria, Lebanon and Tunisia

In Algeria, Lebanon and Tunisia, each partner successfully implemented three pilot projects over the three year period. Project coordinators reported that this was the first time that they were actively encouraged to put their ideas into practice; a process which they felt both strengthened the capacity of their nascent organisations and improved the quality of programmes and services for people living with HIV.

Feeding the roots of the GIPA tree reaped benefits along the three main branches of the tree at individual, community, service-delivery and organisational levels.

Benefit 1: Project interventions were tailored to the needs of people living with HIV

Practising the GIPA principle enhances the effectiveness of policies, programmes and services. Involving people living with HIV makes sure that policies, programmes and services are grounded in their lived realities.[13]

Partners conducted comprehensive participatory needs assessments with people living with HIV in their communities to identify and prioritise the objectives of their pilot projects.

Their first pilot project focused on the creation of PLHIV-centred IEC messaging and materials. IEC materials were written in the local Arabic dialect and included simple diagrams for people of different educational and literacy levels (see box on page 12). The IEC materials included:

- card games and quizzes on treatment adherence and positive prevention
- videos and other messaging to counter HIV-related stigma and discrimination on social media sites like YouTube and Facebook
- brochures, posters and other print materials.

This was the first time that IEC messages and materials were conceived and crafted by people living with HIV without the intervention of an external consultant. The diversity of formats, contents and channels employed to deliver IEC messages attest to the competencies and creativity existing within the partners.

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[13] International HIV/AIDS Alliance, GNP+. 2010. *Good practice guide: greater involvement of people living with HIV (GIPA).* www.aidsalliance.org/resources/283-good-practice-guide-greater-involvement-of-people-living-with-hiv

By practising GIPA, existing capacities are valued and accessed

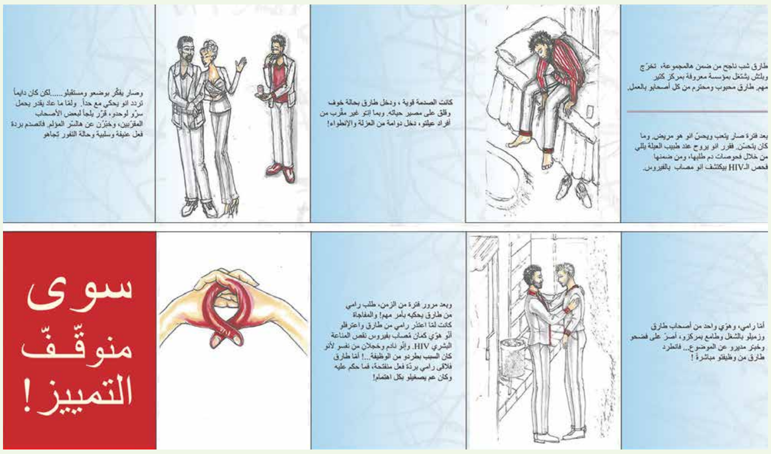
For partners, the implementation of small pilot projects resulted in a fundamental shift in work culture: from one of task execution to that of work enhancement whereby the unique skills and experiences of each member was put into practice by means of participatory action and joint decision-making. It furthermore reinforced the sense of solidarity within the support groups. “*We discovered skills in people we didn’t know of before.*” says Rita the project coordinator at Vivre Positif, speaking of the fashion designer and volunteer who drew the cartoons for one of the IEC materials developed as part of the project (see below).

“We learned to listen to each other.” ***Wafa, Vice-President, GS++, Tunisia***

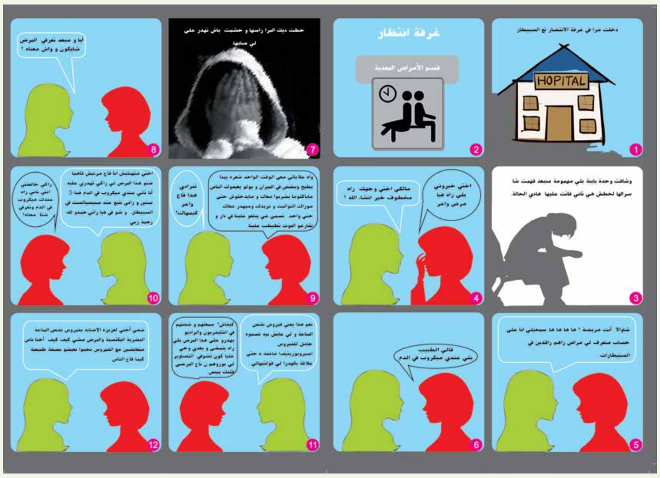
> “Vivre Positif members felt closer to one another. They met more often. It created ties that are much stronger than they had ever been.”
>
> ***Wadih, President, Vivre Positif, Lebanon***

Sample of IEC materials designed, tested and produced in 2013 and used by the PLHIV partners in 2014 and 2015

Set of 44 educational cards by GS++ on ARVs, adherence, co-infections and positive prevention. Used by GS++ *accompagnateurs socio-sanitaires* during their home visits to people living with HIV who are loss-to-follow up. © GS++



