

# **TUNISIA**

## **Mid-term Assessment**

### Global Fund Breaking Down Barriers Initiative

March 2021

Geneva, Switzerland

# DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

## Acknowledgements

The mid-term assessment of the *Breaking Down Barriers* initiative was led by a team of researchers assembled by the Drexel University Dornsife School of Public Health comprised of: Joseph J. Amon (Drexel University), Leo Beletsky (Northeastern University), Sandra Ka Hon Chu (HIV/AIDS Legal Network), Joanne Csete (Columbia University), Richard Elliott (HIV/AIDS Legal Network), Mikhail Golichenko, (HIV/AIDS Legal Network), Cécile Kazatchkine (HIV/AIDS Legal Network), Diederik Lohman (Consultant), Julie Mabilat (Consultant), Megan McLemore (Consultant), Nina Sun (Drexel University) and Susan Timberlake (Consultant).

For the Tunisia assessment, Julie Mabilat led the research and writing of this report. The author would like to acknowledge the support of the Global Fund, as well as the many country stakeholders, technical partners and others who provided information, insights and various other contributions, and who demonstrated their dedication – despite the challenges of the global COVID-19 pandemic – to their programs and beneficiaries.

## Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Tunisia is a rapid assessment.

Mid-term Assessment Type	Countries		
<b>Rapid</b>	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
<b>Program</b>	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
<b>In-depth</b>	Ghana	South Africa	Ukraine

## Table of Contents

---

<b>Summary</b>	<b>4</b>
<b>Introduction</b>	<b>12</b>
<b>Part I. Background and Country Context</b>	<b>15</b>
<b>Part II: Progress towards Comprehensive Programming</b>	<b>17</b>
<b>Creating a Supportive Environment to address Human Rights-related Barriers</b>	17
<b>Scale-Up of Programming: Achievements and Gaps</b>	21
<i>Programs to Remove Human Rights-related Barriers to HIV</i> .....	21
<b>Cross-Cutting Issues related to Quality Programming and Sustainability</b>	35
<i>Donor Landscape</i> .....	35
<i>Response to COVID-19</i> .....	36

---

<b>Part III. Emerging Evidence of Impact</b>	<b>38</b>
<b>Annex I. Summary of Recommendations</b>	<b>40</b>
<b>Annex II. Methods</b>	<b>45</b>
<b>Annex III. List of Key Informants</b>	<b>49</b>
<b>Annex IV: List of Sources and Documents Reviewed</b>	<b>50</b>

# Summary

## Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Tunisia. It seeks to: (a) assess Tunisia's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## Breaking Down Barriers Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV epidemic that human rights-related barriers to health services increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.<sup>1</sup> This will in turn accelerate country progress towards national, regional and global HIV targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

## Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Tunisia by early 2021, the mid-term assessment incorporated a mixed-method analysis approach that included a desk review of program documents, written responses and remote interviews. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Tunisia was a rapid assessment. It was conducted primarily between November 2020 and March 2021.

---

<sup>1</sup> **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy (“know your rights”); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

## Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### ***Progress towards Creating a Supportive Environment to address Human Rights-related Barriers***

At mid-term, all the milestones necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV services have been achieved (see Table 1). Achievement of these steps has contributed to developing a “culture of human rights” that is needed to remove barriers to HIV services. For instance, key informants have described the multi-stakeholder consultation to validate the *baseline assessment* results as useful and constructive. The consultation was also broadly praised for its inclusiveness, which enabled the participation of national actors working in the field of HIV, sexual and reproductive health and human rights, as well as groups representing PLHIV and key populations. It was reported that the participants were able to discuss the different axes of the *National Strategic Plan* on HIV and human rights and develop recommendations that were subsequently translated into activities in several areas of intervention. The *National Strategic Plan 2019-2023*, for a comprehensive response to human-rights related barriers, took into consideration the recommendations of the *baseline assessment*, as well as the needs expressed by the various key stakeholders.

**Table 1: Key milestones**

<b>Milestone</b>	<b>Results</b>	<b>Date</b>
<b>Human Rights Matching Funds</b>	The country accessed approximately USD 1 million and invested approximately USD 570,000 from the allocation, with a grant conditionality of aligning to the National Strategic Plan 2019-2023.	Approved in September 2018 (with implementation starting in January 2019)
<b>Baseline assessment</b>	Literature review, country visit, key informant interviews and focus groups conducted	August 2017 – December 2017
	Report finalized	May 2018
<b>Multi-stakeholder meeting</b>	The multi-stakeholder consultation consisted of three meetings gathering key stakeholders (the Country Coordinating Mechanism (CCM), government stakeholders, NGOs, technical partners, and representatives of PLHIV and key populations). The objective was to discuss the findings of the baseline assessment and support the working group for the development and operationalization of the national multi-year plan.	January 2019 – November 2019

<b>Working group on human rights and HIV</b>	The working group is composed of representatives of the Direction des Soins de Santé de Base (DSSB) (MoH), Country Coordinating Mechanism (CCM), principal recipient (the Office National de la Famille et de la Population de la République de Tunisie (ONFP) (MoH)), UNAIDS, four NGOs (the Tunisian Association for the Fight Against HIV and STIs (ATL), the Tunisian Association for Positive Prevention (ATP+), Chouf, and Mawjoudin), two representatives of key populations, technical assistance support, and two consultants. It is tasked with taking forward the development of the national multi-year plan.	September 2018
<b>National plan to reduce human rights-related barriers</b>	The objective of the <i>National Strategic Plan to Reduce Human Rights-related Barriers to HIV Services: Tunisia 2019-2023</i> is to remove the legal barriers that hamper access to prevention, care and treatment services and protect human rights related to HIV for its eradication by 2030 in Tunisia.	November 2019

### ***Scale-up of Programs: Achievements and Gaps***

Tunisia showed notable progress in expanding the scale of human rights programs for HIV (see Table 2).

While the human rights activities were delayed and only really commenced at the beginning of 2020, particularly due to capacity gaps of existing implementers. By the beginning of 2021, Tunisia had continued implementing activities in most of the key program areas (except for ‘sensitization of lawmakers and law enforcement agents’, and ‘monitoring and reforming laws, regulations and policies’), with considerable improvements in the geographic and key population coverage in the majority of the program areas (with the exception of the ‘reducing discrimination against women’ program area). Despite this progress however, key gaps remain, as many activities could not be implemented due to COVID-19. Some of these programs were expected to start in 2021. Moving forward, increased attention should be paid to the needs of key and vulnerable populations.

**Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness**

Program areas	HIV	
	Baseline	Mid-Term
Stigma and discrimination reduction	2.0	3.1
Training for health care providers on human rights and medical ethics	2.0	3.7
Sensitization law-makers and law enforcement agents	1.0	0.0
Legal literacy (“know your rights”)	1.0	3.8
Legal services	2.0	4.0
Monitoring and reforming laws, regulations and policies relating	2.0	0.0
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	1.0	1.0
<b>Average score</b>	<b>1.57</b>	<b>2.23</b>

**Key**

**0** – no programs present

**1** – one-off activities

**2** – small scale

**3** – operating at subnational level

**4** – operating at national level (>50% of geographic coverage)

**5** – at scale at national level (>90% geographic coverage + >90% population coverage)

**N/A** – Not applicable

*For detailed scorecard key, see Annex II*

## ***Cross-cutting Issues related to Quality Programming and Sustainability***

In examining programs, the mid-term assessment reviewed, where possible, not only the scale of the programs, but also whether individual programs are gender-responsive and whether they are being implemented in accordance with lessons learned over the last year, which have now been documented in an implementation guide for programs to reduce human rights-related barriers.\* The researcher found cross-cutting issues related to program quality for which some general recommendations can be made regarding HIV programming overall, but also a number of key components of quality, as discussed below.

There are numerous indicators that Tunisia is building the necessary conditions needed to achieve quality programming to remove human rights-related barriers to HIV services. First, key assessments of barriers have been or are being finalized, including the *baseline assessment* and the *National Stigma Index* survey. Furthermore, the current human rights programming is operating at a larger scale since baseline with three program areas (stigma and discrimination reduction; training for health care providers on human rights and medical ethics; and legal literacy (“know your rights”)) out of seven reaching the score of 3 (“operating at subnational level”) and one reaching the score of 4 (“operating at national level”). In addition, another key element of quality has been identified: the alignment with national strategies, as the vast majority of the implemented activities have been the ones planned by the *National Strategic Plan 2019-2023*, which is part of the *National Strategic Plan to Fight AIDS 2018-2022*, and which took into consideration the recommendations of the baseline assessment, as well as the needs expressed by the various key stakeholders. Moreover, duplication of activities has been avoided, with a high number of programs complementing each other, reaching different populations. Numerous partnerships developed between different NGOs have also been key, even though one key informant mentioned the need to improve coordination between the principal recipient (PR) and the sub-recipients (SRs) to allow for better implementation of activities.

Nevertheless, there are still many gaps, including:

- The lack of appropriate monitoring and evaluation of existing programs to leverage successes and strengthen implementation. However, in March 2021, a monitoring-evaluation plan of the *National Strategic Plan 2019-2023* has been developed and finalized.
- The small number of programs to reduce HIV-related discrimination against women, and the scarcity of programs focused on transgender people, who are excluded from outreach efforts, making them invisible and their particular needs ignored. In a hostile social and legal environment such as Tunisia’s, programs for all key and vulnerable populations are needed.
- The lack of a sustainability plan for human rights programs, which continue to rely heavily on international funding. Promisingly, the *National Strategic Plan 2019-2023* included the development of a national fundraising strategy based on community empowerment.
- The lack of human rights expertise of some sub-recipients and partners.



## **Emerging Evidence of Impact**

By reducing and removing rights-related barriers to access HIV services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term, there is emerging evidence of impact of programming to reduce human rights-related barriers.

### ***Case Study: The Scale-up of Legal Services***

Programs to reduce human rights-related barriers have contributed to the removal of several important structural barriers and/or laws and policies that discriminate against members of key and vulnerable populations. The removal of these barriers and discriminatory provisions reduce access barriers for these populations and reduce their stigmatization in society. A remarkable development worth highlighting in relation to the development of human rights programming to address barriers to HIV services in Tunisia is the scale-up of legal services, which resulted in greater access to justice, with beneficiaries having their knowledge strengthened in terms of their rights and modalities of legal recourse available to them.

Some key informants highlighted legal services as a whole as a key success, while others cited one of the activities implemented under this program area, such as the digital referral platform for legal assistance and notifications of human rights violations related to HIV cases, which will also include a mapping of all governmental and non-governmental legal assistance services available for vulnerable populations in the country.

