

HIGH LEVEL MEETING OF WOMEN LEADERS FROM MIDDLE EAST AND NORTH AFRICA

Algiers, 10 – 11 November 2014



ADVANCING GENDER EQUALITY AND THE HIV RESPONSE, AS PART OF THE ARAB AIDS STRATEGY AND THE POST-2015 DEVELOPMENT AGENDA

WELCOME AND INTRODUCTION

As key women leaders and champions of change in the Middle East and North Africa (MENA) actively engaged in advancing gender equality, women's rights and the HIV response, each one of you have made a huge difference in the lives of women and girls, each in your area of expertise. Today, we would like to join our hands and efforts to strengthen high level advocacy and political leadership towards turning the tide of the HIV epidemic in the region that is witnessing the fastest growing rates with an increasing vulnerability for women and girls touched by it.



It is with great pride that we see how women movements have played an important and catalytic role in raising awareness and bringing about considerable change for women's rights in the MENA region through influencing important legislative reforms. This helped achieve admirable progress in reducing the gap between girls and boys in vital areas such as access to education and health care in the region. Yet, we should not be complacent with these successes since we still have a long way to go if we are to witness a time where all women and girls would be leading the equitable and dignified life they merit. Hence, the most important and highly promising regional commitment in the form of the Arab AIDS Strategy 2014 – 2020 that has been unanimously endorsed by the Council of Arab Ministers of Health in 2014, is an opportunity for the region that should not be missed. It represents the first intergovernmental strategy setting targets for universal access by 2020 laying the solid foundations towards ending AIDS epidemic in the region by 2030. This meeting is the first high level event to set the scene for the implementation of this important commitment and if our collaborative efforts can push countries in the region to move based on their set targets, by 2015 the region will pass the tipping point in its epidemic, meaning that more people are starting treatment than being infected.

INVESTING IN WOMEN AND GIRLS

An increase in political will matched with courage and investments is urgently needed in order to address the gaps and inequalities in access and utilization of HIV services and information to all those left behind in the region. This will require a specific attention to women and girls whose needs are often overlooked. Women and girls need to be empowered to protect themselves from HIV, access services that keep them alive, and help achieve a generation free from HIV. Women and girls, including those living with HIV need to be at the center of HIV responses: their involvement in designing and delivering the response improves its effectiveness and acceptability. Their leadership will be key for ending AIDS in Middle East and North Africa.

Equity and human rights are core concerns and pre-requisites for ending AIDS in the most marginalized communities, in MENA. Coercive approaches not only violate fundamental human rights norms but also drive people away from the very services they need. Reducing stigma and social inequities, addressing social, economic and legal barriers is indeed critical to ensure those who need it most have access to HIV services. The HIV response, by amplifying the voice of the voiceless, mobilizing communities and resources for those at the margins, can also support broader health, development gender equality and human rights agenda, to ensure that no one is left behind.



“I congratulate the efforts and leadership made to develop and endorse the Arab AIDS Strategy which will create a new momentum for enhanced HIV response in the Region”. Dr Nabil El Araby, Secretary General of the League of Arab States,

THE ARAB AIDS STRATEGY AS A KEY CATALYST FOR CHANGE

The Council of Arab Ministers of Health endorsed on 13 March the Arab AIDS Strategy (2014-2020) during its 41st Ordinary Session held at the League of Arab States. The new Strategy is intended to guide the development of a coordinated and consensus-driven regional response to HIV. The new strategy comprises 10 goals which are aligned to the targets set in the [2011 United Nations General Assembly Political Declaration on HIV and AIDS](#) while maintaining a broader vision for an AIDS-free generation beyond 2015.

The 10 goals of the strategy include: To reduce HIV incidence among key populations at higher risk of infection by more than 50%; to eliminate new HIV infections among children; to increase HIV treatment coverage to 80%; to address stigma and discrimination; to improve AIDS financing; to address the special vulnerability of women and girls; and to review the policies around travel restrictions. The importance of the Arab AIDS Strategy as a catalytic, multi-sectoral, regional commitment on advancing the HIV response in the region, cannot be stressed enough. By setting specific ten targets in the region that are aligned to the targets of the 2011 United Nations Political Declaration on HIV and AIDS, the Strategy can act as a catalyst for increased action and accountability at country level.

