



USAID
FROM THE AMERICAN PEOPLE



AIDS Free
Strengthening High Impact Interventions
for an AIDS-free Generation

RIGHTS TO EQUALITY IN THE MIDDLE EAST AND NORTH AFRICA

BUILDING EVIDENCE-BASED
RESPONSES TO PROTECT AND
PROMOTE HUMAN RIGHTS AMONG
VULNERABLE AND MARGINALIZED
POPULATIONS

**FRONTLINE
AIDS** 



RIGHTS TO EQUALITY IN THE MIDDLE EAST AND NORTH AFRICA

BUILDING EVIDENCE-BASED RESPONSES TO PROTECT AND PROMOTE HUMAN RIGHTS AMONG VULNERABLE AND MARGINALIZED POPULATIONS

This publication is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with the United States Agency for International Development (USAID) under the Cooperative Agreement Strengthening High Impact Interventions for an AIDS-free Generation, number AID-OAA-A-14-00046. The information provided does not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.

AIDSFree

The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project is a five-year cooperative agreement funded by the United States Agency for International Development under Cooperative Agreement AID-OAA-A-14-00046. AIDSFree is implemented by JSI Research & Training Institute, Inc. with partners Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH. AIDSFree supports and advances implementation of the U.S. President's Emergency Plan for AIDS Relief by providing capacity development and technical support to USAID missions, host-country governments, and HIV implementers at the local, regional, and national level.

About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organizations 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.

As of February 2019, the International HIV/AIDS Alliance is Frontline AIDS.

Recommended Citation

Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project. 2018. *Rights to Equality in the Middle East and North Africa: Building Evidence-Based Responses to Protect and Promote Human Rights among Vulnerable and Marginalized Populations*. Arlington, VA: AIDSFree Project.



JSI Research & Training Institute, Inc.

2733 Crystal Dr., 4th Floor
Arlington, VA 22202 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@aid-free.org
Web: aidfree.usaid.gov

CONTENTS

Abbreviations and Acronyms.....	ix
Foreword	xi
Executive Summary	xiii
Key Recommendations.....	xv
Background to the Rights to Equality Program in MENA	1
HIV And Human Rights in MENA.....	3
Building Effective Evidence-Based Responses	6
Lebanon	9
Tunisia	10
Partnerships and Dialogue Platform: Algeria and Morocco	12
Regional Learning and Sharing	12
Recommendations Going Forward	14
References.....	17
Annex 1. Responding to Key Populations in MENA Region: Summary	19

Acknowledgments

This report was co-authored by Linnea Renton (Independent Consultant) and staff of the International HIV/AIDS Alliance including Catherine Simmons, Katarzyna Lalak, Enrique Restoy, Oratile Moseki and Joannah Davis, and edited by Hester Phillips.. The authors gratefully acknowledge the guidance, input and feedback of its Middle East and North Africa partners, and the willingness of all involved in the Rights to Equality project to share their experiences and insights, both in writing and through individual interviews. All quotations are published with the interviewees' consent. Note that in order to maintain their ability to operate in sensitive country contexts, some individuals and organizations preferred not to be named.

ABBREVIATIONS AND ACRONYMS

AIDS	acquired immune deficiency syndrome
AIDSFree	Strengthening High Impact Interventions for an AIDS-free Generation Project
AMSED	Association Marocaine de Santé et de Développement (Morocco)
APCS	Association de Protection contre le SIDA (Algeria)
ATL	Association Tunisienne de Lutte contre les MST et le SIDA (Tunisia)
CRD	Connecting Research to Development (Lebanon)
CSO	civil society organization
DAMJ	Association Tunisienne pour la Justice et l'Égalité (Tunisia)
GIPA	greater involvement of people living with HIV
HIV	human immunodeficiency virus
ICT	information and communications technology
IHAA	International HIV/AIDS Alliance
IRAP	International Refugee Assistance Project (Lebanon)
LGBTI	lesbian, gay, bisexual, transgender, and intersex
LO	linking organization
MENA	Middle East and North Africa
MENA-Rosa	Regional Network of Women Living with HIV
MSM	men who have sex with men
NGO	nongovernmental organization
PCA	participatory community assessment
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
REAct	Rights – Evidence – ACTion
R2E	Rights to Equality
SIDC	Soins Infirmiers et Développement Communautaire (Lebanon)
STI	sexually transmitted infection
UNAIDS	Joint United Nations Program on HIV/AIDS
UNHCR	United Nations High Commission for Refugees
USAID	United States Agency for International Development
VP	Vivre Positif (Lebanon)

FOREWORD

People matter. This might sound obvious, but how often do we forget it in the health and HIV sector, when we are increasingly focused on suppressing the virus to end the epidemic?

Rights to Equality reminds us that people matter. Through this project we have heard loud and clear the words of lesbian, gay, bisexual, transgender and intersex people, refugees, migrants, and people affected by HIV across the Middle East and North Africa. Rights to Equality provides the evidence and the testimonies that reveal the vulnerabilities of people at higher risk of HIV across the region. This includes violence, stigmatization, homelessness, and a lack of economic opportunities and legal representation. It also shows the impact discrimination has on the mental health of people who should be protected by state and society.

Partners of Rights to Equality in Tunisia, Lebanon, Morocco, and Algeria have been working alongside people affected by HIV for decades. Their commitment will by no means end with Rights to Equality. But this project has created a valuable platform, not only for evidence gathering and sharing, but also for responding to the human rights challenges faced by marginalized populations. It is essential that donors, governments, and civil society sustain such pathways of evidence and responses if we are to fully honor the rights of marginalized people in the region.

Dr. Enrique Restoy
Head: Knowledge
International HIV/AIDS Alliance

EXECUTIVE SUMMARY

In the Middle East and North Africa (MENA) region people are routinely denied basic human rights on the grounds of gender, sexual orientation, gender identity, gender expression, HIV status and/or migrant or refugee status. For these key, vulnerable and marginalized populations, experiences of stigma, discrimination, persecution and abuse are rife, from both state and non-state actors, even in countries that have ratified international or regional human rights treaties and conventions. Punitive laws and social, cultural and religious norms create a context in which marginalized people often face stigmatizing attitudes and behavior, rejection and violence from family members, landlords, employers, health care workers and other service providers. Unsurprisingly, this leads to a sense of pervasive fear among marginalized people and a reluctance to self-identify or to seek services, including—but by no means limited to—HIV testing, treatment and support.

Meanwhile, the annual number of new HIV infections in MENA has doubled in less than 20 years, at a time when other regions have seen significant declines. Marginalized populations and their sexual partners accounted for 98% of these new infections in 2017.

In such a context, the role of civil society organizations (CSOs) is vital, not only in providing direct services and support, but also in collecting evidence and using it to advocate for the development, ratification, and enforcement of government policies that safeguard the rights of marginalized populations in the region. This underscores the importance of nurturing emerging movements to create visibility, capability, and credibility. Through the gathering and documentation of human rights violations, CSOs can build the case for effective, evidence-based responses in accordance with internationally recognized standards of good practice.