Many sub-recipient organizations (ASF, ATSR, ATP+, ATIOST, ATLMST/SIDA – Section de Tunis, ATL MST/SIDA – Bureau national) but also associations (such as Association Boutheina) have been involved in this improvement. This is critical to be able to maximize the number and range of key and vulnerable populations benefiting from those services, but also to scale up geographic coverage of those programs.

Despite the COVID-19 pandemic, services reached a large number of individuals in 2020. For instance, the legal support services, which offer counselling and support services for the resolution of legal complaints (preliminary level, before recourse to a lawyer or to the courts) have already demonstrated strong results. Launched in October-November 2020, they have been implemented by various stakeholders (ATSR, ATIOST, ATLMST/SIDA – Section de Tunis, ATL MST/SIDA – Bureau national, and Association Boutheina) under the lead of ASF. Based on figures dated December 31, 2020, 132 complaints had been received, of which some cases had already been resolved (7 cases resolved by ASF; 68 cases resolved by the legal assistants of the sub-recipient associations).

In addition, starting January 2020, ATLMST/SIDA – Section de Tunis have been deploying advisors (legal, social, etc.) and community legal aid workers (Agent communautaire d'aide au recours juridique (ACRJ)), to provide support to key and vulnerable populations in community spaces to strengthen access to human rights and social protection and facilitate access to healthcare. This staff is made up of two legal advisers (CAP Gafsa and Grand Tunis), two social

advisers (center les jasmins and center Mellassine), and seven paralegals located in Greater Tunis and Sousse. 50 legal cases have been resolved based on figures dated December 31, 2020.

In parallel, a scale of fees for lawyers has been introduced. This scale has been established by ASF on the basis of an agreement with a pool of lawyers. On January 31, 2021, the pool was comprised of 17 lawyers (8 lawyers from the region of Tunis; 6 from Sfax; 1 from Gafsa; and 2 from the regions of Sousse and Monastir). This has been crucial to lift one central barrier related to availability and accessibility of HIV-related legal services: unaffordability, in a country with a weak economy and high unemployment, exacerbated by the COVID-19 pandemic.

## **Conclusion**

The mid-term assessment has demonstrated important achievements in Tunisia. Yet, to build on those promising developments, a lot of work remains to scale up, and to monitor and evaluate programs to reduce human rights-related barriers to HIV services. The major impediment is the stigma and discrimination, worsened by harmful legal norms, faced by PLHIV and key and vulnerable populations. This is even more critical as high levels of unemployment in Tunisia, exacerbated by the COVID-19 pandemic, and disproportionately affecting those populations, has led to a large number of individuals “depending on the quality and accessibility of HIV-related services at hospitals and public health centres and can be highly vulnerable if they are confronted by stigma, discrimination, breach of confidentiality or informed consent, rejection from services or other rights violations.”<sup>†</sup> Building more political will to support human rights activities is also necessary, along with increasing funding from domestic budgets, and enhancing human rights expertise of sub-recipients and partners to move towards sustainability.

## **Key Recommendations (see Report Annex for a full set of recommendations)**

### **Creating a Supportive Environment**

- Ensure that the Principal Recipient takes ownership of the implementation of the monitoring and evaluation framework of programs to remove human-rights related barriers of the National Strategic Plan to Reduce Human Rights-Related Barriers to HIV services: Tunisia 2019-2023.
- Ensure that the Technical Working Group meets regularly to oversee the implementation of the National Strategic Plan, making sure the efforts and programs are coordinated.

### **Programmatic Scale-up**

- Continue to use the 2019-2023 National Strategic Plan as a framework to scale up programs to remove human rights-related barriers to HIV services in strategic, cohesive manner.
- Ensure integration of programs, where strategic and possible (e.g. ensure integration of gender-based violence prevention, care and legal support services in key populations programs, including sex workers, MSM and transgender people in the overall set of programs dedicated to addressing gender-based violence, and that programs address the specific needs of transgender individuals).
- Conduct analysis of existing and planned programs in terms of their gender-responsiveness.

### **Programmatic Quality and Sustainability**

- Increase funding for human rights activities from domestic budgets.
- Develop capacity and resources to monitor and evaluate programs to remove human rights-related barriers to HIV services.
- Enhance human rights expertise of sub-recipients and partners.
- Ensure that programs are designed to include all the key and vulnerable populations, including transgender people. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes.
- As peer education and support has been shown to be an effective way to reach key populations, reinforce peer educator training from each of the key and vulnerable populations (e.g. in legal education).

# Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Tunisia, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Tunisia from November 2020 to March 2021 to: (a) assess Tunisia’s progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## **Breaking Down Barriers Initiative’s Theory of Change**

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services<sup>2</sup> increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services”,<sup>‡</sup> and Global Fund Key Performance Indicator 9 that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).<sup>§</sup>

---

<sup>2</sup> The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

## Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV services\*\*

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.<sup>††</sup>

According to the *Breaking Down Barriers* initiative’s theory of change, a supportive environment, which includes achieving key milestones supported by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called “matching funds”), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In November 2020, the Global Fund supported a rapid mid-term assessment examining Tunisia’s progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV services, as measured against the baseline assessment and through achievement of the milestones.

### Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Tunisia, as a rapid assessment, also included remote key informant interviews. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The Tunisia mid-term rapid assessment was conducted between November 2020 and March 2021 (Table 1). More information on the assessment’s methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

## Limitations

At the time of the mid-term assessment, the COVID-19 pandemic had seriously affected the implementation of programs to remove human rights-related barriers to HIV services. To the extent possible, the mid-term assessment adapted to the new country realities and documented programmatic impact. While the evaluation team sought different perspectives from a diverse set of key stakeholders, carefully selected, there were limitations in terms of resources (human, time and financial). These findings and recommendations should be understood as being the best assessment possible, with those limited resources, for a diverse, dynamic and complex initiative influenced by many political, economic and social forces. The team has tried to overcome these limitations as much as possible and hopes that the information contained in this report provides a useful, if partial, snapshot and a basis for further development of programs seeking to remove human rights-related barriers to HIV services.

**Table 1: Tunisia Mid-Term Assessment Timeline**

Assessment Component	Researchers	Dates
<b>Desk review of available program reports, epidemiological information, and other background documents</b>	Julie Mabilat	January 2021
<b>Written questionnaires completed by and/or interviews conducted remotely with a total of 8 key informants</b>	Julie Mabilat	January – February 2021
<b>Key informant interviews conducted remotely with 37 people</b>	Julie Mabilat	February - March 2021
<b>Follow-up with relevant key informants</b>	Julie Mabilat	March 2021
<b>Submission of report to Global Fund</b>	Julie Mabilat	January 2021

# Part I. Background and Country Context

## Epidemiologic Context

According to the latest estimates from UNAIDS, as of 2019, there were 6,500 adults and children living with HIV in Tunisia, of whom only 20% were receiving antiretroviral therapy.<sup>‡‡</sup> HIV prevalence among adults and adolescents aged 15 to 49 is less than 0.1%.<sup>§§</sup> Despite this low prevalence, it was estimated that HIV incidence has increased by 12% and mortality by 242% since 2010.<sup>\*\*\*</sup> HIV in Tunisia is a concentrated epidemic, characterized by a higher prevalence among key populations.<sup>†††</sup>, and among men (with an estimated 2.1 or 3.1 male-female ratio in total adult HIV cases due to the fact that the populations most at risk are predominantly male).<sup>†††</sup> Key populations that face a higher HIV burden include men who have sex with men (9.1%), people who inject drugs (6%), and sex workers (1.2%).<sup>§§§</sup> Some populations, such as adolescent girls and young women, transgender and other gender non-conforming people, prisoners, and migrants, are also identified as “key and vulnerable populations” because they are “at higher risk of HIV infection and HIV-related illness, and experience limited access to HIV-related services and systematic stigma and discrimination and other human rights violations”.<sup>\*\*\*\*</sup> HIV is not evenly distributed geographically across the country and is concentrated in urban coastal communities.<sup>††††</sup>

## Legal and Policy Context

Regarding the HIV-related legal and policy framework, Tunisia does not have a specific law that governs its HIV response. The latter is guided by its current *National Strategic Plan to fight AIDS 2018-2022*<sup>††††</sup>, of which one of the guiding principles (Axis 3) is respect for human rights, gender and equity. It was developed in a gender sensitive manner, and advocates the strengthening of Combined Prevention with priority given to key populations, along with the development of a differentiated approach to prevention for adolescents and young people, as well as to other vulnerable populations; the development of risk reduction interventions, in particular opioid substitution treatment (OST) for people who use drugs (PWUDs); the acceleration of community mobilization to provide local prevention and support services. It also devotes a strategic focus to the issue of human rights and access to justice.<sup>§§§§</sup> Yet, it was reported as being “weak in addressing gender, including women who inject drugs, male [sex workers], and [transgender people].”<sup>\*\*\*\*\*</sup> In parallel, the *National Strategic Plan to Reduce Human Rights-Related Barriers to HIV Services: Tunisia 2019-2023*<sup>†††††</sup> includes specific interventions outlined for reducing barriers to HIV services, which have been providing a solid basis for the development of the activities identified in this mid-term assessment, reinforced by the grant conditionality, and alignment of human rights programs funded from within matching funds to this national plan

## **COVID-19**

Despite a particularly strong women's movement, violence against women remains prevalent in Tunisia. Regrettably, as in many other countries, this situation, which creates a challenging environment in which to work towards removing human rights-related barriers to access to HIV services, has been further exacerbated by the COVID-19 pandemic. Women and girls became even more vulnerable, and the number of cases of violence increased.

Violence as well as discrimination, increased against the other key populations too. This affected not only the screening efforts within these populations, but also weakened them economically (e.g. termination of employment contract, sex workers without resources, etc.), leading to economic concerns (food security, access to work) gaining significant ground on other rights.

The COVID-19 pandemic had other adverse consequences on the implementation of programs. Field interventions have become more and more difficult to roll out. Difficulties in ensuring certain awareness-raising actions and mobilizing PLHIV and key and vulnerable populations given the state of lockdown and curfew decreed by the Tunisian state as well as the limitation of the number of people allowed to meet were reported

## **Other Key Considerations for the HIV Response**

Tunisia's complex social, economic and political context, aggravated by the COVID-19 pandemic significantly affects program implementation. Even though since 2001 HIV treatment has been free, along with HIV care at public hospitals, most PLHIV do not receive antiretroviral therapy (ART). This can be partially explained by the ARTs stockouts, but also by the major challenges to rights-based health care, such as stigma and discrimination, and lack of training for health care workers on human rights. Funding for the HIV response is heavily dependent on external funding.



## Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers within Tunisia through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; conducting a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder consultation to review the findings of the baseline assessment; the development of a working group on human rights and HIV, and the development of a national strategic plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

**Table 2 – Key milestones**

Milestone	Results	Date
<b>Matching human rights funds</b>	The country accessed approximately USD 1 million and invested approximately USD 570,000 from within the allocation, with a grant conditionality of aligning to the National Strategic Plan 2019-2023.	Approved in September 2018 (with implementation starting in January 2019)
<b>Baseline assessment</b>	Literature review, country visit, key informant interviews and focus groups conducted	August 2017 – December 2017
	Report finalized	May 2018
<b>Multi-stakeholder meeting</b>	The multi-stakeholder consultation consisted of three meetings gathering key stakeholders (the Country Coordinating Mechanism (CCM), government stakeholders, NGOs, technical partners, and representatives of PLHIV and key populations). The objective was to discuss the findings of the baseline assessment and support the working group for the development and operationalization of the national multi-year plan.	January 2019 – November 2019
<b>Working group on human rights and HIV</b>	The Working group is composed of representatives of the Direction des Soins de Santé de Base (DSSB) (MoH), Country Coordinating Mechanism (CCM), principal recipient (the Office National de la Famille	September 2018

	et de la Population de la République de Tunisie (ONFP) (MoH)), UNAIDS, four NGOs (the Tunisian Association for the Fight Against HIV and STIs (ATL), the Tunisian Association for Positive Prevention (ATP+), Chouf, and Mawjoudin), two representatives of key populations, technical assistance support, and two consultants. It is tasked with taking forward the development of the national multi-year plan.	
<b>National plan to reduce human rights-related barriers</b>	The objective of the <i>National Strategic Plan to Reduce Human Rights-related Barriers to HIV Services: Tunisia 2019-2023</i> is to remove the legal barriers that hamper access to prevention, care and treatment services and protect human rights related to HIV for its eradication by 2030 in Tunisia.	November 2019

**Baseline Assessment (2017-2018)**

In 2017-2018, a baseline assessment was conducted to identify the key human rights-related barriers to HIV services; describe recent or existing programs to reduce such barriers, thereby providing a reference point against which to subsequently measure the scale-up of such programs; indicate what a comprehensive response to existing barriers would include in terms of the types of programs, their coverage and costs; and identify the opportunities to bring these to scale over the period of the Global Fund’s 2017-2022 Strategy. The work involved a desk review, data collection from people in each country, including key informant interviews, focus groups among key stakeholders, including key and vulnerable populations and among organizations implementing programs to remove barriers to services, as well as data analysis, including analysis of the legal and policy environment relevant to HIV, analysis of the effectiveness of current programs in terms of their efficacy in removing barriers, and costing of existing programs to remove barriers to services. The baseline assessment revealed five key human rights-related barriers to HIV services: laws that criminalize sexuality, sexual behavior and gender expression, drugs and drug use, and laws that limit the rights of migrants; abusive police practices (in particular against people who use drugs (PWID), sex workers (SW), men who have sex with men (MSM), and migrants from sub-Saharan Africa); the prevailing gender norms and social attitudes regarding sex and sexuality; the stigma associated with mental illness, addiction and poverty; and HIV-related stigma.####

**Matching Funds (2019-2021)**

In the 2017-2019 cycle, Tunisia applied for and was awarded approximately USD 1 million in matching funds, alongside which it also invested approximately USD 570,000 from their main allocation grant from the Global Fund. Thus, as part of the NFM 2 allocation, Global Fund support for programs to reduce human rights-related barriers to services totaled approximately USD 1.57 million, with a grant conditionality of aligning to the *National Strategic Plan 2019-2023*. Tunisia is also part of the multi-country grant for ensuring sustainability of key population services in Middle East and North Africa (MENA) which includes relevant interventions. The matching funds were approved in September 2018 (with implementation starting in January 2019). There were delays in initiating implementation of human rights activities, including due to capacity gaps in existing implementers.

### ***Multi-stakeholder Meeting (2019)***

After the baseline assessment was completed, Global Fund technical assistance was mobilized in November 2018 to support the multi-stakeholder meeting and the development of a multi-year plan for scaling up programs to reduce human rights-related barriers to HIV services. The multi-stakeholder consultation consisted of three meetings, two held in January 2019 and one in November 2019. It brought together many key stakeholders from the Country Coordinating Mechanism (CCM), government stakeholders, NGOs, technical partners, and representatives of PLHIV and key populations. The objective was to discuss the findings of the baseline assessment and support the working group for the development and operationalization of the national strategic plan. Several key informants described the consultation as useful and constructive. The consultation was also broadly praised for its inclusiveness, which enabled the participation of several national actors working in the field of HIV, sexual and reproductive health and human rights as well as groups representing PLHIV and key populations. It was reported that the participants were able to discuss the different axes of the national strategic plan on HIV and human rights and emanate recommendations which were subsequently translated into activities in several areas of intervention. However, one key informant would have appreciated a greater involvement of state and decision-making departments in the human rights aspect, other than the Direction des Soins de Santé de Base (DSSB) representing the Ministry of Health.

### ***Technical Working Group on Human Rights (2018)***

The working group was established in September 2018 to take forward the development of the national multi-year plan. Its composition included representatives of the Direction des Soins de Santé de Base (DSSB) (MoH), Country Coordinating Mechanism (CCM), principal recipient (the Office National de la Famille et de la Population de la République de Tunisie (ONFP) (MoH)), UNAIDS, four NGOs (the Tunisian Association for the Fight Against HIV and STIs (ATL), the Tunisian Association for Positive Prevention (ATP+), Chouf, and Mawjoudin), two representatives of key populations, a technical assistance support, and two consultants. §§§§§

### ***National Plan (2019)***

The *National Strategic Plan to Reduce Human Rights-Related Barriers to HIV Services: Tunisia 2019-2023* is part of the *National Strategic Plan to fight AIDS 2018-2022*. It also takes into consideration the recommendations of the baseline assessment, as well as the needs expressed by the various key stakeholders. Its objective is to remove the human rights-related barriers that hamper the access to prevention, care and treatment services and protect human rights related to HIV for its eradication by 2030 in Tunisia. It is built on four specific objectives:

1. Stigma and discrimination for key and vulnerable populations are reduced in order to improve access to services
  - 1.1. Training programs for health personnel in human rights and HIV-related ethics
  - 1.2. Training and sensitization programs for the media and religious

2. Key and vulnerable populations have better access to justice
  - 2.1. Awareness programs for law enforcement officers
  - 2.2. Programs to promote legal literacy for key and vulnerable populations ("know your rights") (peer education)
  - 2.3. HIV legal services
3. The legal environment relating to HIV is reformed in order to better protect the rights of key and vulnerable populations
  - 3.1. Legislator awareness programs
4. Barriers relating to access to HIV-related services for women, young people and adolescents, migrants and people in detention are eliminated.

The national validation and feedback workshop took place in November 2019. \*\*\*\*\*

### **Recommendations**

- Ensure that the Principal Recipient takes ownership of the implementation of the monitoring and evaluation framework of programs to remove human-rights related barriers of the *National Strategic Plan to Reduce Human Rights-Related Barriers to HIV Services: Tunisia 2019-2023*.
- Ensure that existing and planned programs to remove human rights-related barriers are scaled-up in a coordinated, strategic manner.
- Ensure that the Technical Working Group meets regularly to oversee the implementation of the National Strategic Plan, making sure the efforts and programs are coordinated.

## Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on “Ensuring Quality Programming”.

### Programs to Remove Human Rights-related Barriers to HIV

In Tunisia, in 2020, programs existed in five out of seven key program areas to remove human rights-related barriers to HIV services, and interventions were planned to exist in all the seven key program areas in 2021. Compared to the baseline, Tunisia has significantly scaled-up activities in four program areas (stigma and discrimination reduction; training for health care providers on human rights and medical ethics; legal literacy (“know your rights”); and legal services). Some programs remain relatively weak, for example the ones dedicated to Reducing discrimination against women. Moreover, while certain populations (e.g. migrants and prisoners) are increasingly taken into account, programs addressing the specific needs of other key and vulnerable populations, such as transgender peoples, are not being developed.

Tunisia has also made progress toward institutionalizing interventions to reduce human rights-related barriers and ensuring that human rights programs are linked to and reinforce one another. This has improved their quality, impact, reach and sustainability. However, a sustained effort is needed to move towards a comprehensive, nationwide and sustainable integration of such programs into public services and official training programs, including by funding them from the national and local budgets. Programs are still heavily dependent on international donors, with the Global Fund as the main funder of programs to remove human-rights related barriers to HIV. Funding from the Global Fund to NGOs has been crucial as it has “allowed support for the establishment of community-based groups for PLHIV and key and vulnerable populations,”<sup>+++++</sup> and with its support “data on HIV prevalence and prevalence of at-risk behaviors among [key populations] [have been] available and regularly updated”.<sup>+++++</sup> Therefore, it’s grant “has certainly contributed to reaching [key populations].”<sup>+++++</sup> Monitoring and evaluation of programs to remove human rights-related barriers and encourage their gender-responsiveness have been developed, according to the *2019-2023 National Strategic Plan*.

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	2.0	3.09

The baseline assessment had proposed a comprehensive approach centered on three strategies: (1) measuring and monitoring stigma and discrimination, (2) training public service employees, and (3) supporting community-level associations to innovate in locally-adapted education, communication and dialogue.

Regarding the first pillar, a National Stigma Index survey, using the Stigma Index 2.0 methodology, is being carried out by the Association Tunisienne de Prévention Positive (ATP +) in the 4 care centers (located in Tunis, Sousse, Monastir and Sfax). Postponed to 2021 due to the COVID-19 pandemic, it started in January 2021. This time-limited initiative, which has financial support from UNAIDS, represents a step towards comprehensiveness of programs to remove human rights-related barriers to HIV services as it is going to generate information on the drivers, types and level of stigma and discrimination experiences by PLHIV, key and vulnerable populations, which constitute determining factors of barriers to success.

In regard to the second pillar, the proposed strategy was to train public servants “about human rights and issues related to access by key and vulnerable populations.” Those individuals “would serve as a liaison for key and vulnerable populations as they seek to navigate access to services and overcome stigma and discrimination”, as well as “as a resource for programmes in developing organizational protocols to reduce rights-related barriers for key populations.” Originally designed for public service employees in education, child and social services sectors, such activities have not been developed *per se*. However, we can note that groups working specifically on HIV, such as Association Tunisienne d’Information et d’Orientation sur le Sida et la toxicomanie (ATIOST), Association Tunisienne de Prévention Positive (ATP +), and Association Tunisienne de Lutte contre les Maladies Sexuellement Transmissibles (ATL MST/SIDA – Bureau national) offer the services of psychologists or psychiatrists for the support and training of PLHIV and key and vulnerable populations on self-esteem. As those health care workers are engaged by those NGOs to deliver such trainings, they can serve as a “liaison” as described in the baseline assessment.