Vivre Positif’s booklet tells Tarek’s story of stigma and discrimination, forced disclosure and family support. Used and distributed by Vivre Positif volunteers. © Vivre Positif



“Life goes on” comic strip on stigma and discrimination shows a dialogue between a woman who has just been diagnosed with HIV and a *femme relais* (‘female mediator’) from AMEL. Used by AMEL *femmes relais* during their outreach activities. © AMEL

Benefit 2: Targeted interventions were implemented by and for people living with HIV to improve HIV treatment literacy and adherence, access to and quality of care and support, and Positive Health, Dignity and Prevention

Practising the GIPA principle by working with people living with HIV and organisations of people living with HIV, strengthens community systems and results in better local responses to HIV.[14]

For the second and third pilot projects in 2014 and 2015, each partner planned and implemented peer-based action based on priority needs identified during initial assessments. In Lebanon this was to improve positive prevention. In Algeria and Tunisia, it was to improve HIV treatment literacy, adherence support and continuum of care for people living with HIV. The newly created IEC materials and messages and interpersonal communications skills helped guide peer educators' conversations with people living with HIV.

2. Improving HIV treatment literacy, adherence and the continuum of care for people living with HIV

Partners developed activities to improve the continuum of care for people living with HIV. Peer educators performed three main tasks:

1. **Providing community-based HIV treatment literacy and adherence counselling**
2. **Linking newly identified people living with HIV with social, psychological, nutritional and legal services when possible**
3. **Helping reconnect people living with HIV who had dropped out of the care cascade.**

This peer-to-peer activity was seen as essential, complementing the work of physicians.

> "The infectious disease department has a huge number of patients. We only see patients for 15 minutes. People living with HIV often live in very poor socio-economic circumstances. For this reason, they need more time and support. Peer educators can help support them in their everyday life, by giving them the moral, material and therapeutic guidance that we cannot."
>
> ***Dr Souhail, Infectious Disease Resident at Rafta Hospital, Tunis***

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[14] International HIV/AIDS Alliance, GNP+. 2010. *Good practice guide: greater involvement of people living with HIV (GIPA).* www.aidsalliance.org/resources/283-good-practice-guide-greater-involvement-of-people-living-with-hiv

Achievements in the area of HIV continuum of care and support differed depending on the support group and country.

In Algeria, AMEL selected 12 *femmes relais* ('female mediators') among the women who regularly attended their support group and had a good knowledge of HIV and ART. Trained on positive prevention, interpersonal communications and therapeutic education, this team worked closely with the infectious disease department to provide psychosocial support to families affected by HIV in Oran and the surrounding *wilayas* (Western Algeria).

By ensuring a continuous presence in the waiting room of the Oran hospital infectious disease department, between April and September 2015 AMEL's *femmes relais* sign-posted over 279 persons to care and support services, provided psychosocial support to over 564 women living with HIV (312 in 2014) and distributed 1,272 boxes of formula milk to approximately 60 babies affected by HIV. AMEL was also able to cover the costs of 288 laboratory tests for women living with HIV.

The work of the *femmes relais* was also remarkable due to their success in overcoming major barriers in reaching men living with HIV. Working through their support groups for women living with HIV, AMEL succeeded in establishing a new self-support group for men, originally led by AMEL coordinators and progressively handed over to a male facilitator. This support group reached 54 men living with HIV in 2015.

AMEL prides itself in offering a meeting place where new hope and life reside for men and women living with HIV. "*New couples have met within the association!*" Nassera, the coordinator, is pleased to say, "*There are about 10 who have remarried!*"

> "AIDS is very taboo for men. Recently however, we noticed an improvement in their awareness and willingness to join support groups. When they are accompanied by their wives, they dare ask for help from APCS."
>
> ***Nassera, co-coordinator of AMEL.***

An emerging women-led response to HIV in the MENA region: MENARosa

AMEL's successes demonstrate the huge value of ensuring the involvement of women living with HIV in the HIV response in the MENA region. Overcoming the double-discrimination tied to gender and HIV status, women living with HIV are paving a new way for innovation and achieving change. The first regional network of people living with HIV, MENARosa, is a testament to this.

MENARosa covers 13 Arab nations and Iran. Its mission is to empower and support women living with and affected by HIV, and those at risk, and their families and children. This is done through leadership development at national and regional levels, and women's meaningful involvement in the HIV response to influence decision making and policy development, and universal and equitable access to care, treatment, prevention and support services to live in dignity.

OUR PARTNERS

Since its inception, MENARosa has been able to develop and reach where it is now w commitment and strength of its members as well as the faith and continuous support o Ford Foundation, the UNAIDS MENA RST, and recently the Regional Arab Network A AIDS (RANAA). MENARosa is currently opening up and looking to forge more partne for integration in the development Post 2015 agenda, the response to humanitaria conflict situations as well as human rights agenda

HOW YOU CAN GET INVOLVED

MENARosa network is governed by a Regional Coordinator supported by three sub regional focal points to cover 13 Arab countries as well as Iran.