The **Rights to Equality project** worked to address the impact of inequality, discrimination, and human rights barriers on marginalized populations, which are impeding access to, and retention in, HIV services. It was led by the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) project, funded by the United States Agency for International Development (USAID), through the International HIV/AIDS Alliance (the Alliance) as its consortium partner, and country-based partners in Lebanon, Tunisia, Algeria, and Morocco.

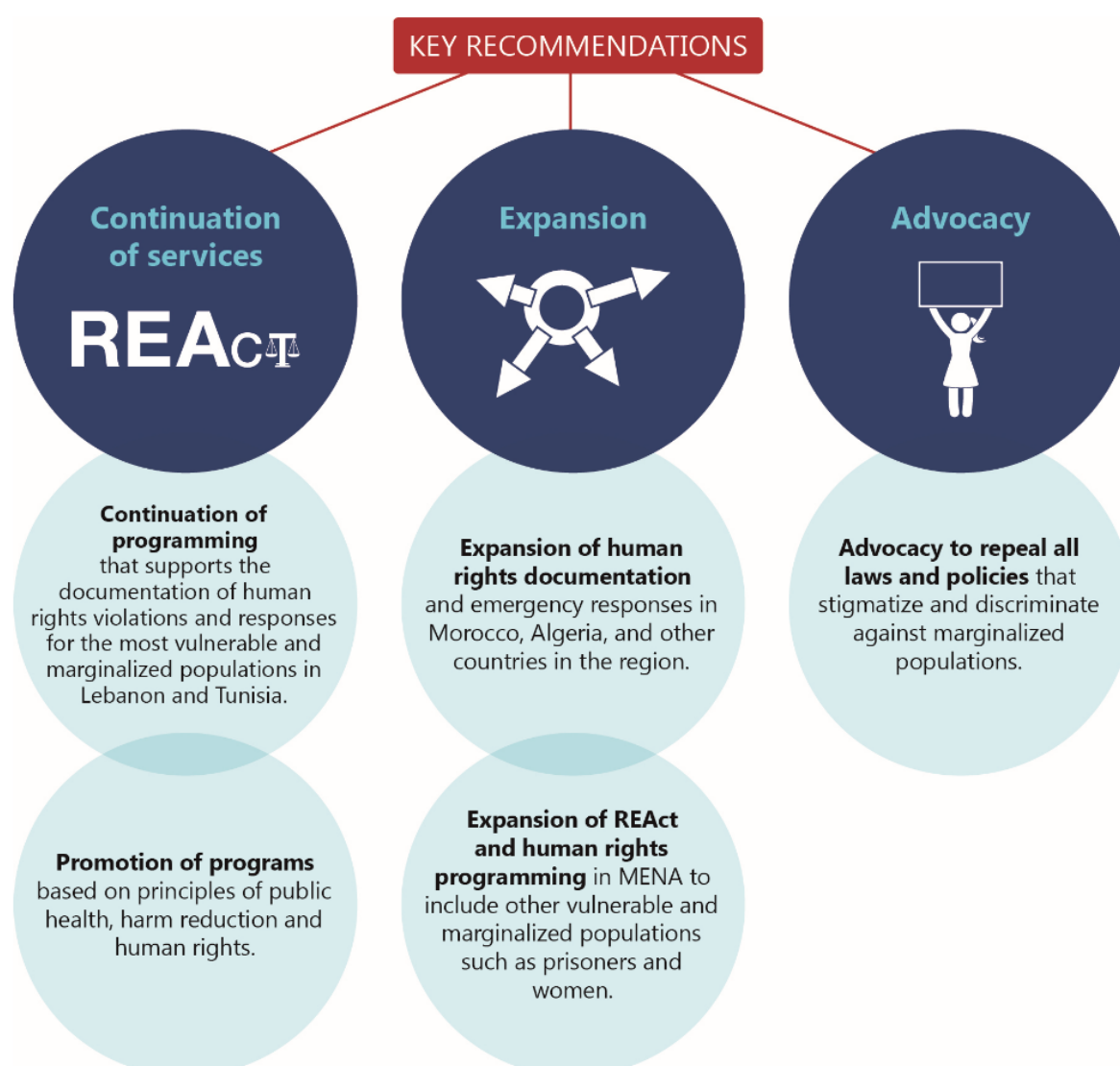
To work directly with beneficiaries and other stakeholders, Rights to Equality supported emerging movements and organizations led by people living with HIV and lesbian, gay, bisexual, transgender, and intersex (LGBTI) people.

Civil society partners in Lebanon and Tunisia have documented 240 human rights cases¹ using REAct (Rights – Evidence – ACTION), a community-managed monitoring and response system. Partners have responded by providing legal and psychosocial support, food and shelter, and access to HIV and other health services.

In Algeria and Morocco, the project helped build technical and advocacy capacity to work with vulnerable and marginalized people and decision-makers. A regional platform, which encouraged cross-country learning and mutual support, also allowed those in more restrictive countries to participate and share experiences in a safe space.

The Rights to Equality project was highly valued by stakeholders. With the initiative drawing to a close, concerns were repeatedly expressed about sustainability and resource mobilization, as valuable momentum could otherwise be lost. Key recommendations are detailed in Figure 1 below:

Figure 1. Key Recommendations



¹ This figure reflects cases recorded up to the end of August 2018. The process of collecting and documenting cases continued until October 31, 2018.

Key Recommendations

Continuation of ReACT Services

- **Continuation of programming** that supports the documentation of human rights violations and responses for the most vulnerable and marginalized populations in Lebanon and Tunisia.
- **Promotion of programs** based on principles of public health, harm reduction, and human rights.

Expansion

- **Expansion of human rights documentation and emergency responses** in Morocco, Algeria, and other countries in the region.
- **Expansion of REAct and human rights programming** in MENA to include other vulnerable and marginalized populations such as prisoners and women.

Advocacy

Advocacy to repeal all laws and policies that stigmatize and discriminate against marginalized populations.

BACKGROUND TO THE RIGHTS TO EQUALITY PROGRAM IN MENA

Between 2005 and 2015, the Alliance worked with eight civil society partners in Algeria, Lebanon, Morocco, and Tunisia to respond to the sexual health and HIV prevention needs of men who have sex with men (MSM) in hostile environments. The aims of the Responding to Key Populations in the Middle East and North Africa (MENA) Region program (funded by the United States Agency for International Development, or USAID) were to expand access to, and improve, the quality of HIV prevention, care and support services for MSM, and to help create a more enabling environment to respond effectively to MSM's sexual health and HIV prevention needs. (See Annex 1 for a summary of the initiative's achievements.)