As for the third pillar, its objective behind the strategy to fund local community organizations was to “engage key populations, community leaders, and opinion leaders (religious leaders, journalists, educators, health providers, and policy makers) in innovative programming to reduce stigma and discrimination, such as combinations of peer outreach and services, public media and social media communications, and projects in the arts and cultural realm.” In this regard, several initiatives (described in more details in Table 3) have been or are about to be launched.

One of them was implemented by Association Tunisienne de la Santé de la Reproduction (ATSR). This association organized discussion and exchanges sessions between religious, PLHIV and key and vulnerable populations around the theme “Religion, Discrimination and Stigmatization and its impact on access to healthcare and public health services.” Lawyers without Borders (Avocats Sans Frontières (ASF)) is also developing several key programs, including: the development of a media and human rights module; the study of messages, speeches and audiovisual productions stigmatizing against key and vulnerable populations in

Tunisia on the Internet and social networks; and training sessions for journalists and dialogue sessions with journalism students.

Finally, on the occasion of the launch of the ASF human rights programs was organized a national event to promote it, which took the form of diverse activities in partnership with different NGOs during the month of December 2020.

We should note that, in parallel of the initiatives following the strategy of the recommendations made in the baseline assessment, other activities took place. One of them, incorporated in the *National Strategic Plan to Reduce Human Rights-Related Barriers to HIV Services: Tunisia 2019-2023*, has been the advocacy for the use of opioid substitution therapy (OST). In December 2020, in Djebel Oust, Association Tunisienne d'Information et d'Orientation sur le Sida et la toxicomanie (ATIOST) organized a workshop, during which the participants recommended the development of (1) a draft decree giving the right to people who use drugs (PWUD) to access to agonist treatment, and (2) a draft circular on the application modalities for the introduction of methadone as an opioid agonist treatment (2). Based of those drafts, during the first semester of 2021, the Ministry of Health drafted, validated, and adopted during of an official ceremony held at the Faculty of Medicine of Tunis, the *National strategy for prevention, reduction of risks and management of psychoactive substance use disorders illicit in the community and in prisons: 2021-2025*, underlying the importance of using methadone in harm reduction programs.

**Table 3 – Example of activities to reduce stigma and discrimination**

Description of Activities	Organizations	Location/Reach
<p>Discussion and exchange sessions between religious, PLHIV and key and vulnerable populations around the theme “Religion, Discrimination and Stigmatization and its impact on access to healthcare and public health services”:</p> <ul style="list-style-type: none"> <li>- In December 2020, a three-day session for the benefit of 20 women religious leaders took place with funding from the Danish-Arab Partnership Program (DAPP), and the Danish Center for Research on Women and Gender (KVINFO) / the Danish Family Planning Association (DFPA).</li> </ul> <p>Another session is scheduled for the second quarter of 2021 for the benefit of 30 representatives of the Missionaries of Africa in Tunisia, commonly known as the “White Fathers” (“Pères Blancs”). This will likely be funded by the Global Fund budget.</p>	<p>ATSR</p>	<p>Bizerte</p>
<p>Development of an HIV and human rights reference tool taking into account the latest scientific data and international legal standards, incorporating a media and human rights module.</p> <p>This module has already been produced in French. It is under translation into Arabic.</p> <p>Its aim is to sensitize the media on issues related to access to healthcare, stigma and discrimination.</p>	<p>ASF</p>	<p>National</p>



<p>On the basis of the media and human rights module of the reference tool are developed training sessions for journalists, dialogue sessions with journalism students, and development of partnership agreements with journalists.</p>	ASF	<p><i>Postponed for 2021 due to the COVID 19 pandemic.</i></p>
<p>Conduct of a study of messages, speeches and audiovisual production stigmatizing key and vulnerable populations in Tunisia on the web and social networks and the effect of discriminating messages. The results of this study are to be validated at the end of March 2021.</p>	ASF	National
<p>In December 2020, organization of a national event for the launch and promotion of the human rights program:</p> <ul style="list-style-type: none"> <li>- ATLMST/SIDA – Section Tunis and the Office National de la Famille et de la Population de la République de Tunisie (ONFP) regional delegation in Gafsa organized at the cultural center of Gafsa an HIV - human rights awareness day for the benefit of 50 students.</li> <li>- Associa-Med Sousse organized, for the benefit of medical students, a screening of the film "120 Beats per minute" followed by a debate on human rights and the discrimination experienced by key populations and PLHIV in hospitals.</li> <li>- The Esmâani association and ATLMST/SIDA – Section Tunis organized an awareness-raising day for the benefit of health care workers of the Charles Nicolle hospital (Tunis).</li> <li>- The Esmâani association and ATLMST/SIDA – Section Tunis in partnership with the Office National de la Famille et de la Population de la République de Tunisie (ONFP) regional delegation in Manouba organized an HIV – human rights scientific day for the benefit of the medical and paramedical staff of the Charles Nicolle hospital (Tunis).</li> <li>- ATL MST/SIDA – Bureau national organized a sports day of Korfbal and awareness on Human Rights and STIs / HIV for the benefit of key populations in Sfax.</li> </ul> <p>In Tunis, the Club Unesco Almédina - Tunis (CUAT) in partnership with the Office National de la Famille et de la Population de la République de Tunisie (ONFP) regional delegation in Bardo organized an awareness-raising workshop for peer educators on the importance of preventing risky behavior, followed by two information open days to educate young people on sexual and reproductive health (SRH), HIV and human rights.</p>	<p>ASF, in partnership with several associations / NGOs</p>	<p>Gafsa / Sousse / Tunis / Sfax</p>



## Recommendations

- Following the National Stigma Index survey findings, a mass media campaign – in both French and Tunisian Arabic to maximize the reach of programming – should be launched to address stigma and discrimination against PLHIV and key and vulnerable populations. In parallel, publish and disseminate main findings among key population organizations, health care workers and law enforcement, use these findings to inform curricula for capacity building for health care workers and law enforcement, and develop or refine national and sector-specific campaigns against stigma and discrimination.
- Scale up discussion and exchange sessions between religious leaders, PLHIV and key and vulnerable populations.
- Sensitize the general population through social media platforms.
- Ensure support and adequate resources for interventions to address stigma and discrimination that stem from the 2019-2023 National Strategic Plan.
- Continue advocating for opioid substitution therapy (OST).
- Bolster the establishment of advocacy groups to ensure the effective participation of PLHIV and key and vulnerable populations in the strategic meetings with national actors and civil society structures. Those groups should include representatives of all the key and vulnerable populations, coming from different governates/cities to take into consideration local specificities.

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	2.0	3.65

There has been noteworthy progress regarding training of health care workers in human rights and medical ethics since the baseline assessment was conducted. In this program area, Lawyers without Borders (Avocats Sans Frontières (ASF)), the new sub-recipient, is playing a key role in developing several important programs, including the development of an HIV and human rights reference tool and the organization of awareness sessions for health care workers.

In parallel, Direction des Soins de Santé de Base (DSSB) is organizing dialogue sessions between health professionals and PLHIV and key and vulnerable populations. The aim is to better inform and make aware those health care workers of the needs and expectations of PLHIV and key and vulnerable populations in terms of better access to prevention and care and for them to commit to the elimination of stigma and discrimination.

The implemented programs changed scale and went from limited geographic scale and capacity for reaching the targeted population (i.e. health care workers) to subnational and national levels. This scale up is all the more commendable as the COVID 19 pandemic postponed some activities and required an increased effort from all medical staff.

**Table 4 – Example of activities to train health care workers in human rights and medical ethics**

Description of Activities	Organizations	Location/Reach
Produce an HIV and human rights reference tool taking into account the latest scientific data and international legal	ASF	National

standards. From this tool, develop a training course for students of medical faculties and public and private health schools.<sup>3</sup>

The French version was finalized after evaluation by the reading committee representing all the sub-recipients. The Arabic version will be finalized in March 2021. A validation workshop is scheduled for the start of the second quarter of 2021 with all stakeholders.

Organization of awareness sessions for health personnel at the level of the regional offices of the Office National de la Famille et de la Population (ONFP) and of the main office of the ONFP.

ASF

Subnational level

Program preparation and definition meetings have been drawn up with regional representatives.

Postponed due to COVID 19, a first awareness session was nevertheless organized for the benefit of 30 ONFP health personnel from the Ariana and Tunis delegations in September 2020. A second awareness session was organized in December 2020 for the benefit of 30 ONFP health care workers from the delegations of Beja, Siliana, Kef and Jendouba.

For 2021, six sessions per year will be organized in different regions of the country.

Organization of awareness-raising workshops for private doctors and pharmacists at regional level on HIV and human rights.

ASF

*Postponed for 2021 due to the COVID 19 pandemic.*

No sessions were organized in 2020 following the country's health situation linked to COVID 19 and particularly in the regions initially planned for ONFP health personnel in Sousse and Monastir where the virus incidence rate was very high.

Nonetheless, program preparation and definition meetings took place with regional representatives. Two interregional workshops are planned for 2021 for the benefit of 60 private doctors and pharmacists covering several governorates.

Organization of dialogue sessions between health professionals (from care centers, screening centers, STI treatment centers and ONFP delegations) and PLHIV and key and vulnerable populations around the theme "Discrimination and Stigmatization and its impact on access to healthcare services".

DSSB

*Postponed for 2021 due to the COVID 19 pandemic.*

Postponed because of COVID-19 and the unavailability of health personnel in the care centers, this activity is to take place in 2021 in 4 care sites (Tunis, Sousse, Monastir and Sfax) and will gather 20 people/session.

Preparation and definition of program meetings have already taken place with representatives of the care services.

<sup>3</sup> It should be noted that this reference tool was planned by the National Strategic Plan 2019-2023, which plans to use it as a base document for all training activities and dialogue sessions targeting (i) medical and health science students in basic training, (ii) health professionals in continuing education, (iii) religious leaders, (iv) law enforcement officers, magistrates and court officials, (v) law students, (vi) peer educators, (vii) parliamentarians and legislators, (viii) migrants, (ix) young people, etc.

## Recommendations

- Scale up geographic coverage of the awareness sessions to reach health care workers in all governates.
- Roll out training in human rights and medical ethics for health care workers in a systematic manner and institutionalize it in Tunisia’s medical universities and nursing schools.
- Encourage training on human rights and medical ethics through a certification training system.
- Develop “key populations-friendly” services in all public health centers.
- Post/distribute HIV patients’ rights materials in health settings.
- Conduct ongoing patient surveys and interviews to monitor and evaluate “patients’ perception of ease of scheduling and access to care, perceptions of provider respect and competency, and overall quality of care”, as recommended in the baseline assessment. Conduct surveys in health care workers pre- and post- trainings.
- Establish a complaints procedure with redress.
- Develop online training to adapt to COVID-19 context.