You may make a difference and contact us: menarosa696@gmail.com

HIV is often painful in excruciating ways. The symptoms are undeniable. Women living with HIV may dread being seen in a compromised state. So they need to feel strong and to shift from negative thinking to positive love - to move from guilt and shame and to transform those feelings from negative to positive. Are they going to learn all this by themselves? Support groups can help turn that frustration into a constructive force—by networking together, raising our voices, knocking on all doors and getting empathetic people to listen to us and act with us. Our motto should be: «you can live in spite of [HIV], not die because of [it]".

MENARosa Regional Coordinator

I feel like the others in MENARosa are my sisters. We speak on email or Facebook. We talk about projects, and the problems we face. When I have doubts about what I am doing, this gives me confidence that I am on the right track—we are all in the same boat.

MENARosa Focal Point, Libya

Peer educators create strong and supportive communities for people living with HIV

The project played an important role in nurturing strong communities by and for people living with HIV. The ability to disclose one's HIV status lies at the heart of this community. Its power is transformational: for both the individual and others.

During interviews, peer educators alluded to their own personal transformation: how they, former beneficiaries of peer-based activities, are now proud community leaders with stable employment as socio-medical escorts who serve as role models for others living with HIV.

Peer educators reported using the power of self-disclosure to create trusting relationships with other people living with HIV and initiate positive changes in their lives.

> "The first words I say to a peer are to disclose that I am HIV positive. Then we start to talk. He or she listens to my story; that I am a woman living with HIV. And my situation serves as an example. Then I start seeing him/her change, that's when I see that my story has been well received, and I feel like I have won, that I've reached my goal."
>
> ***Socio-medical escort, GS++, Tunisia***

> "I was a beneficiary, now I am a leader." ***Socio-medical escort, GS++, Tunisia***

> "Creating such an atmosphere of trust is a huge victory for us. Most beneficiaries are isolated. They do not seek services. They are not able to ask the right questions. That is why the peer educator helps them."
>
> ***Socio-medical escort, GS++, Tunisia***

The work of AMEL's *femmes relais* in establishing a support group for men and the active involvement of women in GS++ activities attests to the importance of a women-led response to HIV in the MENA region. MENARosa, a regional network of women living with and affected by HIV, is another testament to this noteworthy development.

In Tunisia, GS++ implemented an innovative project to reach people living with HIV in eight regions in Tunisia who had interrupted or were inconsistently taking their ARVs. In 2015, GS++ *accompagnateurs socio-sanitaires* ('socio-medical escorts') travelled across Tunisia and reached out to 160 people living with HIV who were lost to follow up. Thanks to this project, 75 received care and accessed support services. Among them, 14 received psychosocial support, 19 were oriented towards social services, four sought legal assistance and 38 received nutritional support (provided under the Global Fund grant).

In Lebanon, the scope of Vivre Positif peer educators' work was to bring ARVs from the central pharmacy to the SIDC office, a confidential place where people living with HIV can collect their prescription and discuss health, prevention and discrimination issues. Peer educators also ensured that beneficiaries of free ART, received and validated the annual magnetic cards issued by the Ministry of Health. In 2015, project reports recorded 54 people living with HIV received treatment literacy education and 141 patients received ARVs through Vivre Positif.

3. Promoting Positive Health, Dignity and Prevention

In Lebanon, Vivre Positif carried out advocacy and awareness-raising sessions on positive prevention and HIV-related stigma and discrimination reduction targeted at young people in schools, campuses, workplaces and public beach areas – reaching thousands of people. During outreach activities, Vivre Positif volunteers distributed condoms, lubricants, voluntary counselling and testing (VCT) cards and youth-friendly IEC materials and gadgets, including silicon bracelets with positive prevention messages like #Support Safe Sex, #3S of summer: sun, sunscreen and safe sex, and #Safe is the new cool.

Vivre Positif also used social media to draw its target audience to their positive prevention messages. In July 2015, Vivre Positif posted a short video on sexually transmitted infections (STIs) on Facebook and YouTube and encouraged people to use the VCT services at their centre. During the first 12 days of the campaign, visitors to Vivre Positif's Facebook page increased 60 fold, including 16,692 page visits and a weekly total reach of 181,727. Vivre Positif negotiated a monthly dissemination of two preventive messages on Grindr to raise awareness of STI and HIV prevention among Lebanese Grindr users. This started in June 2015. Both events contributed to an increase in the number of calls received on the hotline managed by Vivre Positif and SIDC.

Examples of prevention and stigma reduction materials from various Vivre Positif campaigns in 2014 and 2015. © Vivre Positif

Young people get involved in targeted outreach activities. © Vivre Positif

4. Improving the quality of healthcare services through advocacy

The existence of a stronger community of people living with HIV enabled important improvements in the quality of local healthcare for people living with HIV, particularly in the infectious diseases departments where ART is provided. Awareness-raising and advocacy activities, planned and facilitated by the PLHIV partners, were primarily targeted at physicians and other HIV healthcare providers. This improved communication between physicians, peer educators and people living with HIV, strengthened the status and recognition of peer educators within healthcare settings, helped to create safer and more confidential spaces, and better services for people living with HIV.