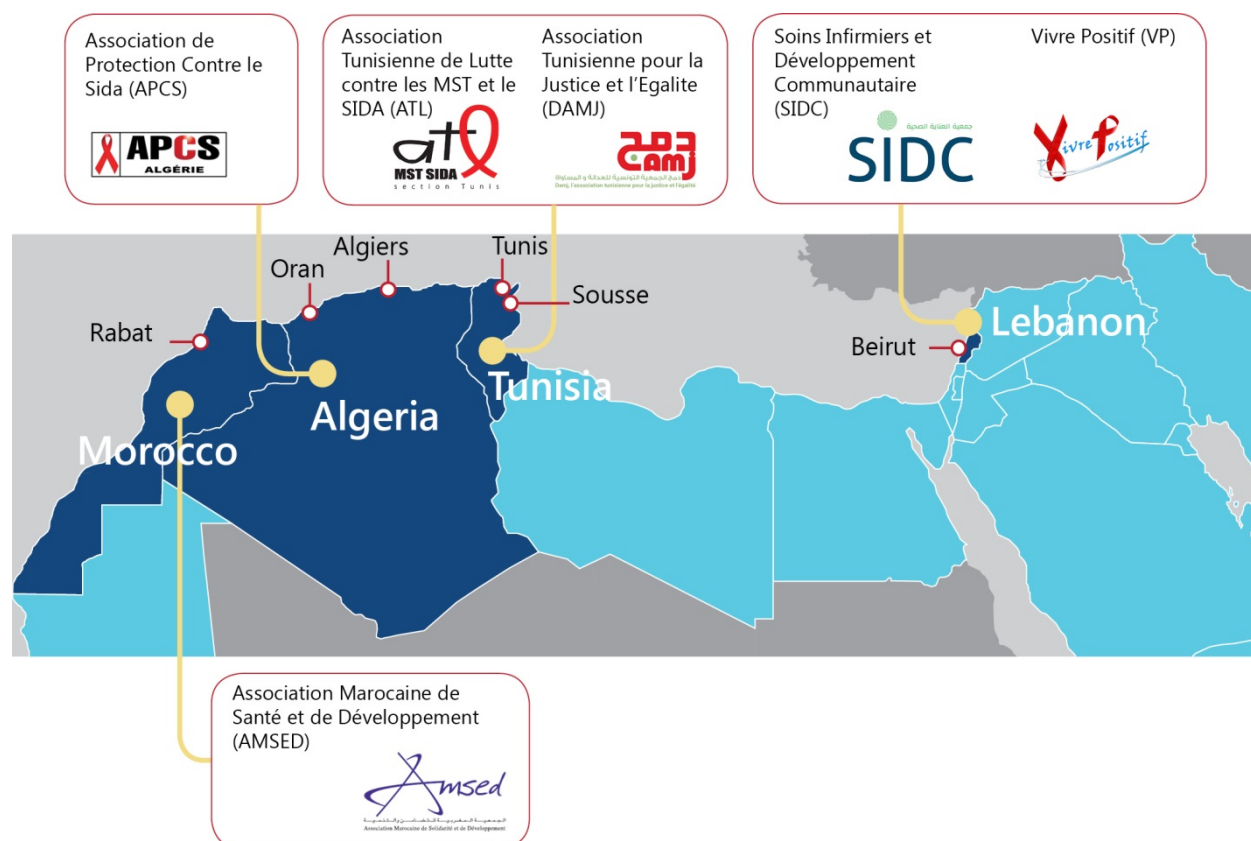
Through the project, the Alliance and its partners in Algeria, Lebanon, Morocco, and Tunisia had become key civil society implementers, advocates and representatives in their respective national HIV responses, as well as regionally. They were also in the process of building technical and organizational capacity.

The **Rights to Equality program** built on this foundation and expanded on the rights-based work that had already been conducted under the initial project. It broadened its scope beyond MSM to all key, vulnerable, and marginalized populations, including all LGBTI populations, people living with and affected by HIV, migrants and refugees. This enabled Rights to Equality to address the overlapping vulnerabilities and social, legal, and economic discrimination that hinder access to, and retention in, HIV services.

The program was also designed to respond to the life-threatening emergencies that partners and beneficiaries experience on a regular basis. A regional platform, which encouraged cross-country learning and mutual support, also allowed those in more restrictive countries to participate and share experiences in a safe space.

The project was led by the USAID-funded Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project through the Alliance as its consortium partner. In four focus countries, the Alliance worked with the following country-based partners:

Figure 2. Country-Based AIDSFree Partners



In addition, Rights to Equality worked with regional allies and stakeholders, notably the Regional Network of Women Living with HIV (MENA-Rosa) and the Middle East and North Africa Harm Reduction Association.

Mohamed Lassaad Soua, UNAIDS Country Manager for Tunisia, notes the value of Rights to Equality:

"The Rights to Equality model showcases that empowering communities and providing them with the know-how to advocate and document human rights violations, supported by good knowledge of rights, is complementing all our efforts on fast-tracking the response."

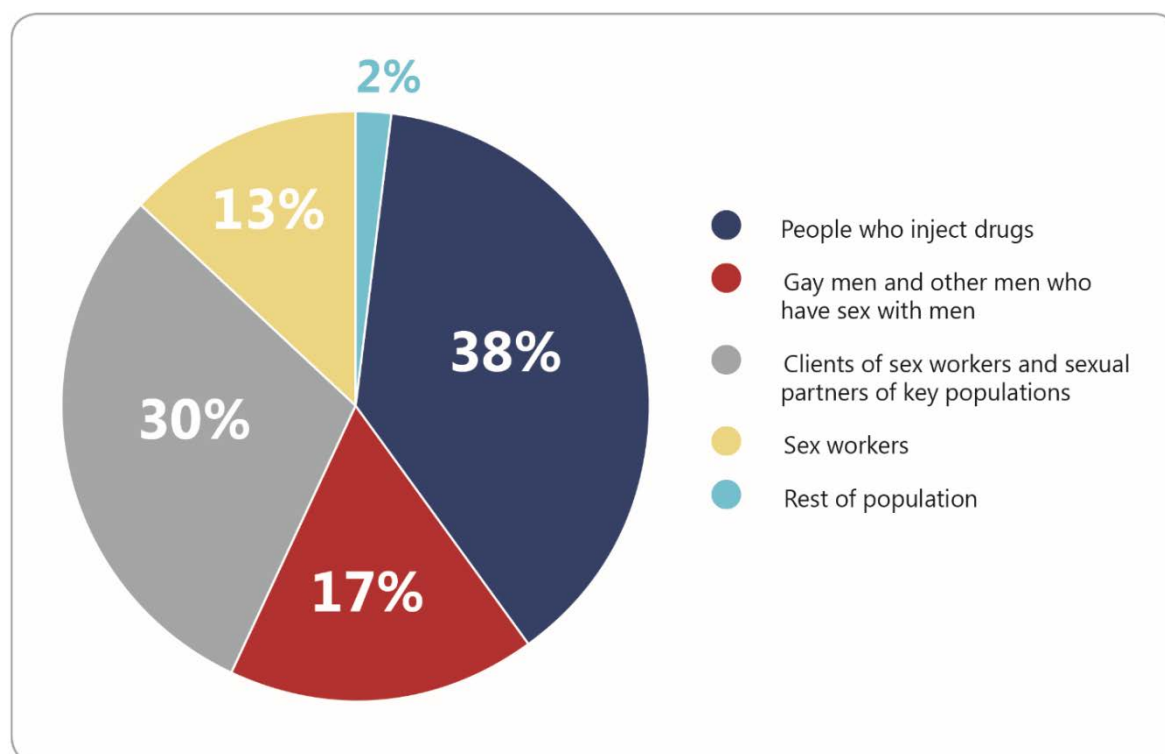
This report summarizes the achievements and challenges of the Rights to Equality program, both regionally and within the focus countries. It also presents recommendations for the sustainability and future direction of this vital work, given the regional context and existence of other programs.