It promotes engagement and emerging leadership from countries, and specifically includes among key priorities eliminating gender inequalities and gender based violence, eliminating stigma and

discrimination, ensuring universal access to HIV prevention, treatment, care and support services for mobile populations, including displaced people, refugees and migrant workers. Needless to say that this guiding document was the result of a rigorous consultative process with all partners and actors including civil society and affected populations. The strategy include in particular the following priorities under **Goal 7 - Eliminate gender inequalities in accessing HIV services and gender-based violence, and increase the capacity of women and girls to protect themselves from HIV:**

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

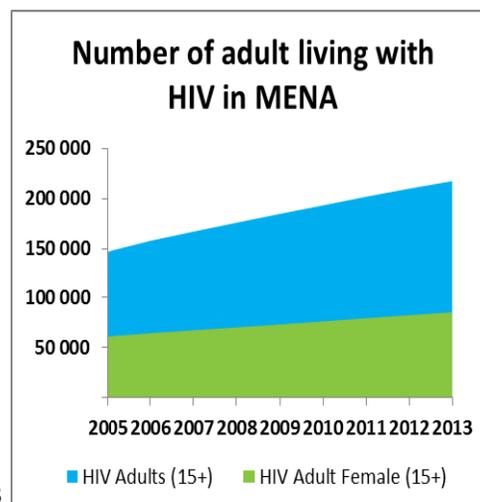
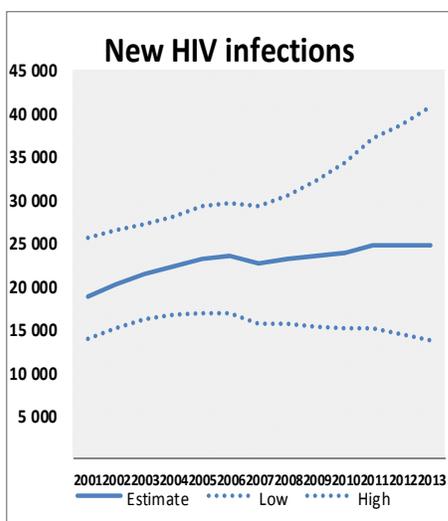
**THE HIV EPIDEMIC AND RESPONSE IN MIDDLE EAST AND NORTH AFRICA:
WOMEN'S VULNERABILITIES AND THE RESPONSE TO THEIR NEEDS**

In a context where most countries face escalating HIV rates among key populations (people who inject drugs, men who have sex with men and people who sell sex), women and girls remain the most vulnerable. Some engaging in high risk behaviors themselves (transactional sex, injecting drug use). Furthermore, negative traditional practices continue, such as female genital mutilation and child marriage, which are most common in the region's poorest countries. The recent political upheaval across the region has highlighted the issues of gender inequality and violence. Social and political unrest as well as conflicts in many countries of the region have created conditions and vulnerabilities that exacerbate HIV epidemics and violence against women. Other new and grave patterns have entered into the picture with the increasing conservative and intolerant settings particularly in warfare in these countries in conflict. Yet, the picture is not so gloomy with some countries in the region managing to strongly address gender inequality, sexual harassment and violence against women, for example through constitutional change and lifting of all reservations to the Convention on the Elimination of all Discriminations Against Women (CEDAW) as in Tunisia, through introduction of a national gender policies as in Morocco, or through the compensation of women victims of sexual violence during conflict as for example in Libya. In other few countries, focused action to decrease vulnerability and increase social and economic independence of women and girls are taken.



Thirty years into the HIV epidemic, stigma and discrimination is still widespread in the region. Women living with HIV are more likely to be socially ostracized, given societal expectations and norms on female behavior and the association between HIV and "illicit" practices such as sexual relations outside marriage or drug use. Stigma and discrimination create significant challenges for women living with HIV to exercise their rights to access healthcare and employment and enjoy their family life. Stigma and discrimination are pronounced among health practitioners and this is particularly difficult for women during pregnancy, delivery and post natal care.