For example, AMEL advocacy activities conducted by female mediators, with the public support of APCS, achieved concrete improvements in access to and quality of healthcare services for people living with HIV in the Oran region in Algeria. In March 2014, a campaign resulted in the procurement of viral load testing equipment for the region, reducing travel time and costs for patients who previously had to travel to the capital, Algiers. AMEL and APCS further contributed to reducing barriers to access by lobbying jointly for increasing ARV distribution to adherent patients from once a month to every three months. Another campaign improved the privacy, cleanliness and number of hospital consultation rooms, transforming the space in which patient-provider consultations take place.

AMEL, GS++ and Vivre Positif conducted advocacy activities aimed at breaking down negative preconceptions and reduced HIV-related stigma and discrimination. Between 2013 and 2015, these three groups engaged over 245 infectious disease specialists, obstetrician-gynaecologists and dentists in round table meetings and one-on-one interactions. They discussed the experiences and needs of people living with HIV, the challenges they face when seeking healthcare services and the role that peer educators play in ensuring comprehensive and continued care and support.

> "Before we were considered as livestock. Now we have three private consultation rooms. Now physicians do not look at us the way they used to. Before women used to be afraid of being discriminated against by physicians. The Alliance encouraged us to avoid complaining and to try to talk with physicians instead. It worked."
>
> ***Ahlam, project co-coordinator, Group AMEL, Algeria***

5. Increasing confidence and becoming more professional

Benefit 3: The confidence of people living with HIV and credibility of their groups and organisations were strengthened

Practising the GIPA principle recognises the rights of people living with HIV to self-determination and participation in decisions that affect their lives. It respects their knowledge and abilities to address their own needs.[15]

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[15] International HIV/AIDS Alliance, GNP+. 2010. *Good practice guide: greater involvement of people living with HIV (GIPA).* www.aidsalliance.org/resources/283-good-practice-guide-greater-involvement-of-people-living-with-hiv

Reducing HIV-related stigma in healthcare settings in Tunis

In Tunisia, GS++ organised two highly interactive round table discussions with healthcare providers to reduce HIV-related stigma and discrimination and improve the quality of care for people living with HIV in hospital settings. Similar stigma reduction workshops had been organised by ATL and the National AIDS Programme, but these were the first to be convened and moderated by people living with HIV.

The first round table discussion was held in October 2014 with representatives from infectious disease departments in Tunis and UNAIDS. They discussed the role and importance of 'socio-medico escorts' in facilitating simpler, more transparent and less discriminatory interactions between people living with HIV and the healthcare system and its providers.

In October 2015, with the support of ATL, a one-day awareness-raising workshop was held with 16 midwives and obstetric staff to emphasise the need for equal access to high quality care for pregnant women living with HIV. During this workshop, women who experienced discrimination during pregnancy and delivery shared their personal stories. The workshop had a deep impact on the midwives, who realised the negative consequences of their attitudes and behaviours.

> "We asked pregnant women to talk about their experiences during the [stigma-reduction] workshop. When the midwives first began to talk about their work, everything was ideal. But when they were confronted with the testimonies from the HIV positive pregnant women we invited, they started to realise the impact of their behaviours. The midwives were in tears. The workshop went very well. At the end, midwives apologised for their behaviours. We agreed GS++ should do more workshops in Wassila Bourguiba hospital with all the health staff."
>
> ***Aida, psychologist, ATL-Tunis, Tunisia***

On an individual level, the project led to important benefits in terms of increasing self-determination and personal development for people living with HIV. These benefits lie at the foundation of GIPA.

Group representatives discussed how the Alliance's capacity and skills-building efforts provided them with the 'ingredients' for professionalisation. These included: tools to better understand and respond to the needs of people living with HIV; technical knowledge required for peer-based action; and methods for designing, planning, monitoring and documenting project interventions.

These experiences played an important role in increasing the credibility of the support groups among the close community of HIV stakeholders they work with; positioning people living with HIV as experts rather than simple beneficiaries. This has had a deeply motivating effect on the work of the support groups, whose members expressed this value added with much pride.

> "They became more professional in what they were doing. It reinforced their self-esteem. There was a lovely progression in how they perceived themselves."
>
> ***Aida, psychologist, ATL-Tunis, Tunisia***

All partners reported that their self-confidence was amplified as a result of their participation in the Alliance project. They began to perceive themselves in a more positive light, which fed their motivation to disclose their status, share their experiences, and to effect change within their communities. Project participants learned, "*to be positive towards life, not just in their bodies and blood.*"[16]

"Now, we attend meetings with APCS managers. They believe in us."

Nasssera, co-coordinator, Groupe AMEL, Algeria

"It had a huge psychological impact. It gave me an extraordinary sense of self-confidence."

Monia, volunteer, GS++, Tunisia

"Little by little, they [group members] began to develop a strong sense of dignity. They started to share experiences with another tone of voice. These were the times when the benefits, the value added of the process started to manifest themselves. They shared painful experiences, but they told them differently without the same degree of drama and pain as at the start of the project when they were full of anxiety and fear. I saw this change happen little by little."