HIV AND HUMAN RIGHTS IN MENA

In the MENA region, people are routinely denied basic human rights on the grounds of gender, sexual orientation, gender identity, gender expression, HIV status, and/or migrant or refugee status. For these key, vulnerable and marginalized populations, discrimination, persecution and abuse are rife, from both state and non-state actors, even in countries that have ratified international or regional human rights treaties and conventions. Punitive laws and social, cultural and religious norms create a context in which marginalized people often face stigmatizing attitudes and behavior, rejection and violence from family members, landlords, employers, health care workers, and other service providers. Unsurprisingly, this leads to a sense of pervasive fear among marginalized people and a reluctance to self-identify or to seek services, including—but by no means limited to—HIV testing, treatment and support.

The latest findings from UNAIDS make for grim reading. In MENA, the annual number of new HIV infections has doubled in less than 20 years, at a time when other regions have seen significant declines.² Key populations and their sexual partners accounted for 98 percent of these new infections in 2017, as illustrated in Figure 3.

Figure 3. Distribution of New HIV Infections by Population Group in MENA, 2017



These HIV statistics cannot be divorced from the widespread violations of human rights experienced by key, vulnerable, and marginalized populations throughout the region.

² All figures here and in the pie chart are from UNAIDS 2018.

Table 1 provides an overview of the critical rights issues affecting key populations in the four Rights to Equality focus countries: Algeria, Lebanon, Morocco, and Tunisia. These include criminalization and other restrictive policies, and stigma and discrimination in health care settings.

Table 1. Rights Issues Affecting Key Populations in Rights to Equality Focus Countries

	Algeria	Lebanon	Morocco	Tunisia
Criminalization of transgender people	Not criminalized	⊖	Criminalized and prosecuted	Criminalized
Criminalization of sex work	Buying sexual services is criminalized	⊖	Selling and buying sexual services is criminalized	Selling and buying sexual services is criminalized
Criminalization of same-sex sexual acts	Criminalized: imprisonment up to 14 years	⊖	Criminalized: imprisonment up to 14 years	Criminalized: imprisonment up to 14 years
Drug use or possession for personal use an offence	Possession is a criminal offence. Drug use or consumption is a specific criminal offence	⊖	Possession for personal use is a criminal offence	Drug use or consumption is a specific criminal offence.
Laws criminalizing the transmission of, non-disclosure of, or exposure to, HIV transmission	⊗	⊖	⊗	⊗
Laws or policies restricting the entry, stay and residence of people living with HIV	⊗	⊖	⊗	⊗
Mandatory HIV testing for marriage, work or residence permits or for certain groups	⊗	⊖	✓	⊗
% of people living with HIV denied health services because of their HIV status in the last 12 months	53.3 [2015 data]	⊖	41.2	⊖
% of people living with HIV who reported a health care professional had told others about their HIV status without their consent	3.7 [2015 data]	⊖	15.5	⊖
Key population avoidance of health care due to stigma and discrimination	Sex workers: 81.3% Gay men and other MSM: 68.9%	⊖	People who inject drugs 29.9%. Gay men and other MSM: 7.9%.	⊖



NO



No data available



YES

To reach the 90-90-90 goals, UNAIDS sets ambitious targets for HIV prevention and zero discrimination. This includes goals to reduce new HIV infections, particularly among key populations, and eliminate discriminatory laws and practices in health care settings. Without addressing these barriers, the 90-90-90 targets will never be achieved.

The data in Table 1 outlines the restrictive nature of the legal and social environment in MENA. However, it is difficult to know how many people this affects. As UNAIDS states, the availability and reliability of data about key populations are often compromised:

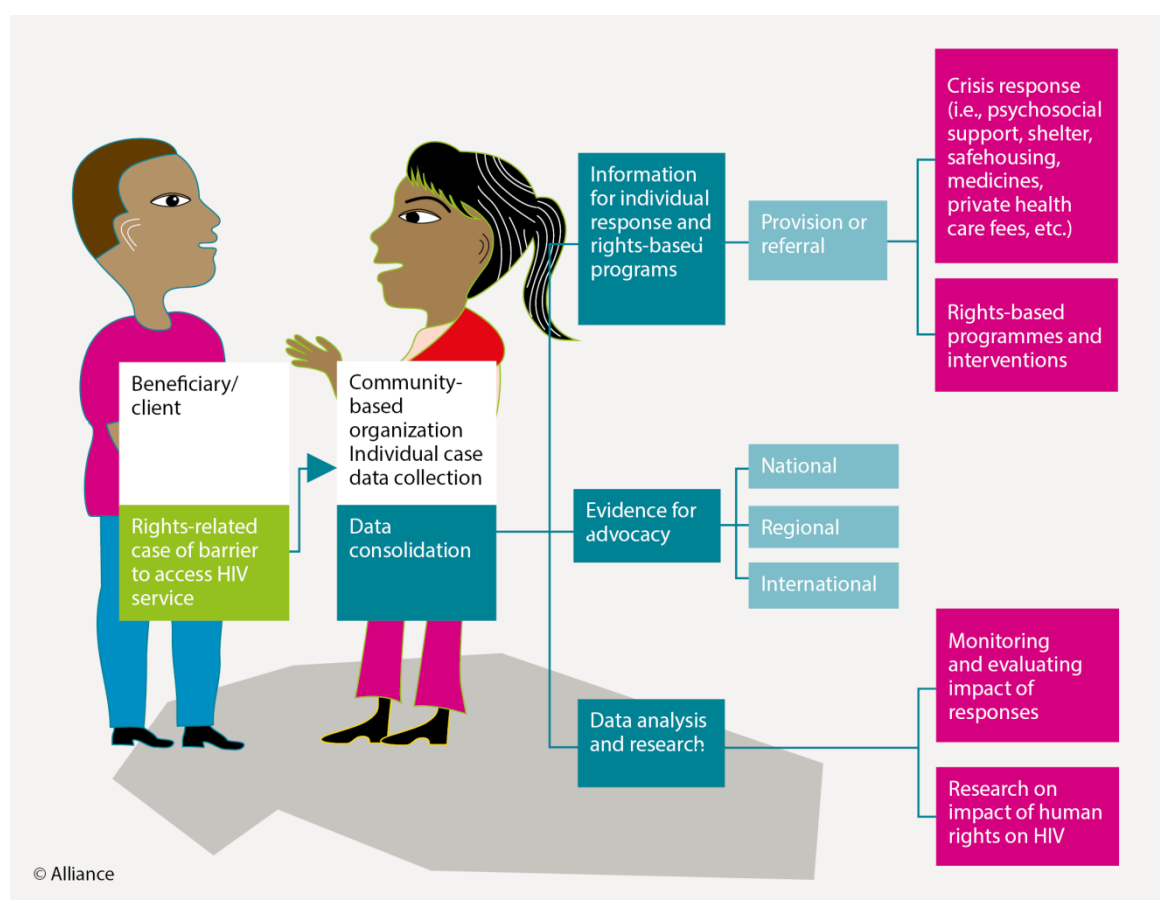
“Key populations... are reluctant to identify themselves, especially in environments where their actions or identities are considered socially or religiously unacceptable, or they are punishable under local law. This makes it difficult to collect quality data on the location and size of these populations, their attitudes and practices, their access to HIV services, and the incidence and prevalence of HIV among them.” (UNAIDS 2018)