HIV Program Area	Score	
	Baseline	Mid-term
<b>Sensitization of lawmakers and law enforcement officials</b>	1.0	0.0

At mid-term, there has been a decrease in activities to work with lawmakers and law enforcement officials as, due to the COVID-19 pandemic and the mobilization of the police and national guard within the framework of the state of emergency decreed by the State, activities were unfortunately postponed. Nevertheless, such activities are planned and should be implemented in 2021 (see Table 5).

In this Program Area, Lawyers without Borders (Avocats Sans Frontières (ASF)) is at the head of all the planned activities, which are the translation of the activities listed under Axis 2.1 (“Awareness programs for law enforcement officers”) of the *2019-2023 National Strategic Plan*.

**Table 5 – Example of activities to sensitize lawmakers and law enforcement officials**

Description of Activities	Organizations	Location/Reach
Organization of awareness days for the benefit of students of the police and National Guard schools.	ASF	Postponed for 2021 due to the COVID 19 pandemic.
Training of trainers for the benefit of the health services directorate of the Ministry of the Interior, the Prevention and occupational safety sub-directorates of the National Guard and the National Security to include the health, HIV, and human rights module in the law enforcement officers’ continuing training program.	ASF	However, the Continuing Education Department of the Ministry of the Interior was contacted in January 2021 to establish a timetable for those activities for the year 2021 in consultation with the three police forces in Tunisia.
Organization of discussion sessions between internal security force officers and organizations working with PLHIV and key and vulnerable populations on the topic of stigma and discrimination and its impact on universal access to healthcare services and the worsening of vulnerability. The objective is to organize those discussion sessions 1 day / year for 45 participants from the Judicial Police	ASF	

officers and 1 day / year for 45 participants from the National Guard.		These activities will take place in all the 6 police schools in Tunisia.
Organization of advocacy sessions with parliamentarians.	ASF	Postponed for 2021 due to the COVID 19 pandemic.

## Recommendations

- Provide the means for trainers to duplicate training on a larger scale, by providing training of trainers at the level of the different governorates of Tunisia in order to facilitate the organization and implementation of training activities outside the 6 police schools.
- Ensure that the advocacy sessions, including on key and vulnerable populations, with parliamentarians are organized. Foster the active participation of PLHIV, key and vulnerable populations, and of representatives of organizations working with PLHIV and key and vulnerable populations.
- Develop partnerships between ASF and other NGOs and community-based organizations to scale up the activities. Mobilize and empower all the sub-recipient NGOs by building their capacity to engage in strategic advocacy and lobbying against policies, regulations and laws affecting access to HIV services with appropriate funding support.
- Encourage refresher trainings on HIV, human rights, and key and vulnerable populations, for law enforcement officials through a Certification training system. Conduct pre- and post- trainings assessments to capture effectiveness of such capacity building.
- Develop online training to adapt to COVID-19 context.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy (“know your rights”)	1.0	3.83

The recommendation made in the baseline assessment was to “fund a knowledge, attitudes and practices (KAP) study of legal literacy among key and vulnerable populations and then fund follow-up public education and dialogue in political, cultural and religious venues about human rights and the rule of law.” This recommendation has been followed, with the production and dissemination of evidence-based research on the topic of HIV and human rights now planned for 2021 after initially being postponed due to the COVID-19 pandemic.

In addition, at mid-term, the programs have exceeded this recommendation made in the baseline assessment, with a notable change of scale. Activities include: awareness sessions on HIV / Human Rights / sexual education for the benefit of the migrant population; awareness-raising meetings for key and vulnerable populations on the human rights component; and awareness-raising activities on human rights, education and prevention among prisoners.

**Table 6 – Examples of legal literacy (“know your rights”) activities**

Description of Activities	Organizations	Location/Reach
<p>Production of evidence-based research work on the topic of HIV and human rights by law students.</p> <p>Dissemination presentation of this work through conferences and study days targeting their peers.</p>	ASF	<i>Postponed for 2021 due to the COVID 19 pandemic.</i>
<p>Starting the second semester of 2020, awareness sessions on HIV / Human Rights / sexual education were organized for the benefit of the migrant population, which led this population to be better informed of their rights and knowledge of the available places of care. 1854 migrants participated to those sessions.</p> <p>This activity has been carried out from the ATSR budget (UNFPA grant). The Global Fund grant will be used to cover continuation of these activities in 2021.</p>	ATSR	Governates of Tunis, Ariana, Ben Arous, Manouba, Medenine, Tataouine
<p>Organization of awareness-raising meetings for key and vulnerable populations on human rights.</p> <p>Several meetings took place in 2020:</p> <ul style="list-style-type: none"> <li>- Two sessions with 40 people who use drugs (PWUD) in Gafsa in partnership with ATLMST/SIDA – Section de Tunis;</li> <li>- A session with 12 sex workers in partnership with the Boutheina association;</li> <li>- A session with 16 migrants in partnership with ATL MST/SIDA – Bureau national;</li> <li>- Médecins du Monde and Terre Asile Tunisie organized an awareness session for 20 people from the LGBTQ community in partnership with ATSR and Damj;</li> <li>- A session for 21 people (PWUD and sex workers) in partnership with the Boutheina association;</li> <li>- An awareness session for the benefit of 11 PLHIV in partnership with ATSR;</li> </ul> <p>A session session for 37 people (MSM, PLHIV, and sex workers) in partnership with ATP +.</p>	ASF in partnership with several associations / NGOs	National
<p>Organization of awareness-raising activities on human rights, education and prevention among prisoners. In 2020, 1,544 detainees (1,418 men and 126 women) benefited from this activity.</p> <p>Activities were carried out in several prisons on different sites and regions of the country, namely: Jendouba, Siliana, Borj Erroui, Nadhour, Mjez Elbeeb, Le Kef, La Manouba, Monastir, la Rabta, Gabes, Harboub, Oudhna, Mahdia, Kasserine, Sers, Sidi Bouzid, Kebili, Kairouan, Beja, Sfax, Bizerte, etc.</p> <p>More sessions are to take place in 2021 in agreement with the General Directorate of Prisons and Rehabilitation - Ministry of Justice.</p>	ATIOST	National

## Recommendations

- Scale up geographic and population coverage by strengthening the partnerships between local NGOs and health structures and integration in KPI services and in services geared at migrants.
- Encourage a greater involvement of all the different government departments concerned by the human rights component (e.g. Ministry of Health, Ministry of Justice, National Office for the Family and the Population).
- Provide refresher training sessions in legal education for all peer educators and ACRJs of the sub-recipients.
- As regulatory and/or societal discrimination against some populations is still prevailing, ensure that all the key and vulnerable populations benefit from those programs and that no one is left behind. Plan legal literacy activities to reach a critical mass of the estimated sizes of each key and vulnerable population.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	2.0	3.98

The baseline assessment reported that “respondents in interviews and focus groups repeatedly said that the extent of these legal services was insufficient to meet the current need, and that legal services related to HIV and key populations [were] unavailable, unaffordable, and/or inaccessible, and not always trusted by key populations.”\*\*\*\*\* Since baseline, Tunisia has made noteworthy progress in expanding legal services programs. Geographic coverage improved, although not uniformly, and community legal aid workers (Agent communautaire d'aide au recours juridique (ACRJ)), community agents responsible for legal recourse on rights at the NGO level have been recruited. In addition, a digital referral platform for legal assistance and notifications of human rights violations related to HIV cases, which will also include a mapping of all governmental and non-governmental legal assistance services available for vulnerable populations in the country, is at nascent stage as it is about to be launched in March 2021. Nevertheless, a key informant already cited this platform as a key success. Finally, improvements regarding affordability have also been taking place as a scale of fees for lawyers has been introduced.

All those initiatives are key to lift the barriers related to availability and accessibility of HIV-related legal services. Nonetheless, we still deplore the absence of “a coordinated national effort to monitor police stations, jails and prisons for people who may need legal information, advice and representation, and HIV service provision.”+++++

**Table 7 – Examples of legal services activities**

Description of Activities	Organizations	Location/Reach
Starting March 2021, operationalization of a digital referral platform for legal assistance and notifications of human rights violations related to HIV cases.	ATSR	National
Recruitment of a total of 21 community legal aid workers (Agent communautaire d'aide au recours juridique (ACRJ)). An additional one is about to be recruited.	Association Boutheina ATL MST/SIDA – Bureau national	National



	ATP + ATSR ATLMST/SIDA – Section de Tunis ATIOST	
<p>Training of community agents responsible for legal recourse on rights at the NGO level (ACRJ) and development of appropriate legal supports to inform key and vulnerable populations on human rights and recourse mechanisms.</p> <ul style="list-style-type: none"> <li>Two training sessions were organized in October 2020 for 36 peer educators of the following associations: Club Unesco, Y Peer, Associa-Med, as well as regional delegations from ONFP;</li> <li>A training session was organized in October 2020 for the benefit of the ACRJs of the sub-recipients and of the social workers of the DSSB care centers in Tunis;</li> </ul> <p>A session was organized in October 2020 for the benefit of 11 legal assistants and migrant ACRJs in Tunis.</p>	ASF	National
<p>Mapping of all governmental and non-governmental legal assistance services available for vulnerable populations in Tunisia.</p> <p>Preparation of a synthesis report documenting the legal provisions contrary to international provisions and the constitution.</p> <p>The mapping and synthesis report were submitted to the validation committee for possible suggestions. The documents are being finalized.</p> <p>The services identified in the mapping will feed the content of the digital platform developed by ATSR.</p>	ASF	<i>A validation workshop is planned for the month of March 2021.</i>
<p>Launch of legal support services in October/November 2020. Those services offer counselling and support services for the resolution of legal complaints (preliminary level, before recourse to a lawyer or to the courts).</p> <p>A scale of fees for lawyers has also been introduced. This scale has already been established by ASF on the basis of an agreement with a pool of lawyers.</p> <p>On January 31, 2021, the pool was comprised of 17 lawyers (8 lawyers from the region of Tunis; 6 from Sfax; 1 from Gafsa; and 2 from the regions of Sousse and Monastir).</p>	ASF ATSR ATIOST ATLMST/SIDA – Section de Tunis ATL MST/SIDA – Bureau national Association Boutheina	Subnational level
<p>Starting January 2020, deployment of advisors (legal, social, etc.) and ACRJs to provide support to key and vulnerable populations in community spaces to strengthen access to human and social rights and facilitate access to healthcare.</p> <p>This staff is made up of two legal advisers (CAP Gafsa and Grand Tunis), two social advisers (center les jasmins and center Mellassine), and seven paralegals located in Greater Tunis and Sousse.</p>	ATLMST/SIDA – Section de Tunis	Subnational level

## Recommendations

- Ensure adequate funding for the referral platform to function to optimum effect.
- Foster direct legal services (legal representation, legal assistance, etc.) provided by legal clinics, law schools.
- Continue the delivery of training of community agents responsible for legal recourse on rights at the NGO level (ACRJ), ensuring the participation of ACRJs coming from all directorates.
- Encourage greater involvement of lawyers from all directorates (to expand the pool of lawyers) and of government entities charged with rights protection (such as the Department of Justice) through advocacy workshops.
- Expand availability to paralegal services for prisoners. Ensure that all key and vulnerable populations have proper access to legal services, without discrimination.