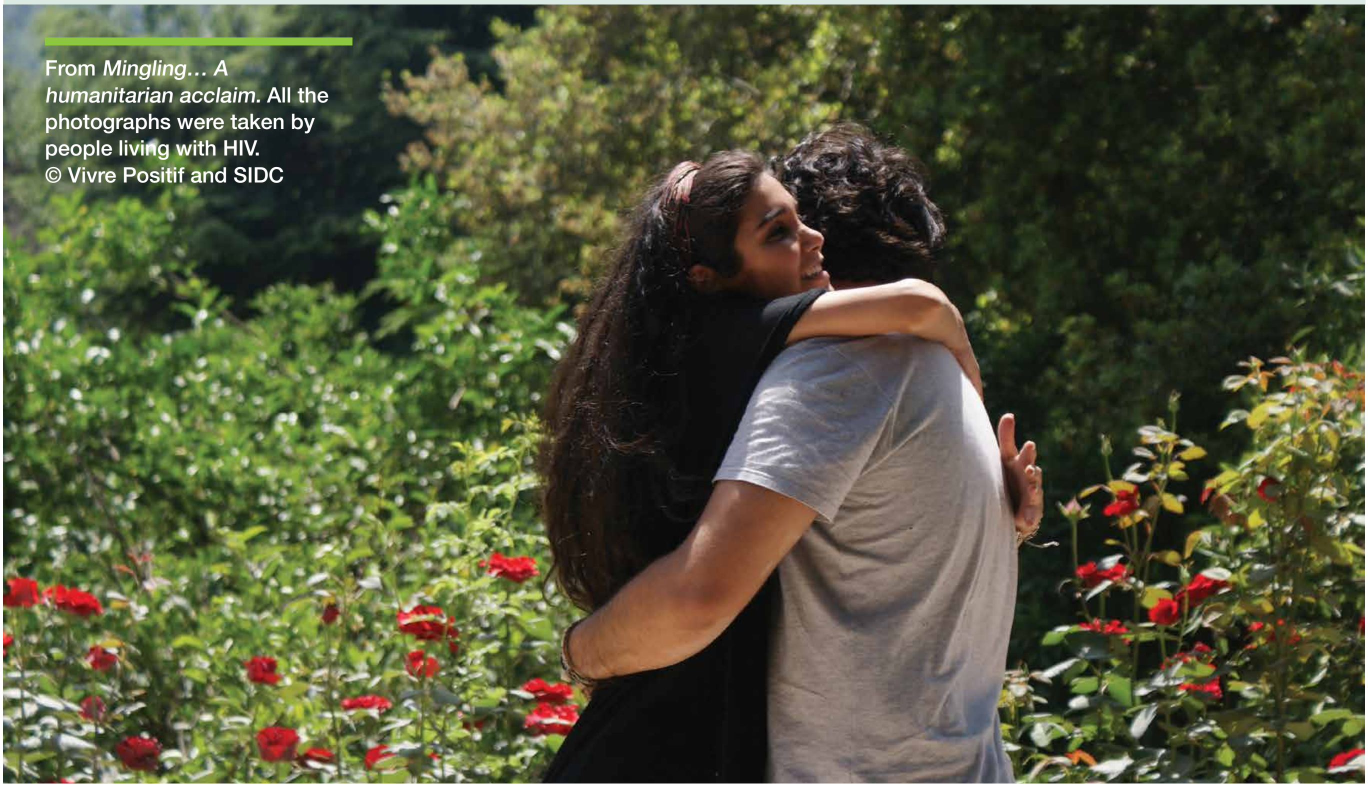
Juan, Colectivo Sol

"We believe in ourselves. We feel that we have a greater responsibility. It's the Alliance that gave us the courage. There were many things we did not think we could do. We haven't really studied.

We were simply people living with HIV. It was an extraordinary experience.

With the trainings and through the project implementation, we've become different people."

Ahlam and Nassera, project coordinators, Groupe AMEL, Algeria



From *Mingling… A humanitarian acclaim.* All the photographs were taken by people living with HIV.
© Vivre Positif and SIDC

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[16] This was quoted by more than one project coordinator who was interviewed for the case study.

ATP+: a new organisation in Tunisia for people living with HIV

In Tunisia, the work of the Alliance and ATL in strengthening the involvement of people living with HIV has directly contributed to the establishment of a new non-profit organisation by and for people living with HIV. Founded by Souhaila Bensaid, the former coordinator of GS++, the Association Tunisienne de Prevention Positive (ATP+) is "*a group of activists that works for the rights and dignity of people living with HIV and a molecule that feeds energy to the organism's cells. A provider, reservoir and channel of universal energy.*"

Since its inception in 2014, ATP+ has raised funds from UN Women, HERA France and MENARosa to carry out activities to better understand and meet the needs of people living with HIV in Tunisia. To contribute to the national HIV response, they also work on prevention and the promotion of the rights of women and key populations. ATP+ has also been selected to be a sub-recipient of the Global Fund.

6. Extending peer-based actions beyond the support groups

This sense of increased self-determination has compelled some group members to expand their work beyond their own support groups to other organisations. In the quote below, Monia, a GS++ volunteer in Tunisia, speaks of how her increased self-confidence nourished her commitment to defend the rights of vulnerable women in Tunisia.