The region also faces additional challenges such as the increasing presence of refugees fleeing conflicts and humanitarian crises. Morocco and Tunisia, previously seen as transition countries for migrants on their way to Europe, have now become destination countries. Often, people whose rights to safety, freedom of expression, and access to HIV prevention, treatment and care are denied are also denied urgently needed psychological, medical, legal, housing and other forms of support. Forced deportations, expulsion from homes, dismissal from employment, arrests, torture, and other abuses committed against people with diverse gender identities and sexual orientations, as well as people living with HIV, have made it clear that the only effective response to the HIV epidemic is one that is firmly built on human rights principles.

Building Effective Evidence-Based Responses

AIDSFree, the Alliance, and its partners designed Rights to Equality to respond to gaps in the region’s response to HIV and human rights.

Figure 4. Community-Based Human Rights Monitoring and Response System



Tracking and responding to rights violations has been at the core of Rights to Equality. This was conducted through **REAct**,³ a community-managed system that records and organizes information about human rights abuses. Using secure technology with encrypted data to ensure confidentiality, REAct enables trained users to document human rights barriers to accessing HIV, health and other services. Information from individual cases is collected through direct, semi-structured interviews with beneficiaries and clients, based on a standard questionnaire. The tool also allows staff to record the responses provided to the beneficiary, and to input updates and follow-up information. This not only tracks appropriate individual responses but also informs quality, human rights-based HIV programming, policy and advocacy at national, regional and global levels.

REAct provides data to determine both the baseline in human rights abuses and the direct impact of emergency responses, psychosocial support, and legal counseling. Along with qualitative analysis based on testimonies collected by implementing organizations, the evaluation tool embedded in REAct's software (Martus) enables quantitative analysis of beneficiaries' human rights context and rights-based needs using multiple sets of disaggregated data (e.g., by gender).

³REAct is freely available to any organization wishing to set up and implement it. The REAct team at the Alliance Secretariat can be contacted on REAct@aidssalliance.org. For more information on REAct and on HIV and human rights, see <http://www.aidssalliance.org/our-priorities/167-human-rights>.

Such evidence gathering is especially important given that, in the MENA region, UNAIDS finds “a dearth of accurate information is holding back HIV responses... Better data are needed to focus HIV interventions on locations and populations where HIV risk is highest.”⁴

Globally, we now have a much clearer definition of what human rights programming means in the context of HIV, with seven key program approaches identified.^{5,6}

Figure 5. Key Program Approaches



Rights to Equality was designed to strengthen the response in MENA to each of these components. By doing so, the project has been consistent with the Alliance’s commitment to combination prevention as the key to tackling the epidemic; only through structural, as well as behavioral and biomedical, interventions will meaningful and lasting progress be achieved.

The following two sections examine the challenges and achievements of Rights to Equality in different contexts: firstly, in Lebanon and Tunisia, where the program provided a human rights

⁴ UNAIDS (2018) ‘UNAIDS Data 2018’, p244

⁵ UNAIDS (2017) ‘Fast-Track and human rights: Advancing human rights in efforts to accelerate the response to HIV’

⁶ International HIV/AIDS Alliance (2013) ‘Good Practice Guide: HIV and Human Rights, 2013’

response platform, as well as advocacy and access to justice, and secondly in Algeria and Morocco, where activities focused on partnerships and dialogue.

Lebanon

In **Lebanon**, Rights to Equality partners including **SIDC** documented a total of 55 cases of human rights violations during the project.⁷ In addition to violence towards LGBTI people from family members, plus deportations and loss of employment based on HIV status, issues of homelessness among Syrian migrants were found to be particularly pressing. Safe housing is a top priority, with transgender people the most likely to be in need of shelter.

The support provided varies according to each person's individual needs, but has included the provision of food boxes, shelter, medical help (e.g., HIV testing, CD4 count testing), legal aid, and assistance with setting up businesses.

Many of the LGBTI migrants seeking legal aid are survivors of torture. Due to a lack of recognized human rights safeguards for sexual minorities in Lebanon, their sexual orientation, gender identity and/or gender expression increases their risk of experiencing further violence or other forms of abuse. This creates a further layer of trauma, which may be compounded by stigmatizing and discriminatory treatment from health care workers if they try to access medical services.



A 26-year-old Iraqi trans woman suffered many years of torture and abuse from her father, starting with violent beatings from the age of seven that continued to escalate. She began a romantic relationship at university, but after her father discovered her with her partner, she was locked up at home and deprived of food. The family decided she should be killed. Her mother helped her to escape and she fled to Lebanon. Unfortunately, rather than finding safety there, her situation deteriorated further, and she was forced into sex work to pay rent. Advocacy on her behalf to UNHCR eventually resulted in her being deemed vulnerable enough for resettlement to a third country.

Abuses documented in both public and private health care settings in Lebanon include breaches of confidentiality (e.g., disclosure of HIV status without consent), maltreatment, or refusal to treat, neglect, and stigmatizing or fearful behavior from staff. Further evidence of violations against people living with HIV and LGBTI people was collected in relation to family, community, workplace, education, and government settings, including experiences of rejection, isolation, arbitrary dismissal, and denial of services.

To address workplace violations, **Vivre Positif** conducted awareness-raising sessions with a wide range of private companies. A key focus was to challenge the current practice in Lebanon whereby companies impose obligatory HIV testing as a condition of employment. This is not a legal requirement, as is often mistakenly believed, but a matter of internal company policy. Among the companies taking part were Padova Hotel, ABC Shopping Mall, Onlivery, Darina, New TV, Diamony,

⁷ This figure reflects cases recorded up to the end of August 2018. The process of collecting and documenting cases continued until 31 October 2018.

Intermedic, Elena Touch, ABT, Taraby Group, and Kaa. The training sessions reached more than 200 participants and were very positively received. ABC Shopping Mall has asked Vivre Positif to conduct further trainings, which the company will pay for, a promising example of private sector partnership and program sustainability.

SIDC also provided training to health professionals on how to provide services that respect human rights. Researchers and educators received guidance on how to provide learning opportunities based on informed consent, privacy, and confidentiality. A session on HIV, sexually transmitted infections (STIs), human rights, and work ethics was held with social workers, and a training on HIV, STIs and drugs took place with municipality police officers working in the suburbs of Beirut.