HIV Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws	2.0	1.0

At mid-term, there has been a decrease in activities to monitor and reform policies, regulations and laws as, due to the COVID-19 pandemic, activities were unfortunately postponed. Nevertheless, such activities are planned and should be implemented in 2021.

As the baseline assessment highlighted, “[m]ajor reforms are still needed in Tunisian law and policies, especially related to laws and policies regarding sexuality, sexual behaviour, and gender expression, laws and policies regarding sex work, laws regarding drugs and drug use, and laws that do not separate public health aims and public health workers from policing and/or require public health workers to report patients to the police.” This position was later reiterated by the *2019-2023 National Strategic Plan*, which mentions the 2018 Legal Environment Assessment carried out by ATP+ and points out the ultimate effects of such legislation: to force key and vulnerable populations, such as female sex workers and MSM, to go underground, and refrain them from participating in programs dedicated to HIV.

In late February 2021, refusal to provide access to legal counsel, threats to rape and kill, arbitrary arrests, and physical assaults perpetrated by the Tunisian security forces against LGBTI activists at protests were reported. In Tunisia, where homosexuality is criminalized under article 230 of the penal code,<sup>4</sup> making LGBTI individuals particularly vulnerable to discrimination, persecution against this population have been on the rise during the COVID-19 pandemic. This adds to the intensified repression against and harassment of LGBTI-rights organizations in the last few years, with article 226 bis of the Penal Code criminalizing any act that publicly draws attention an opportunity to “commit debauchery” through any form of writing, audio, or visual recording being used to refuse the registration of such organizations.

<sup>4</sup> Article 230 of the Penal Code (2010) prohibits “sodomy” and prescribes the penalty of imprisonment of up to 3 years. Additionally, under Article 226, anyone found guilty of deliberately and publicly promoting indecency is liable to six months’ imprisonment and a fine.



### Recommendations

- Advocate for the release of individuals while on abusive pre-trial detention and for a better due process for those who are unable to defend themselves or lack knowledge of their basic rights.
- Strengthen advocacy with decision-makers and parliamentarians for specific law reform objectives in line with recommendations of the 2018 Legal Environment Assessment.
- Provide resources for community volunteers, peer educators, and paralegals, to develop and implement plan to documents and compile human rights violations of key and vulnerable populations for advocacy efforts, as well as for referring to legal services. Establish partnerships with experienced advocacy organizations in Tunisia, and abroad.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	1.0	1.0

Activities to reduce discrimination against women were not included in the framework of the Global Fund’s HIV Human Rights grant for the years 2020/2021.

However, as the baseline assessment highlighted, and as it was later mentioned during the multi-stakeholder consultation, the women’s movement is particularly strong in Tunisia. In parallel, under Axis 4 of the *2019-2023 National Strategic Plan* (entitled “Barriers relating to access to HIV-related services for women, young people and adolescents, migrants, people in detention are eliminated”) the organization of awareness sessions on HIV and discrimination are planned with the goal to raise awareness about the links between the response to HIV, gender, discrimination and sexual violence.

Therefore, some activities took place. For instance, Association Tunisienne de Lutte contre les Comportements à Risque (ATLCR) organized: sensitization sessions on the prevention of the transmission of HIV; information and awareness days on risky behaviour; HIV testing days; Human rights information days; sensitization sessions on sexual and reproductive health for young people and adults; sensitization sessions on violence against women for the general public; and awareness and information sessions on *Law 58-2017 on Eliminating Violence against Women*. The frequency of those sessions was higher in 2019 than in 2020, due to the COVID-19 pandemic, and the focus put on drug- and food supply-related activities. Nonetheless, in 2020, two awareness-sessions on HIV, and three discussions, including a rights component, were carried out.

Finally, it should be noted that the *2017 Law on Eliminating Violence against Women* addressed domestic violence and included language intended to protect women from harassment in public spaces, and from economic discrimination. However, it is not comprehensive (e.g. it does not criminalize spousal rape). In addition, its implementation has been limited, due to cultural and religious norms, by a shortage of trained agents to handle complaints, and pressure from some agents to avoid taking the cases to court, to name a few.

## ***Recommendations***

- Include activities to reduce discrimination against women in the NFM3 funding request.
- Develop and produce public campaigns on women's rights.
- Support the development of programs dedicated to raising awareness on women's rights and encouraging the removal of the societal barriers detrimental to women.
- Scale up geographic coverage of those activities to reach all women living with and affected by HIV in all governates.
- Encourage the involvement of religious and community leaders, as well as of men in activities aiming at reducing violence against women.

## Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers. The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV.

### Donor Landscape

The Global Fund is the main funder of programs to reduce human rights-related barriers to HIV services. In addition, Tunisia is part of the multi-country grant for ensuring sustainability of key population services in MENA which includes relevant interventions. While the state provides for health care for PLHIV, the main sensitization and advocacy activities are funded by international donors. After the revolution, Tunisia saw an increasing international collaboration between ministries and other public sector institutions with international organizations and sponsors. Unfortunately, such increased collaboration did not leverage increased domestic investments as, as a key informant underlined, funding for human rights from the state is almost non-existent, due to lack of financial resources and of awareness (as human rights barriers to HIV services has been a new issue raised in Tunisia after the events of January 2011). As this key informant stated, there is an urgency to inform and sensitize politicians, decision-makers, and ministries concerned by the subject.

### Achieving Quality

In examining programs, the mid-term assessment reviewed, where possible, not only the scale of the programs, but also whether individual programs are gender-responsive and whether they are being implemented in accordance with lessons learned over the last year, which have now been documented in an implementation guide for programs to reduce human rights-related barriers.##### The researcher found cross-cutting issues related to program quality for which some general recommendations can be made regarding HIV programming overall, but also a number of key components of quality, as discussed below.

There are numerous indicators that Tunisia is building the necessary conditions needed to achieve quality programming to remove human rights-related barriers to HIV services. First, key assessments of barriers have been or are being finalized, including the baseline assessment and the National Stigma Index survey. Furthermore, the current human rights programming is operating at a larger scale since baseline as three out of seven program areas (stigma and discrimination reduction; training for health care providers on human rights and medical ethics; and legal literacy ("know your rights")) reached the score of 3 ("operating at subnational level") and one reached the score of 4 ("operating at national level"). In addition, another key element of quality has been identified: the alignment with national strategies, as the vast majority of the implemented activities have been the ones planned by the *National Strategic Plan 2019-2023*, which is part of the *National Strategic Plan to fight AIDS 2018-2022*, and which took into consideration the recommendations of the baseline assessment, as well as the needs expressed by the various key stakeholders. Moreover, a high number of programs complemented each other, reaching different populations. Numerous partnerships developed

between different NGOs has also been key, even though one key informant mentioned the need to improve coordination between the principal recipient (PR) and the sub-recipients (SRs) to allow better implementation of activities.

Nevertheless, there are still many gaps, including:

- The lack of appropriate monitoring and evaluation of existing programs to leverage successes and strengthen implementation. However, in March 2021, a monitoring-evaluation plan of the *National Strategic Plan 2019-2023* has been developed and finalized.
- The small number of programs to reduce HIV-related discrimination against women, and the scarcity of programs focused on transgender people, who are excluded from outreach efforts, making them invisible and their particular needs ignored. In a hostile social and legal environment such as Tunisia's, programs for all key and vulnerable populations are needed.
- The lack of a sustainability plan for human rights programs, which continue to rely heavily on international funding. Promisingly, the *National Strategic Plan 2019-2023* included the development of a national fundraising strategy based on community empowerment.
- The lack of human rights expertise of some sub-recipients and partners.

### **Response to COVID-19**

In mid-March 2020, Tunisia introduced a nationwide curfew and prohibited travel between governorates unless by special exemption (for the necessity of work and for students), and sanitary measures (both remaining in effect at the time of this assessment), along with a lockdown. A phased release from lockdown started early May 2020, but in January 2021 a new nationwide lockdown of four days was introduced. These restrictions on movement have presented challenges to HIV-affected communities and the COVID-19 pandemic had overall adverse consequences on the implementation of programs.

Field interventions have become more and more difficult to roll out. Difficulties in ensuring certain awareness-raising actions and mobilizing PLHIV and key and vulnerable populations given the state of siege and curfew decreed by the Tunisian state as well as the limitation of the number of groups of people were reported.

In addition, despite a particularly strong women's movement, violence against women remains prevalent in Tunisia. Regrettably, as in many other countries, this situation, which creates a challenging environment in which to work towards removing human rights-related barriers to access to HIV services, has been further exacerbated by the COVID-19 pandemic. Girls and women became even more vulnerable, and the number of cases of violence increased.

Those cases, as well as discrimination, increased against the other key populations too. This affected not only the screening efforts within these populations, but also weakened them economically (e.g. termination of employment contract, sex workers without resources, etc.), leading to economic concerns (food security, access to work) gaining significant ground on other rights.

## **Recommendations**

- Increase funding for human rights activities from domestic budgets.
- Develop capacity and resources to monitor and evaluate programs to remove human rights-related barriers to HIV services.
- Enhance human rights expertise of sub-recipients and partners.
- Ensure that programs are designed to include all the key and vulnerable populations, including transgender people. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes.
- As peer education and support has been shown to be an effective way to reach key populations, reinforce peer educator training from each of the key and vulnerable populations (e.g. in legal education).

## Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV services, the *Breaking Down Barriers* initiative aims to improve access, uptake of, and retention in, services for key affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers.

### Case Study: The Scale-up of Legal Services

Programs to reduce human rights-related barriers have contributed to the removal of several important structural barriers and/or laws and policies that discriminate against members of key and vulnerable populations. The removal of these barriers and discriminatory provisions reduce access barriers for these populations and reduce their stigmatization in society. One of the remarkable development worth highlighting in relation to the development of human rights programming to address barriers to HIV services in Tunisia is the scale-up of legal services, which resulted in greater access to justice with beneficiaries having their knowledge strengthened in terms of their rights and modalities of legal recourse available to them.