The single most important strategy in dealing with HIV is empowering women and protecting their rights". Phumzile Mlambo-Nguka, UN Women Executive Director



REDUCING PARENT TO CHILD TRANSMISSION

The coverage of Prevention of Mother to Child Transmission (PMTCT) services in the region remains low with 11% of pregnant women who received antiretroviral therapy to prevent mother-to-child transmission of HIV in 2013. The low PMTCT coverage also reflects a perceived lack of relevance of PMTCT services in countries where the numbers of people living with HIV are small; there is limited awareness of personal risk of HIV among women, uneven distribution of comprehensive quality sexual and reproductive health services, and very limited access to HIV testing and quality counselling that should accompany the process.

While most MENA countries have updated PMTCT guidelines to provide pregnant women living with HIV with life-long anti-retroviral therapy (ART), even in countries where antenatal care coverage is good, women attending antenatal care are not routinely offered HIV testing.

In many cases across the region, WLHIV are subjected to stigma by health care providers and they are lacking information on prevention mother to child transmission the part of the health care providers. This is unacceptable, with the evolving treatment regimen which can guarantee full healthy lives for mothers and children if administered.

The limited access to HIV treatment, couple counselling and partners' HIV testing in the region represent major missed opportunities to offer PMTCT services to future parents who are living with HIV. Unfortunately, women are unaware of their HIV status and only find out about it after they have unwittingly transmitted HIV to their offspring through utero or breastfeeding and after these are diagnosed as HIV+. Strategies to reach out to women, men, support disclosure of HIV status, conduct couple counselling and facilitate partners' HIV testing and access to treatment and adherence to it need to be included in HIV programmes in the region.

Two countries in the region have reduced the number of new HIV infections among newborns and children in the period 2005–2013. In Djibouti, new infections among children fell by 70% and by 22% in Somalia. In the past four years, Oman and the United Arab Emir-

ates have established a strong programme to eliminate HIV transmission from mothers to their children, with near-universal coverage of services available to pregnant women. Algeria, the Islamic Republic of Iran, Morocco and Tunisia are moving in the same direction.



Only 11% of pregnant women received antiretroviral therapy to prevent mother-to-child transmission of HIV in 2013 in MENA



GLOBAL AND REGIONAL COMMITMENTS

In addition to the Arab AIDS Strategy and among the other regional commitments to be commended is the adoption by the Arab Parliament of the Arab Convention on HIV Prevention and the Protection of the Rights of People Living with HIV in 2012. It presents yet another opportunity to push the human right agenda forward and catalyze accelerated action and accountability for women and girls in the region.

We can turn the tide of the HIV epidemic in the region! But this will not be possible without bringing treatment to all who need it. HIV treatment not only prevents HIV-related illness and disability and averts AIDS related deaths, but it also prevents new HIV infections. In 2014, following stakeholders' consultations conducted in all regions on new targets, a powerful momentum was built towards a new, final, ambitious but achievable targets by 2020:

90% of all people living with HIV will know their HIV status.

90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.

90% of all people receiving antiretroviral therapy will have viral suppression.

Yet, all the above will only be possible if domestic and regional investments in HIV services are scaled up and major changes in the legal and social environments are made: stigma, discrimination and coercive approaches need to be seriously addressed.

UNAIDS, under the strategic vision and guidance of its Executive Director is making all possible efforts towards mobilizing an explicit commitment to ending AIDS as a public health threat by 2030 in the post 2015 development agenda.

It is on this note that we are calling on all women advocates in this forum as agents of change to work together and in a collective effort and serious commitment this unprecedented momentum for action in the region, where we can make a difference in the HIV response through a final declaration of commitment towards the implementation of the Arab AIDS Strategy and the 2011 Political Declaration on HIV/AIDS, as well as towards positioning gender equality and ending AIDS by 2030 as part of the post 2015 development agenda. We do not wish to see the region lagging behind, when all the world is leaping towards ending AIDS.