Tunisia

In **Tunisia**, REAct was used by **ATL** to collect and respond to a total of 82 cases, while **DAMJ** dealt with 104 cases.⁸ Key issues emerging in the Tunisian context were homelessness among Tunisian LGBTI people, and the need for housing assistance for people living with HIV, whether they were Tunisian or migrants from sub-Saharan Africa.

DAMJ supported eight LGBTI people to access surgery or other medical treatment after they were beaten by police officers. Despite the associated risk, DAMJ filed three complaints against the police officers in question, which are currently under review.

While the numbers involved may appear low, the real number of hate crimes such as homophobic and transphobic attacks is suspected to be many times higher. This is because many people do not report attacks for fear of further abuse from the authorities themselves. Hence, each documented case adds to the body of evidence.

"These may be small steps, but they show that we are on the right track in making things visible, and this gives hope to people. The movement is more structured and credible now that we can combine data from different organizations."

Badr Baadou,
DAMJ, Tunisia



One case involved a Moroccan person who underwent female-to-male gender reassignment surgery. Since his family did not accept him, activists helped him enter Tunisia, which despite criminalizing transgender people, is relatively more accepting and has a stronger LGBTI movement that can provide support. ATL and DAMJ provided medical, psychological and social assistance, as well as support to receive refugee status from UNHCR.

⁸ This figure reflects cases recorded up to the end of August 2018. The process of collecting and documenting cases continued until 31 October 2018.



Another case registered by DAMJ is that of a young gay man who was kidnapped and tortured by Libyan militia. He sought asylum in Tunisia, where DAMJ provided him with psychological care, housing assistance and social support.



In September 2018, ATL co-coordinated *Être migrant en Tunisie* (To be a migrant in Tunisia), a workshop for migrants, civil society partners and parliamentarians. Participants discussed issues such as access to health care for migrants and integration into Tunisian society. Migrants shared testimonies of their daily life and struggles in Tunisia, and gave artistic performances to share the different cultures of their home countries such as Mali and Senegal. The day ended with a peaceful demonstration under the banner 'Law against Racial Discrimination' in the city centre of Tunis. Three weeks later the Tunisian parliament passed the Organic Law on the Elimination of All Forms of Racial Discrimination in Tunisia. This workshop, and the evidence from the cases documented under REAct, which ATL and DAMJ used to advocate for the law, contributed to it being passed.

ATL worked primarily with migrants from sub-Saharan Africa and people living with HIV, who face high levels of discrimination and human rights violations.

In 2017, a significant development occurred when the Tunisian president formed the Individual Freedoms and Equality Committee. The committee was charged with preparing a report on legislative reforms, in accordance with Tunisia's 2014 Constitution (which guarantees the right to private life) and international human rights standards. It is hoped this will enable discriminatory laws to be changed. Major current advocacy targets are Article 230 of the penal code, which criminalizes consensual same-sex sexual relations, Article 226, which criminalizes indecency and offensive acts and is used against transgender and gender non-conforming people, and the use of anal examination as 'proof' of suspected homosexuality, a practice recognized as torture by the United Nations.

Rights to Equality partners in Lebanon and Tunisia emphasized the value of a twin-track model, one that not only promotes policy change but also deals with the urgent human needs of those most acutely affected.

"Rights to Equality has allowed us to adopt an approach based on human rights, to highlight rights violations and address them. We can use the statistics to do effective advocacy with journalists and politicians and back it up with evidence. But in the meantime, people cannot eat texts and laws!"

Oussama Bouagila,
ATL, Tunisia

Partnerships and Dialogue Platform: Algeria and Morocco

In countries where the visibility and activism of LGBTI people and people living with HIV are only just emerging, evidence of human rights violations of vulnerable and marginalized populations is vital.

“There is a lot of silence here, and it’s silence that kills. The government is determined to collect no data, nothing that could be used to hold them to account—all the more reason for us, the NGOs, to collect it.” Aziz Taddjedine, APCS, Algeria

In Algeria, **APCS** led efforts for the greater involvement of people living with HIV (GIPA) in the country’s response to the epidemic. In October 2018, APCS organized a two-day GIPA forum in Oran, the overall objective of which was to help develop national consensus on joint action among all actors involved in the HIV response. The participants were introduced to the GIPA principles and exchanged examples of activism led by people living with HIV in Algeria, Mauritania and Tunisia. The event also included training for CSOs on HIV and human rights. The forum provided a good opportunity for deepening understanding about the genuine needs and lived experiences of people living with HIV in Algeria.

Positive steps have also been made in Morocco. It is one of only two countries in the MENA region with a national harm reduction strategy (the other being the Islamic Republic of Iran) (UNAIDS 2018). In addition, in June 2017, Morocco became the first country in the region to adopt the use of pre-exposure prophylaxis (PrEP) as part of its HIV prevention program (Ibid.). PrEP is a potentially vital prevention tool in a region where the overwhelming majority of new HIV infections occur among key populations and their sexual partners.

AMSED, the Alliance’s Linking Organization in Morocco, has been a Global Fund sub-recipient for civil society and was elected as a member of the Country Coordinating Mechanism. Although not a rights-focused organization as such, AMSED is able to use its position within civil society to play a key role in leading advocacy efforts for health, HIV, and human rights, as well as providing coordination and support to Moroccan CSOs.

Despite this progress, considerable support is still required in both Algeria and Morocco to continue building the technical expertise and organizational capacity of civil society so that CSOs are able to undertake effective, evidence-based programming and policy work where HIV and human rights intersect. This is reflected in the following summary of the program’s regional learning and sharing work.

Regional Learning and Sharing

Documenting and disseminating learning within the region has been a central feature of Rights to Equality. An important part of this was the production of a literature review, which focuses on the current situation of key, vulnerable, and marginalized populations in Lebanon, Tunisia, Morocco, and Algeria (CRD 2018). It also contains an analysis of discriminatory laws and articles that affect people from key populations and prevent them from accessing health and other services. In addition,

Connecting Research to Development has produced an analysis of human rights programming for HIV in Lebanon (Ibid.).

The literature review and program analysis has added to the evidence base and will be a useful advocacy tool for partners in the region. It will also help inform the design of future health and human rights programs in the region.

The Rights to Equality program culminated in a two-day regional learning and sharing event, which took place in September 2018 in Beirut, Lebanon, and was attended by 50 participants. The event contained a range of sessions to highlight experiences and results relating to gender identity and expression, sexual orientation, refugee/migrant status, and HIV status. Participants included National AIDS Program managers and NGO representatives from Sudan, Oman, Egypt, Jordan and Mauritania as well as implementing partners from Lebanon (SIDC, Vivre Positif and IRAP) and Tunisia (ATL and DAMJ), and project partners from Morocco (AMSED) and Algeria (APCS).