Some key informants highlighted legal services as a whole as a key success, while others cited one of the activities implemented under this program area, such as the digital referral platform for legal assistance and notifications of human rights violations related to HIV cases, which will also include a mapping of all governmental and non-governmental legal assistance services available for vulnerable populations in the country.

Many sub-recipient organizations (ASF, ATSR, ATP+, ATIOST, ATLMST/SIDA – Section de Tunis, ATL MST/SIDA – Bureau national) but also associations (such as Association Boutheina) have been involved in this improvement. This is critical to be able to maximize the number and range of key and vulnerable populations benefiting from those services, but also to scale up geographic coverage of those programs.

Despite the COVID-19 pandemic, those services reached in 2020 a large number of individuals. For instance, the legal support services, which offer counselling and support services for the resolution of legal complaints (Preliminary level, before recourse to a lawyer or to the courts) have already been showing strong results. Launched in October-November 2020, they have been implemented by various stakeholders (ATSR, ATIOST, ATLMST/SIDA – Section de Tunis, ATL MST/SIDA – Bureau national, and Association Boutheina) under the lead of ASF. Based on figures dated December 31, 2020, 132 complaints had been received, of which some cases had already been resolved (7 cases resolved by ASF; 68 cases resolved by the legal assistants of the sub-recipient associations).

In addition, starting January 2020, ATLMST/SIDA – Section de Tunis have been deploying advisors (legal, social, etc.) and community legal aid workers (Agent communautaire d'aide au recours juridique (ACRJ)), to provide support to key and vulnerable populations in community spaces to strengthen access to human rights and social protection and facilitate access to healthcare. This staff is made up of two legal advisers (CAP Gafsa and Grand Tunis), two social

advisers (center les jasmins and center Mellassine), and seven paralegals located in Greater Tunis and Sousse. 50 legal cases have been resolved based on figures dated December 31, 2020.

In parallel, a scale of fees for lawyers has been introduced. This scale has been established by ASF on the basis of an agreement with a pool of lawyers. On January 31, 2021, the pool was comprised of 17 lawyers (8 lawyers from the region of Tunis; 6 from Sfax; 1 from Gafsa; and 2 from the regions of Sousse and Monastir). This has been crucial to lift one central barrier related to availability and accessibility of HIV-related legal services: unaffordability, in a country with a weak economy and high unemployment, exacerbated by the COVID-19 pandemic.

# Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessments makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

To reach comprehensiveness and achieve impact, the mid-term assessments makes the following recommendations.

## Key Recommendations

### Creating a Supportive Environment

- Ensure that the Principal Recipient takes ownership of the implementation of the monitoring and evaluation framework of programs to remove human-rights related barriers of the National Strategic Plan to Reduce Human Rights-Related Barriers to HIV Services: Tunisia 2019-2023.
- Ensure that the Technical Working Group meets regularly to oversee the implementation of the National Strategic Plan, making sure the efforts and programs are coordinated.

### Programmatic Scale-up

- Continue to use the 2019-2023 National Strategic Plan as a framework to scale up programs to remove human rights-related barriers to HIV services in strategic, cohesive manner.
- Ensure integration of programs, where strategic and possible (e.g. ensure integration of gender-based violence prevention, care and legal support services in key populations programs, including sex workers, MSM and transgender people in the overall set of programs dedicated to addressing gender-based violence, and that programs address the specific needs of transgender individuals).
- Conduct analysis of existing and planned programs in terms of their gender-responsiveness.

### Programmatic Quality and Sustainability

- Increase funding for human rights activities from domestic budgets.
- Develop capacity and resources to monitor and evaluate programs to remove human rights-related barriers to HIV services.
- Enhance human rights expertise of sub-recipients and partners.
- Ensure that programs are designed to include all the key and vulnerable populations, including transgender people. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes.
- As peer education and support has been shown to be an effective way to reach key populations, reinforce peer educator training from each of the key and vulnerable populations (e.g. in legal education).



## Comprehensive Recommendations

Cross-cutting	
<b>Creating a supportive environment</b>	<ul style="list-style-type: none"><li>• Ensure that the Principal Recipient takes ownership of the implementation of the monitoring and evaluation framework of programs to remove human-rights related barriers of the National Strategic Plan to Reduce Human Rights-Related Barriers to HIV Services: Tunisia 2019-2023.</li><li>• Ensure that the Technical Working Group meets regularly to oversee the implementation of the National Strategic Plan, making sure the efforts and programs are coordinated.</li></ul>
<b>Programmatic quality and sustainability</b>	<ul style="list-style-type: none"><li>• Increase funding for human rights activities from domestic budgets.</li><li>• Develop capacity and resources to monitor and evaluate programs to remove human rights-related barriers to HIV services.</li><li>• Enhance human rights expertise of sub-recipients and partners.</li><li>• Ensure that programs are designed to include all the key and vulnerable populations, including transgender people. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes.</li><li>• As peer education and support has been shown to be an effective way to reach key populations, reinforce peer educator training from each of the key and vulnerable populations (e.g. in legal education).</li></ul>

## HIV-related recommendations by program area

### Stigma and discrimination reduction

- Following the National Stigma Index survey findings, a mass media campaign – in both French and Tunisian Arabic to maximize the reach of programming – should be launched to address stigma and discrimination against PLHIV and key and vulnerable populations. In parallel, publish and disseminate main findings to key population organizations, health care workers and law enforcement, use these findings to inform curricula for capacity building for health care workers and law enforcement, and develop or refine national and sector-specific campaigns against stigma and discrimination.
- Scale up discussion and exchanges sessions between religious leaders, PLHIV and key and vulnerable populations.
- Sensitize the general population through social media platforms.
- Ensure support and adequate resources for interventions to address stigma and discrimination that stem from the 2019-2023 National Strategic Plan.
- Continue advocating for opioid substitution therapy (OST).
- Bolster the establishment of advocacy groups to ensure the effective participation of PLHIV and key and vulnerable populations in the strategic meetings with national actors and civil society structures. Those groups should include representatives of all the key and vulnerable populations, coming from different governates/cities to take into consideration local specificities.

### Training of health care workers on human rights and ethics

- Scale up geographic coverage of the awareness sessions to reach health care workers in all governates.
- Roll out training in human rights and medical ethics for health care workers in a systematic manner and institutionalize it in Tunisia's medical universities and nursing schools.
- Encourage training on human rights and medical ethics through a Certification training system.
- Develop "key populations-friendly" services in all public health centers.
- Post/distribute HIV patients' rights materials in health settings.
- Conduct ongoing patient surveys and interviews to monitor and evaluate "patients' perception of ease of scheduling and access to care, perceptions of provider respect and competency, and overall quality of care", as recommended in the baseline assessment. Conduct surveys in health care workers pre- and post- trainings.
- Establish a complaints procedure with redress.
- Develop online training to adapt to COVID-19 context.

### Sensitization of lawmakers and law enforcement agents

- Provide the means for trainers to duplicate training on a larger scale, by providing training of trainers at the level of the different governates of Tunisia in order to facilitate the organization and implementation of training activities outside the 6 police schools.
- Ensure that the advocacy sessions, including on key and vulnerable populations, with parliamentarians are organized. Foster the active participation of PLHIV, key and vulnerable populations, and of representatives of organizations working with PLHIV and key and vulnerable populations.
- Develop partnerships between ASF and other NGOs and community-based organizations to scale up the activities. Mobilize and empower all the sub-recipient NGOs by building their capacity to engage in strategic

	<p>advocacy and lobbying against policies, regulations and laws affecting access to HIV services with appropriate funding support.</p> <ul style="list-style-type: none"> <li>• Encourage refresher trainings on HIV, human rights, and key and vulnerable populations, for law enforcement officials through a Certification training system. Conduct pre- and post- trainings assessments to capture effectiveness of such capacity building.</li> <li>• Develop online training to adapt to COVID-19 context.</li> </ul>
<b>Legal literacy</b>	<ul style="list-style-type: none"> <li>• Scale up geographic and population coverage by strengthening the partnerships between local NGOs and health structures and integration in KPI services and in services geared at migrants.</li> <li>• Encourage a greater involvement of all the different government departments concerned by the human rights component (e.g. Ministry of Health, Ministry of Justice, National Office for the Family and the Population).</li> <li>• Provide refresher training sessions in legal education for all peer educators and ACRJs of the sub-recipients.</li> <li>• As regulatory and/or societal discrimination against some populations is still prevailing, ensure that all the key and vulnerable populations benefit from those programs and that no one is left behind. Plan legal literacy activities to reach a critical mass of the estimated sizes of each key and vulnerable population.</li> </ul>
<b>Legal services</b>	<ul style="list-style-type: none"> <li>• Ensure adequate funding for the referral platform to function to optimum effect.</li> <li>• Foster direct legal services (legal representation, legal assistance, etc.) provided by legal clinics, law schools.</li> <li>• Continue the delivery of training of community agents responsible for legal recourse on rights at the NGO level (ACRJs), ensuring the participation of ACRJs coming from all directorates.</li> <li>• Encourage greater involvement of lawyers from all directorates (to expand the pool of lawyers) and of government entities charged with rights protection (such as the Department of Justice) through advocacy workshops.</li> <li>• Expand availability to paralegal services for prisoners. Ensure that all key and vulnerable populations have proper access to legal services, without discrimination.</li> </ul>
<b>Monitoring and reforming laws, regulations and policies related to HIV</b>	<ul style="list-style-type: none"> <li>• Advocate for the release of individuals while on abusive pre-trial detention and for a better due process for those who are unable to defend themselves or lack knowledge of their basic rights.</li> <li>• Strengthen advocacy with decision-makers and parliamentarians for specific law reform objectives in line with recommendations of the 2018 Legal Environment Assessment.</li> <li>• Provide resources for community volunteers, peer educators, and paralegals, to develop and implement plan to documents and compile human rights violations of key and vulnerable populations for advocacy efforts, as well as for referring to legal services. Establish partnerships with experienced advocacy organizations in Tunisia, and abroad.</li> </ul>

**Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity**

- Include activities to reduce discrimination against women in the NFM3 funding request.
- Develop and produce public campaigns on women's rights.
- Support the development of programs dedicated to raising awareness on women's rights and encouraging the removal of the societal barriers detrimental to women.
- Scale up geographic coverage of those activities to reach all women living with and affected by HIV in all governates.
- Encourage the involvement of religious and community leaders, as well as of men in activities aiming at reducing violence against women.

## Annex II. Methods

### Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Tunisia is a rapid assessment.