> "Before, I was afraid that people would judge me, discriminate against me. Now I am not. I have become involved in another organisation called 'That's Me – Girls In Tunisia' that focuses on violence against women in Tunisia. I am able to defend the rights of vulnerable people: women who are abused, and are doubly stigmatised among people living with HIV."
>
> ***Monia, volunteer, GS++, Tunisia***

7. Promoting GIPA in Morocco

In Morocco, the Alliance, in partnership with AMSED, led a national-level advocacy effort aimed at promoting GIPA and Positive Health, Dignity and Prevention, and mobilising the community of HIV stakeholders to involve people living with HIV. Two major activities were implemented as part of these efforts. The first was an exploratory assessment of the situation of people living with HIV in Morocco to unveil the realities on the ground and barriers to greater involvement and to care and support. The second was a national forum in March 2015 on GIPA and its application in the HIV response in Morocco.

The national forum brought together key decision-makers and HIV positive activists from Morocco, Algeria, Lebanon, Tunisia, Senegal, France and from GNP+. Its objective was to facilitate an exchange of experiences related to the adoption of GIPA and Positive Health, Dignity and Prevention principles in national HIV programmes. The forum sought to accentuate the value of the participation of people living with HIV and to showcase examples of how strong support groups and organisations of people living with HIV improve HIV responses at national and regional levels.

Proposed recommendations

- Include HIV testing and comprehensive HIV medical care in healthcare services
- Promote positive behaviour change among physicians and PLHIV
- Create a more favourable and less punitive environment for PLHIV
- Mobilise men and women living with HIV through solid networks and support groups
- Build knowledge of and capacity to implement GIPA and Positive Health, Dignity and Prevention principles
- Foster leadership among people living with HIV.

> “The preparatory activities for this project were very important. It started with a comprehensive situation analysis regarding the national HIV response. What we learned from this was twofold. The first was the insight that about 90% of the GIPA principles were unknown. The second was the lack of clarity and understanding of the needs of people living with HIV.”
>
> ***Said Kharouiche, project coordinator, AMSED, Morocco***

Workshop sessions at the GIPA national forum in Morocco, March 2015. © Alliance

Challenges

Despite the achievements, project partners and the organisations that host or house them acknowledge that the newly acquired competencies of the Alliance's partners are fragile. Partners have yet to gain greater autonomy in administrative and financial management, and there are many challenges that continue to be faced on a regular, if not daily, basis.

Creating consensus with people living with HIV

The work of the partners was initially challenged by the strong emotions tied to the profoundly personal stories of each individual, internal disagreements and a lack of organisational skills to rise above them. Project coordinators, however, also shared that with the support of the Alliance they were able to work together more effectively thanks to the shared vision of GIPA.

Building capacity in nascent groups and organisations

At the start of the project, the groups were young, having recently been established within the organisations that housed them. They had limited financial and decision-making autonomy and weak project management and monitoring and evaluation skills. While the project has made great strides in creating a path towards more professional organisations, much more needs to be done to build strong, independent organisations for and by people living with HIV.

Mobilising funding in the MENA region

Securing funding is seen as a significant obstacle for project partners in the MENA region. People living with HIV support groups and organisations are obliged to find new donors and innovative ways to fund their activities, and struggle to find donors that finance capacity building and organisational development activities. However, this is possible: the new organisation in Tunisia, ATP+ was able to raise over USD 30,000 in their first year. Partners' capacity must be further strengthened to secure the confidence and capacity to do this.

Making change in a hostile socio-cultural environment

The MENA region offers a generally hostile environment for people living with HIV. Socio-cultural and religious preconceptions feed high levels of discrimination and stigma associated with HIV. These deeply-rooted negative perceptions nourish self-stigmatisation and social isolation, preventing disclosure of one's status. This in turn can paralyse individual and collective action in favour of the care and support of people living with HIV. Positive changes in this difficult environment are further punished due to weak political will. Changing this difficult environment takes time.

> "This support takes a lot of time. You cannot get immediate results. The examples of activism are like little bubbles, they are still isolated events. There has been a lot of work, a lot of engagement and pride that has come from this project, but there is still a tremendous amount of resistance, stigma and even fear related to HIV."
>
> ***Juan, Colectivo Sol***

Representatives of support groups unanimously reported positive changes for the community of people living with HIV. By improving the self-esteem of group members and building project management capacity, the project strengthened the ability of support groups to respond to the needs of their community. By building safer spaces for positive prevention and continuum of care, the support groups were successful in setting up the premises of a positive environment for vulnerable people living with HIV to access much-needed support and care.

Lessons learned

Meaningful participation of people living with HIV begins at the grassroots level

This project demonstrated that it is possible to strengthen the involvement of people living with HIV in the MENA region. A lesson learned from this project is that to do this successfully, organisations must emerge from the true needs and wants of people living with HIV.

Support groups learned that they were able to rise above obstacles and achieve their objectives through collective action. With the support and practical tools from the Alliance, partners discovered that they could put their ideas into practice by working together. By designing and implementing small pilot projects, they set clear objectives and successfully achieved their goals. These achievements have given them the strength and commitment to do more.