Key facts

In 2013 in Middle East and North Africa

220 000 Adults living with HIV, out of which **85 000 women (almost 39%)**

15 000 died of AIDS-related illness, an increase of 66% in the number of deaths since 2005

25 000 people became newly infected with HIV

“As in cards, if I can't choose the hand I'm dealt, at least I can choose how to play these cards. Even with HIV, I find life full of passion, beauty and commitment. If I were to die today, I'd say I started a good ride. If I don't die today, I have an unlimited list of things to experience and accomplish that I look forward to with great anticipation”, the MENARosa Coordinator.

ENDING AIDS, AN UNFINISHED AGENDA

Global commitment to the AIDS response has delivered results, with a reduction of new infections by 38% globally. By the end of 2013 13 million people living with HIV in low and middle income countries were accessing life-saving treatment and access is rapidly expanding despite the global financial crisis. Today, millions of people are alive because the global community chose, against considerable odds and amid much skepticism, to commit to introducing treatment worldwide. The epidemic, however, is far from over. This is particularly true in the Middle East and North Africa, a region with rising number of deaths and new infections, despite having the lowest number of people living with HIV. Some countries have made significant and impressive progress and achievements in their response to HIV in the last decade in MENA. However, in still too many countries, denial, stigma and discrimination appear to determine the nature of the response. Increasing inequalities also play a key role in the MENA region, following a global trend which is recognized as one of the greatest risks worldwide to sustainable development. Inequalities present a powerful threat to inclusive political and economic systems and have compounded other inequalities such as those between women and men, as well as increased social exclusion of marginalized populations, - all being strong predictors of HIV risk. Young people are particularly affected by the economic crisis, with rising unemployment which, in particular in the cities, create complex conditions including poverty, hopelessness, violence and substance abuse – all of which can exacerbate vulnerability. Young people also engage in unprotected sex or transactional sex that put them at greater risk of HIV. There is an urgent need to develop innovative strategies and utilize the available technologies to reach out for young people in the region

Even more vulnerable are the millions of female migrants, including women domestic workers and refugees across the region, who do not have the same access to health services as offered to local women, and are further discouraged for coming forward for testing or treatment because of unjust laws in a number of host countries which either prevent entry or force the departure of those testing positive for HIV. The escalating conflict in the region exacerbate the situation by putting refugees under tremendous pressure, as in case of Syria and Libya besides the ongoing battles in Iraq and Gaza. The increasing business in human trafficking and sex work of women and girls by their impoverished families in such settings cannot be ignored nor given the needed urgent and critical interventions.

WOMEN LEADERSHIP FOR ENDING AIDS AND ACHIEVING

Women leaders can play a critical role in ending AIDS and achieving gender equality in Middle East and North Africa. As a strong political voice, they are able to champion women's issues in the context of HIV, call countries to strengthen their action and investments to empower women to protect themselves from HIV, access the services they need, live healthy and with dignity, free from discrimination and violation.

Women leaders have contributed in many countries to strengthening HIV responses and can be powerful allies to hold countries accountable for the rights of women and girls to lead a healthy life, protect their families and strive towards an AIDS free generation, all possible, within the context of the Arab AIDS Strategy and other global and regional commitments.

They can also sensitize their political allies and parties, and mobilize solidarity movements with women living with HIV to change

attitudes particularly for eliminating stigma and discrimination, encouraging men and women to get HIV testing and counselling and protecting their spouses and children from HIV.

In MENA, women and youth leaders and advocates can also strengthen action and advocacy for the rights of women in all their diversity, including marginalized women, women living with HIV, mobile women and women in conflicts and young women, who all face specific challenges in the current environment.

As the Millennium Development Goal 6 "Halting and reversing the AIDS epidemic" still remains an unfinished agenda, AIDS is a challenge that needs to be kept high on the list of priorities for the Post-2015 Development Agenda in the region. UNAIDS is calling for an explicit commitment to ending AIDS as a public health threat by 2030 in the post 2015 development agenda.



There is a window of opportunity for this region to demonstrate that it can be among the first ones to end the epidemic. Ending the AIDS epidemic is a tangible goal – and, if achieved, will be among our greatest achievements as global community”.

***Michel Sidibe,
UNAIDS Executive Director***