Mid-term Assessment Type	Countries		
<b>Rapid</b>	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
<b>Program</b>	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
<b>In-depth</b>	Ghana	South Africa	Ukraine

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. The country evaluation team therefore used a standardized questionnaire tailored to the country context, and conducted key informant interviews remotely when possible.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

<b>Assessing specific BDB programs</b>	
<b>Dimension</b>	<b>Questions</b>
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment begun in November 2020 and was completed in March 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and the Tunisia Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

<b>Assessment Component</b>	<b>Researchers</b>	<b>Dates</b>
<b>Desk review of available program reports, epidemiological information, and other background documents</b>	Julie Mabilat	January 2021
<b>Written questionnaires completed by and/or interviews conducted remotely with a total of 8 key informants</b>	Julie Mabilat	January – February 2021
<b>Key informant interviews conducted remotely with 37 people</b>	Julie Mabilat	February - March 2021
<b>Follow-up with relevant key informants</b>	Julie Mabilat	March 2021
<b>Submission of report to Global Fund</b>	Julie Mabilat	January 2021

## Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
<b>0</b>	No programs present	No formal programs or activities identified.
<b>1</b>	One-off activities	Time-limited, pilot initiative.
<b>2</b>	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
<b>3</b>	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
<b>4</b>	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
<b>5</b>	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
<b>Goal</b>	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
<b>N/A</b>	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
<b>Unk / *</b>	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).



## Annex III. List of Key Informants

1. Pr Zahaf Abdelmajid, Executive Director, Association Tunisienne de Lutte contre les Maladies Sexuellement Transmissibles (ATL MST/SIDA – Bureau national)
2. Dr Fouazi Abid, Coordinator of national AIDS/STI, Tuberculosis and Malaria control programs, Direction des Soins de Santé de Base (DSSB)
3. Dr Lamia Ben Hassine, Communication and coordination between regions officer, Office National de la Famille et de la Population de la République de Tunisie (ONFP)
4. Pr Mohamed Chakroun, Chair, Country Coordinating Mechanism Tunisia (CCM-Tunisia)
5. Dr Hedia Chaouachi, Executive Director, Association Tunisienne d'Information et d'Orientation sur le Sida et la toxicomanie (ATIOST)
6. Rakia Derbel, Executive Director, Association Tunisienne de Lutte contre les Comportements à Risque (ATLCR)
7. Ragheb El Bahri, Project Coordinator, Association Tunisienne pour la Justice et Légalité (Damj)
8. Dr Mohamed Kheireddine Khaled, GFATM Programme Coordinator, Office National de la Famille et de la Population de la République de Tunisie (ONFP)

# Annex IV: List of Sources and Documents Reviewed

## Documents related to Breaking Down Barriers Initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Tunisia* (2018).
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Annex 3 Tunisia Comprehensive Approach Costing* [Excel document].
3. Mhirssi, Z., *Évaluation initiale - La Tunisie intensifiant les programmes pour éliminer les obstacles aux services liés au VIH, en rapport avec les droits Humains. Le VIH/sida et les Droits Humains en Tunisie Analyse situationnelle Tunis, 9 Janvier 2019* [PowerPoint slides].
4. Tshimbalanga, C., *Atelier National : Plan d'action stratégique 2019-2023 visant une réponse globale aux obstacles liés aux droits humains qui entravent l'accès aux services de lutte contre le VIH – Tunis, 18 janvier 2018* [PowerPoint slides].
5. Chakroun, M., *Plan stratégique 2019-2023 visant une réponse globale aux obstacles liés aux droits humains qui entravent l'accès aux services de lutte contre le VIH – Gammarth, 18 janvier 2019* [PowerPoint slides].
6. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Key objectives and next steps – Tunisia:*
7. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Plan for a comprehensive response to human rights-related barriers to HIV services. Objectives, keys and agenda* (undated).
8. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *VIH/sida et les droits humains en Tunisie – Agenda et participants* [Excel document].
9. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Document d'orientation sur l'élaboration d'un plan d'action stratégique 2019-2023 visant une réponse globale aux obstacles liés aux droits humains qui entravent l'accès aux services de lutte contre le VIH* (undated).

## Global Fund Internal Documents (all documents on file with the Global Fund and the MTA research team)

10. *Grant Management Data – Briefing Note: Tunisia* (data retrieved 2019).
11. *Budget of Office National de la Famille et de la Population de la République de Tunisie – Grant cycle 01 January 2019 – 31 December 2021* (undated).
12. *Performance Framework for Office National de la Famille et de la Population de la République de Tunisie* (3 May 2017).
13. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *GAC Review – Human Rights Matching Fund request for Tunisia* (2018) [PowerPoint slides].

## Country Documents

14. Ministère de la Santé Publique, Direction des Soins de Santé de Base (DSSB), & Programme National de lutte contre le Sida et les infections sexuellement transmissibles, *Plan Stratégique National de la riposte au VIH/Sida et aux IST 2018-2022* (2018).
15. Ministère de la santé, Direction des soins de santé de base (DSSB), *Stratégie nationale sur les Droits Humains et le VIH/Sida 2019-2023* (2019).

## Relevant Third-Party Resources

16. AMPG, *Focused County Evaluations: Tunisia HIV Evaluation – Field-based Evaluation Report* (2019).
17. AMPG, *Assessment of HIV Services Packages for Key Populations in Tunisia* (2018).

18. Association Tunisienne de Lutte contre les Comportements à Risque (ATLCR), *Rapport moral de l'année 2019* (2020).
19. Global AIDS Monitoring: Tunisia (2020). Retrieved February 3, 2021 from <https://aidsinfo.unaids.org/>
20. Rule of Law Factsheet: Tunisia
21. U.S. Department of State, Bureau of Democracy, Human Rights, and Labor (USDOS). (2020). *2019 Country Reports on Human Rights Practices: Tunisia*. <https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/tunisia/>
22. Freedom House. (2020). *Freedom in the World 2020 – Tunisia*. <https://freedomhouse.org/country/tunisia/freedom-world/2020>
23. UNAIDS. *Country: Tunisia*. Retrieved January 26, 2021, from <https://www.unaids.org/en/regionscountries/countries/tunisia>
24. UNAIDS, *Rapports d'avancement nationaux – Tunisie : Rapport mondial d'avancement sur la lutte contre le sida 2019* (undated).

# References

\* <https://www.theglobalfund.org/en/updates/other-updates/2020-06-15-removing-human-rights-barriers-to-health-findings-and-lessons/>

† The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Tunisia* (2018).

‡ See Strategic Objective 3 in the Global Fund Strategy. Global Fund. *The Global Fund Strategy 2017-2022: Investing to End Epidemics*. [https://www.theglobalfund.org/media/2531/core\\_globalfundstrategy2017-2022\\_strategy\\_en.pdf](https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf)

§ This definition was developed by the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. Paper available on request from the Global Fund

\*\* For HIV: The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Technical Brief: HIV, Human Rights and Gender Equality*.

[https://www.theglobalfund.org/media/6348/core\\_hivhumanrightsgenderequality\\_technicalbrief\\_en.pdf?u=637166001220000000](https://www.theglobalfund.org/media/6348/core_hivhumanrightsgenderequality_technicalbrief_en.pdf?u=637166001220000000); For TB: The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020). *Technical Brief: Tuberculosis, Gender and Human Rights*.

[https://www.theglobalfund.org/media/6349/core\\_tbhumanrightsgenderequality\\_technicalbrief\\_en.pdf?u=637181442000000000](https://www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf?u=637181442000000000)

†† “Reducing Discrimination against Women” which is why the report uses those headings for HIV and TB program areas

†† UNAIDS. *Country: Tunisia*. Retrieved January 26, 2021, from <https://www.unaids.org/en/regionscountries/countries/tunisia>

§§ UNAIDS. *Country: Tunisia*. Retrieved January 26, 2021, from <https://www.unaids.org/en/regionscountries/countries/tunisia>

\*\*\* AMPG, *Focused County Evaluations: Tunisia HIV Evaluation – Field-based Evaluation Report* (2019), p. 21.

††† Ministère de la santé, Direction des soins de santé de base (DSSB), *Stratégie nationale sur les Droits Humains et le VIH/Sida 2019-2023* (2019), p. 10 ; AMPG, *Focused County Evaluations: Tunisia HIV Evaluation – Field-based Evaluation Report* (2019), p. 2.

††† The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Tunisia* (2018), p. 19.

§§§ UNAIDS. *Country: Tunisia*. Retrieved January 26, 2021, from <https://www.unaids.org/en/regionscountries/countries/tunisia>

\*\*\*\* The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Tunisia* (2018), pp. 6-7.

†††† The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Tunisia* (2018), p. 6.

†††† Ministère de la Santé Publique, Direction des Soins de Santé de Base (DSSB), & Programme National de lutte contre le Sida et les infections sexuellement transmissibles, *Plan Stratégique National de la riposte au VIH/Sida et aux IST 2018-2022* (2018).

§§§§ UNAIDS, *Rapports d'avancement nationaux – Tunisie : Rapport mondial d'avancement sur la lutte contre le sida 2019* (undated).

\*\*\*\*\* AMPG, *Focused County Evaluations: Tunisia HIV Evaluation – Field-based Evaluation Report* (2019), p. 20.

††††† Ministère de la santé, Direction des soins de santé de base, *Stratégie nationale sur les Droits Humains et le VIH/Sida 2019-2023* (2019).

††††† Ministère de la santé, Direction des soins de santé de base, *Stratégie nationale sur les Droits Humains et le VIH/Sida 2019-2023* (2019), p. 17.

§§§§§ CCM Tunisia, *Plan stratégique 2019-2023 visant une réponse globale aux obstacles liés aux droits humains qui entravent l'accès aux services de lutte contre le VIH*, Gammarth, 18 Janvier 2019 [PowerPoint slides].

\*\*\*\*\* Ministère de la santé, Direction des soins de santé de base, *Stratégie nationale sur les Droits Humains et le VIH/Sida 2019-2023* (2019), p. 18.

†††††† AMPG, *Focused County Evaluations: Tunisia HIV Evaluation – Field-based Evaluation Report* (2019), p. 6.

†††††† AMPG, *Focused County Evaluations: Tunisia HIV Evaluation – Field-based Evaluation Report* (2019), p. 17.

§§§§§§ AMPG, *Focused County Evaluations: Tunisia HIV Evaluation – Field-based Evaluation Report* (2019), p. 20.

\*\*\*\*\* The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Tunisia* (2018), p. 27.

†††††† The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Tunisia* (2018), p. 27.

†††††† <https://www.theglobalfund.org/en/updates/other-updates/2020-06-15-removing-human-rights-barriers-to-health-findings-and-lessons/>