Key cross-country learning exchanges and reflections that emerged included:

- **Linking HIV and human rights:** Some partners in the program are working right at the intersection of HIV and human rights. For instance, they are documenting cases of LGBTI people who have been kicked out of home because they are gay and need emergency shelter *and* HIV services. However, some partners, who predominantly work either through a health lens or a human rights lens, found it harder to situate the intersectionality between HIV and human rights, or the overlapping vulnerabilities of migration, HIV status, sexual orientation and gender identity. In response, examples of work that address HIV and human rights were shared and partners committed to an ongoing skills exchange. For example, a partner with skills and experience in litigation and asylum may share their knowledge with a partner who works on HIV testing and care, and will learn about this aspect of the HIV response in return.
- **Context matters:** How can human rights monitoring and responses such as REAct be rolled out and adapted in different country contexts? Participants in program countries who were not using REAct could see the benefits of formally documenting cases of human rights violations and using this evidence for advocacy, but also had questions about safety and security. They asked their counterparts from Lebanon and Tunisia how they stored the information securely and whether qualitative as well as quantitative data can be stored. ATL, DAMJ, and SIDC explained the security features of the Martus software, how they use semi-structured interviews to document cases, and some of the challenges and benefits of responding to human rights cases.
- **Challenges and successes online:** A number of partners had piloted online interventions and shared their positive and negative experiences of working in a virtual space. For example, a civil society organization found that law enforcement had been setting up fake accounts on online LGBTI dating apps to trap and arrest LGBTI people. Partners in Lebanon, Morocco, and Tunisia were able to share their positive experiences of online outreach and prevention under the previous MENA program. Here, online peer educators were able to reach LGBTI people in remote regions and “hidden populations” such as lesbians with HIV information. The pilot achieved a good completed referral rate of 10 percent.

Recommendations Going Forward

Based on the experience and learning from Rights to Equality, we make the following recommendations for programming, policy, and fundraising (also shown in Figure 5):

Continuation of Services

- Continue programming that supports the documentation of human rights violations and responses for the most vulnerable and marginalized populations in Lebanon and Tunisia. Increase reach and expand to new areas in each country.
- Continue to build the evidence base in relation to the most marginalized populations.
- Support CSOs in practical terms to work with both public health and rights-based approaches and become stronger organizationally, so they can coordinate and lead more effectively.

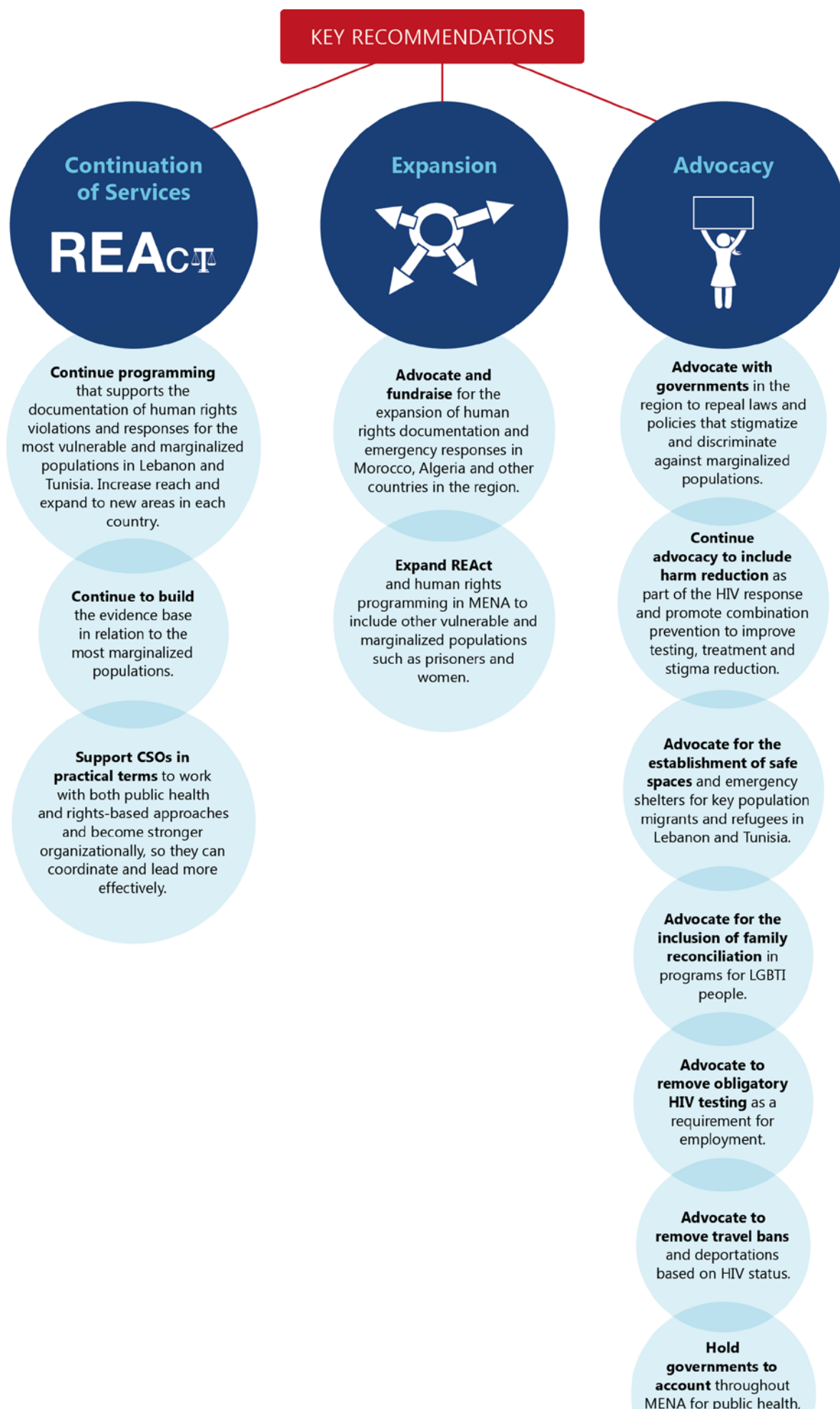
Expansion

- Advocate and fundraise for the expansion of human rights documentation and emergency responses in Morocco, Algeria and other countries in the region.
- Expand REAct and human rights programming in MENA to include other vulnerable and marginalized populations such as prisoners and women.

Advocacy

- Advocate with governments in the region to repeal laws and policies that stigmatize and discriminate against marginalized populations.
- Continue advocacy to include harm reduction as part of the HIV response and promote combination prevention to improve testing, treatment and stigma reduction.
- Advocate for the establishment of safe spaces and emergency shelters for key population migrants and refugees in Lebanon and Tunisia.
- Advocate for the inclusion of family reconciliation in programs for LGBTI people.
- Advocate to remove obligatory HIV testing as a requirement for employment.
- Advocate to remove travel bans and deportations based on HIV status.
- Hold governments to account throughout MENA for public health, harm reduction, and human rights.