All people living with HIV can be involved

Group members also shared having learned an important lesson on the value of participation and equity. Thanks to the simple framework set by the Alliance, support groups were able to invite all members to contribute their ideas regardless of their socio-economic, educational, occupational status or sexual orientation. At AMEL, GS++, Vivre Positif, and the newly created association ATP+, young people, sexual minorities, people who use drugs, sex workers, single mothers, migrants and refugees, married couples living with HIV work together in solidarity, in a context where HIV, sexual orientation and other identities and behaviours are highly stigmatised. These groups have overcome internal discriminations, value their diverse identities, respect their diverse behaviours, and foster solidarity amongst the diverse HIV community to enable a more supportive and inclusive environment.

“I learned that [to strengthen engagement], we must go to the communities and work with people living with HIV using the GIPA principle to encourage autonomy, exchange and participation. It’s up to them to mobilise their communities. This should be done before creating an organisation.”

Said, project coordinator, AMSED, Morocco

“We were able to involve people we did not think we could involve. People from all levels: those with high intellectual levels and volunteers who did not have a high level of education. This humanistic approach was very important.”

Wadih, President, Vivre Positif, Lebanon

“L’union fait la force.”

Nassera, project coordinator, Groupe AMEL, Algeria

Women living with HIV are emerging leaders and change-makers in the region

This project has highlighted how women living with HIV are emerging as powerful leaders and advocates for an improved HIV response in the MENA region. Overcoming the double discrimination linked to their gender and HIV status, support groups led by women, such as at AMEL and GS++, are successfully improving access and quality of care for adults and children living with HIV. They are engaging men living with HIV – who would have otherwise remained isolated – raising funds and expanding the impact of people living with HIV groups and giving hope to numerous men, women and children living with HIV.

Femmes relais **('female mediators') from AMEL in Algeria. © AMEL**

> "I am so happy to see how with such modest resources, with so little money, the groups were able to achieve so much. They capitalised on the resources we gave in an extraordinary way by producing creative IEC materials, achieving results and improving the lives of people living with HIV. … USAID's investment was modest, but the results were huge."
>
> ***Juan, Colectivo Sol***

A little money goes a long way

Project advisors from the Alliance were surprised by the extent of the project results and the quality of IEC materials produced by the groups in Algeria, Lebanon and Tunisia given the small amount of funding. This proved the ability of the groups to capitalise on the competencies and intrinsic motivation of their members during the project.

Unfinished business: the GIPA tree has yet to bloom

Project participants and contributors agreed: although this project has proved successful in increasing the participation of people living with HIV, much more is needed to grow the GIPA tree of involvement. Strengthening the involvement of people living with HIV in the MENA region will take time. The groups and organisations are still fragile and require more attention and resources before they can be truly autonomous and the reap the full benefits of the GIPA tree.

> "We began to see the benefits. But this is a process that we must feed. We can only make a desert flower bloom with perseverance, not just a glass of water. We must nourish what we have started. This is frustrating, we were just at the moment that it started to move, to blossom."
>
> It's the start of a movement rooted in a deep understanding of and identification with people living with HIV. A sharing of experiences that with time could become a genuine advocacy and communications network, by and for people living with HIV."
>
> ***Juan, Colectivo Sol***

Future plans for collective action

This project has demonstrated how modest support provided under the right conditions can yield promising results; results that carve a pathway towards greater involvement of nascent groups of people living with HIV in national HIV responses in the MENA region.

In MENA countries, groups and organisations of people living with HIV are continuing their work to respond to the needs of their communities. They also have concrete ideas and plans for new projects.

In Algeria, AMEL is continuing to implement support groups for women in the Oran region and outside Oran. It is also continuing its female volunteer-led peer education programme, which provides treatment literacy and ARV adherence education to newly-diagnosed people living with HIV. APCS, the organisation that houses AMEL, is providing bridge funding and support until the group can secure new funds to sustain and expand these activities.

In Lebanon, Vivre Positif is pursuing its positive prevention campaigns targeting young people using the IEC materials designed for this purpose. The organisation is searching for funding to realise new projects, including an innovative theatre project to combat HIV-related myths and stereotypes among young people and refugees in partnership with a well-known playwright and a university in Lebanon. Vivre Positif also wishes to enhance social and financial support mechanisms to people living with HIV who are most vulnerable and to establish a psychosocial support group to improve the mental health of their community.

In Tunisia, GS++ is motivated to establish new projects and a new organisation independent from ATL, under which it is currently managed. With renewed funding, GS++ volunteers hope to expand support to improve the livelihoods of women living with HIV through small business development schemes. They also plan to lead advocacy action for a new legal framework to improve care and support for children living with HIV.

> "When the empowered, outspoken, involved PLHIV activists will be a large crowd and not a handful of brave women and men, it will become easier to challenge and change the irrational fear and defaming perception of HIV in the MENA region."
>
> ***Manuel Couffignal, Alliance***

> "Most people living with HIV are not interested in volunteering. They are in need of concrete services. They want to eat, get testing and treatment, work. They have very basic needs. Vivre Positif wants to fill this gap as well."
>
> ***Wadih, President, Vivre Positif, Lebanon***

In Morocco, recognising the need to help establish groups of people living with HIV from the ground up, AMSED is providing technical support to two nascent support groups so that they can form new organisations and plan activities for 2016. A first workshop was held in December 2015. AMSED and other partners will also conduct a national participatory community assessment with individuals and informal groups of people living with HIV to document their real needs and continue the process of community mobilisation and empowerment of people living with HIV in the national HIV response.

