The Middle East and North Africa has one of the world’s lowest rates of HIV infection among the general population. However, new infections are rising in most countries across the region. Many longstanding challenges present significant barriers to accessing HIV testing and treatment, especially for key populations, who bear a significantly higher HIV burden. Since 2019, the Global Fund Multicountry Middle East and North Africa grant (MC MENA) has supported efforts to increase the sustainability and quality of HIV prevention, psychosocial support, advocacy and capacity-building for key populations in Morocco, Tunisia, Egypt, Lebanon and Jordan.

The challenge

In recent years, some countries in the Middle East and North Africa have made notable progress in expanding access to HIV services, including the emergence of community-led networks representing people living with HIV and key populations.

However, there are still gaps in HIV services across the region that reflect significant, ongoing challenges. In 2020, 95% of new adult HIV infections in the Middle East and North Africa occurred among key populations and their sexual partners.¹ Yet, implementing interventions for those most affected by HIV in the region can be difficult due to stigma and discrimination, cultural and religious beliefs as well as laws that impact key populations such as sex workers, people who inject drugs, and gay men and other men who have sex with men.

The environments in which MC MENA is implemented are characterized by uncertainties that present obstacles in the fight against HIV. Some countries are experiencing, or are exposed to, the effects of widespread crises – including protracted conflicts and instabilities in governance, financial systems or the rule of law – that make the Middle East and North Africa home to the world’s largest migrant, refugee and internally displaced populations.

Additionally, COVID-19 compounded difficulties in accessing HIV testing and in maintaining HIV prevention activities. Many people among key populations lost their livelihoods, and HIV services were either interrupted or were required to rapidly shift to different modes of delivery.

All these factors contribute to ongoing marginalization and exclusion of key populations in HIV prevention programming in the Middle East and North Africa.

Our response

The Global Fund’s Strategy is strongly focused on making catalytic investments to spark faster progress in reducing new infections, addressing structural barriers to improved HIV outcomes and building equity, sustainability and lasting impact.

MC MENA is one such investment. The grant was created to mobilize and empower communities, build networks and address human rights-related barriers to health care across Morocco, Tunisia, Egypt, Lebanon and Jordan. In doing so, the grant aims to increase the sustainability and quality of HIV prevention services for key populations and people living with HIV in those countries and across the region.

Although existing national grants in Morocco, Tunisia and Egypt include strategies for HIV treatment and care for key populations, diseases don’t respect borders, and from a prevention perspective, sometimes the most effective solution is one that brings together several countries or regions.

Status update

Gains in advocacy, resource mobilization and service delivery have been made in all five implementing countries. This progress is a result of MC MENA’s focus on strengthening partnerships between civil society and the state, as well as other influencers. Positive change has been gradual, reflecting the need to collaborate strategically to raise awareness among lawmakers, law enforcement agencies, religious leaders and other critical stakeholders to the needs of people in all their diversity.

New HIV infections and deaths have trended downward in one MC MENA implementing country (Morocco, since 2010). However, this is not reflective of most countries in the Middle East and North Africa. On most core indicators of epidemic control, the region continues to perform amongst the lowest globally, including for uptake of HIV treatment and for the achievement of viral suppression.²

Several factors impacted the implementation and oversight of MC MENA 1. These included COVID-19 restrictions on communities, the devastating blast in Beirut, Lebanon, in 2020, delays in reprogramming of funds, and a complex implementation arrangement with multiple sub-recipients and sub-sub-recipients. The Global Fund acknowledges the efforts of our many implementing partners to address these issues, and we thank them for their response during the challenging 2019-2021 implementation period.

Positive change: examples of initiatives to support key populations in MC MENA implementing countries

**Morocco**
Country partner ALCS has made extensive contributions to delivering community-led HIV interventions, helping to strengthen community-based HIV testing and making it more cost-effective.

**Tunisia**
In addition to engaging with local governments on HIV-related stigma and rights for marginalized communities, country partner ATL assessed and documented the impact of anal testing – a degrading, rights-violating practice – on the mental health of men who have sex with men and started lobbying for its elimination.

**Egypt**
MENAHRA, our regional partner, will train civil society and health care practitioners in opioid substitution therapy (OST). It is also contributing to the development of OST guidelines and has piloted a free e-learning course on harm reduction in Arabic, a first in the region.

**Lebanon**
Advocacy with law enforcement by SIDC, a civil society partner, resulted in a group of police academy officers being trained to educate new police recruits on the needs and rights of marginalized people, and standard operating procedures have been devised for all police officers in the country.

**Jordan**
Country partner FOCCEC is educating health care practitioners in hospitals about the need to serve marginalized groups without stigma and discrimination. Their advocacy has also led to a commitment to integrate HIV services into sexual and reproductive health services – a first in Jordan.

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<table>
<thead>
<tr>
<th>Implementation Period</th>
<th>Amount Signed</th>
<th>Amount Disbursed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MC MENA 1</td>
<td>2019-2021</td>
<td>US$7,499,577</td>
</tr>
<tr>
<td>MC MENA 2</td>
<td>2022-2024</td>
<td>US$8,625,000 (including COVID-19 Response Mechanism funding)</td>
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Looking ahead

Too often, the people most affected by HIV are the ones who don’t have access to care. The Global Fund’s MC MENA 2 grant of up to US$8.6 million is helping to change this by providing critical support to remove barriers to care and shape better HIV services for key populations in Morocco, Tunisia, Egypt, Lebanon and Jordan.

Lessons learned – both financial and programmatic – from the first iteration of the grant underpin its refreshed strategic priorities for 2022-2024:

- Increasing resource mobilization and capacity-building for key population organizations.
- Developing and deploying innovative, sustainable community-led service delivery models.
- Advocating for increased domestic financing for quality HIV prevention, treatment and care services.
- Reducing stigma, discrimination and other structural barriers to improve access to health services and retention in care.
- Documenting human rights violations and providing ways of responding to them.
- Supporting processes and policy reforms that help to scale-up prevention programs for people who use drugs.

The current implementation period is an opportunity for the regional oversight structure to achieve effective and accelerated implementation for impact beyond that of MC MENA 1. Enhancing regional oversight is an ongoing priority that will support domestic resource mobilization and contribute to the sustainability of MC MENA and related interventions in the coming years.

Through our ongoing collaboration in the Middle East and North Africa, the Global Fund partnership is helping to shape a world free of the burden of HIV and AIDS, with better, equitable health for all.