Figure 6. Key Recommendations Going Forward



The Rights to Equality program was clearly highly valued by stakeholders. With the initiative drawing to a close, concerns were repeatedly expressed about sustainability and resource mobilization, as valuable momentum could otherwise be lost. This view was backed by Mohamed Lassaad Soua, UNAIDS Country Manager for Tunisia:

"We are proud to see the work of civil society maturing over the years and moving towards unfamiliar territories for MENA, such as self-testing, PrEP, ICT and task-shifting, with particular emphasis on the LGBT community. It is paramount that available resources, whether from GFATM [the Global Fund], national or multi-country grants, be directed to sustaining these efforts and scaling them up."

Implementing organizations reaffirmed their commitment to tackle the many challenges that remain:

"This program was the cornerstone in the MENA region for all of us striving for human rights. We hope it will spark new efforts to promote equality and justice."

—Oussama Bouagila, ATL, Tunisia

"We are concluding a program – but not putting an end to our efforts. We have to continue to raise our voices and to network with each other, two main conditions of success."

**Nadia Badran,
SIDC, Lebanon**

REFERENCES

- Association Mawjoudin, CHOUF and Association Tunisienne pour la Justice et l'Égalité [Tunisia] (2018) *'Study on Violence against LGBTQ Individuals'*
- Civil Coalition for Individual Liberties [Tunisia] (2018) *'2017 State of Individual Liberties: Continuous and Intensifying Violations. Report on Major Violations of Individual Liberties in 2017'*
- Connecting Research to Development (2018) *'Rights to Equality in the Middle East and North Africa: Human Rights Programming in the Context of HIV in Lebanon'*
- Connecting Research to Development (2018) *'Rights to Equality in the Middle East and North Africa: Literature Review'*
- DAMJ (n.d.) *'Un être humain sans droit'*, Tunisia: Institut Français.
- International HIV/AIDS Alliance (2018) *'REActing to reality: Taking action on human rights violations against key populations'*. Available at: <http://www.aidsalliance.org/resources/1075-reacting-to-reality-taking-action-on-human-rights-violations-against-key-populations>
- International HIV/AIDS Alliance (2017) *'Pioneering HIV services for and with men having sex with men in MENA: A case study about empowering and increasing access to quality HIV prevention, care and support to MSM in a hostile environment'*. Available at: <http://www.aidsalliance.org/resources/890-pioneering-hiv-services-for-and-with-men-having-sex-with-men-in-mena>
- International HIV/AIDS Alliance (2015) *'Analysons nous-mêmes nos besoins: Guide pratique pour réaliser des Diagnostics Communautaires Participatifs pour répondre aux besoins en santé sexuelle des HSH dans la région MENA'*. Available at: www.aidsalliance.org/resources/680-menaanalysons-nousmemes-nos-besoins
- International HIV/AIDS Alliance (2013) *'Good Practice Guide: HIV and Human Rights, 2013'*. Available at: <http://www.aidsalliance.org/resources/400-good-practice-guide-hiv-and-human-rights>.
- MENA-Rosa (2018) *'Silent Stories'*. Available at: http://www.aidsalliance.org/assets/000/003/577/menarosa_booklet_stigma_women_original.pdf?1531305559
- Soins Infirmiers et Développement Communautaire and Vivre Positif (2016) *'Speak Up for the Rights of People Living with HIV: Human rights & HIV monitoring system for law reform in Lebanon'*
- Strengthening High Impact Interventions for an AIDS-free Generation Project (2016) *'Rights to Equality in the Middle East and North Africa: Workplan 2016-2018'*, Arlington, VA: AIDSFree
- UNAIDS (2018) *'Global AIDS Update 2018: Miles to Go – Closing gaps, breaking barriers, righting injustices'*. Available at: http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

UNAIDS (2018) '*UNAIDS Data 2018*'. Available at:

http://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf

UNAIDS (2017) '*Fast-Track and human rights: Advancing human rights in efforts to accelerate the response to HIV*'. Available at: <http://www.unaids.org/en/resources/documents/2017/fast-track-human-rights>

ANNEX 1. RESPONDING TO KEY POPULATIONS IN MENA REGION: SUMMARY⁹

Some noteworthy achievements of the program, which took place 2005-2015:

- Created access to MSM-appropriate and -friendly prevention, care and support through peer outreach. The use of participatory community assessments (PCAs) enabled an unprecedented understanding of and access to MSM communities in each country.

PCAs served as the foundation from which peer-based outreach activities were designed and tailored to diverse MSM sub-communities. A comprehensive combination prevention package of activities was delivered, including behavior change communications, tailored information, education and communication materials, distribution of free condoms and lubricant sachets, and referrals to HIV and STI testing, care, psychosocial and legal support services. The availability of HIV and STI testing and counseling services was expanded in all countries, through mobile, peer-based testing and referrals to public and private facilities.

- In the last two years of the program (between August 2013 and September 2015):
 - An estimated 47,991 MSM were reached through outreach-based interpersonal communication activities
 - 662,111 condoms and 237,593 lubricant sachets were distributed free to MSM
 - 8,205 MSM received voluntary counseling and testing services for HIV
 - 3,509 MSM were tested, diagnosed or treated for STIs (not including referrals)
 - 2,106 MSM benefited from psychological support and 388 from legal support
- 3,020 individuals (health providers, religious leaders, police officers, journalists, and other community representatives) were reached with stigma reduction activities, and 608 decisions-makers were included in advocacy and awareness-raising initiatives.
- Mobilized and empowered MSM communities. Many MSM reported having gained confidence, self-esteem and increased professional capacity thanks to their participation in PCAs, training and supervision and through contributing to the design of programmatic activities and communications materials. This provoked profound changes for many, who have now become activists, experts, and leaders for MSM and LGBTI communities in their countries. New rights organizations in the region have since been established by former volunteers or staff of this program.

⁹ From International HIV/AIDS Alliance (2017) *Pioneering HIV services for and with men having sex with men in MENA: A case study about empowering and increasing access to quality HIV prevention, care and support to MSM in a hostile environment*.

- Built capacity of service providers and CSO partners working with MSM communities, most of them starting from scratch. Transforming the CSOs' organizational culture and strengthening their capacity in HIV thematic areas and project management were part of both the approach and the objectives of the regional program. CSO partners have emerged from this experience as credible organizations – recognized nationally and regionally – with rich expertise in tailored, community-based action for HIV prevention, care, and support. Today, CSO partners sit alongside National AIDS Programs, UNAIDS and donors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, as valuable partners in the national HIV and AIDS response.
- Advocated for a more positive environment for MSM and the CSO partners working with them. The first objective was to improve attitudes and acceptance of MSM by reducing stigma and discrimination among families, health care and social workers, lawyers, police and religious leaders. The second was to generate dialogue on MSM-sensitive issues at local, national and regional levels to influence policies and programs and promote the inclusion of MSM as a target priority in national AIDS strategies. The third objective was to stimulate the adoption of human rights-based language by all stakeholders and at all levels of society.



AIDSFree

JSI Research & Training Institute, Inc.

2733 Crystal Dr., 4th Floor

Arlington, VA 22209

Phone: 703-528-7474

Fax: 703-528-7480