Candlelight Memorial event organised by Vivre Positif in Beirut, May 2015. © Vivre Positif

“Faith makes all things possible. Love makes them easy.”

Dwight Moody

Non-profit organization
Registered 2008
Ministry of Interior Decree 13470

Led by a group of activists and People Living with HIV, the organization "Vivre Positif" aims at providing, legal, medical, financial and most importantly, moral support for People Living with HIV (PLHIV).

Our vision:

We are working to build a society without discrimination and stigma towards people living with HIV, so that they may live their life and have it more abundantly and positively.

Our mission:

- Apply the UN Charter of Rights of PLHIV in Lebanon.
- Create a support network for PLHIV locally and regionally.
- Build capacities of PLHIV to become peer educators.
- Increase the level of vigilance at all society levels, in order to reduce the spread of the HIV virus.
- Conduct and support awareness campaigns on HIV for the general community, the media, social, political and religious leaders, and healthcare providers.
- Create and empower a network of HIV women.
- Create a network of interaction, mutual support, and solidarity between PLHIV and their relatives.
- Cooperate with local and international civil society organizations, health associations, and human rights associations to plan and reach our goals.

Our principles:

- Provide support to PLHIV in need, regardless of age, gender, nationality, social class, etc.
- Preserve the confidentiality of the PLHIV and their families.
- Incite participation and actively engage PLHIV in social work.

Our objectives:

- Amend the local laws and regulations in order to protect the rights of PLHIV, their partners as well as their families.
- Ensure participation of PLHIV in the brainstorming and decision-making related to HIV/AIDS issues at various levels.
- Provide medical, legal, psycho-social, and financial support to PLHIV
- Conduct awareness campaigns on HIV/AIDS.
- Organize specialized training sessions in various fields under the guidance of professionals.

Organisational flyer for Vivre Positif. © Vivre Positif

Groupe de Soutien
PVVIH Tunisie

Notre groupe de soutien existe depuis Avril 2010.

Nos valeurs et principes:

Solidarité, unité, partage, équité, non discrimination des PVVIH, confidentialité, respect mutuel, responsabilité, estime de soi.

Qui sommes- Nous?

Nous sommes un comité formé de représentants de PVVIH, composé de 5 membres de différentes populations clés élus dont des Accompagnateurs Socio Sanitaires, et des PVVIH volontaires, pour un mandat de deux ans.

Notre Mission:

- Contribuer à la prise en charge globale des personnes vivant avec le VIH (PVVIH) en Tunisie et renforcer leur participation à la riposte nationale du VIH sida.

Ce que nous faisons

- Informer, orienter et renforcer les capacités des PVVIH pour une meilleure intégration sociale et professionnelle à l'échelle nationale.
- Porter la voix des personnes vivant avec le VIH en Tunisie auprès des partenaires nationaux et internationaux de la réponse au sida.
- Plaider pour un environnement sans stigmatisation.
- Apporter un appui à l'accès universel et gratuit aux soins sanitaires globaux et aux services de prévention et de soutien psychosocial.
- Contribuer à la lutte contre toute forme de discrimination et de stigmatisation à l'encontre des PVVIH.
- Assurer une participation effective des PVVIH à la conception, à la mise en œuvre et au suivi des programmes de prise et charge et de soutien de leurs paires.
- Plaider auprès des décideurs et des acteurs sociaux pour identifier les besoins et promouvoir les droits des PVVIH dans les programmes de la riposte nationale.

- ● Assistance aux plus démunis
- ● Assistance Juridique
- ● Visite à domicile
- ● Soutien psychologique
- ● Assistance alimentaire
- ● Education thérapeutique
- ● Accompagnement et orientation

Siège de L 'ATL MST SIDA Tunis

Groupe de Soutien PVVIH Tunisie

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Organisational flyer for GS++.
© GS++

The GIPA Tree of Involvement translated into Arabic.

Acronyms

AMSED	L'Association Marocaine de Solidarité et de Développement (Morocco)
APCS	Association de Protection Contre le SIDA (Algeria)
ARVs	Antiretrovirals
ART	Antiretroviral therapy
ATL	Association Tunisienne de Lutte contre les MST SIDA (Tunisia)
ATP+	Association Tunisienne de Prévention Positive
GIPA	Greater involvement of people living with HIV
GNP+	Global Network of People Living with HIV
GS++	Groupe de Soutien PVVIH Tunisie
HIV	Human immunodeficiency virus
IEC	Information, education and communication
LMG	Leadership, Management & Governance
MENA	Middle East and North Africa
MSH	Management Sciences for Health
NAP	National AIDS Programme
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHDP	Positive Health, Dignity and Prevention
PLHIV	People living with HIV
SIDC	Soins Infirmiers et Développement Communautaire (Lebanon)
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing

“Our first collective success ...”

Title chosen by GS++ for their first narrative report in 2013, after designing and developing their own IEC materials www.aidsalliance.org

About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

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