Technical Annex to the Strategic Framework for Cooperation & Collaboration

UNAIDS and The Global Fund Secretariat

Middle East and North Africa (2022 - 2024)

Introduction

In 2019, UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) have signed a strategic framework for cooperation and collaboration to strengthen and accelerate support to countries' efforts to end AIDS. The framework outlines the existing, wide-ranging scope of collaboration between the two organizations, and highlights specific areas for enhanced cooperation to help focus efforts and resources where they are needed most.

Under this framework, UNAIDS and the Global Fund will advocate for a more robust response to HIV, support each other's activities and processes, and continue to provide strategic information, technical support and capacity building to countries. The two organizations will advocate for increased global and domestic funding, work to improve data collection and systems and ensure data is used strategically for decision making and implementation

This regional annex is jointly developed by UNAIDS Regional Support Team in MENA and the Global Fund MENA department to guide the operationalization and implementation of the globally signed strategic framework of cooperation and collaboration in the region with focus on mutually agreed priorities to accelerate the implementation of the Global AIDS Strategy (2021 - 2026) «End Inequalities. End AIDS» and the Global Fund Strategy (2023 - 2028) «Fighting Pandemics and Building a Healthier and More Equitable World».

Background

UNAIDS's MENA region includes 20 countries[1] that are home to almost 400 million people, with one of the youngest populations in the world. The region is highly diverse in terms of social and economic development and political stability. MENA is also in the grip of several humanitarian crises, the repercussions of which have been felt throughout the region and beyond in terms of massive displacement of people within and between countries, and consequent strains on resources and services.

MENA struggled to reach the global 90-90-90 targets by 2020. Against global trends, new infections (particularly among key populations) continue to rise, as do AIDS-related deaths among men. Moreover, service coverage rates, including treatment, testing, viral suppression and PMTCT, are among the lowest in the world. Many challenges, among them limited financial resources and lack of political leadership, are hindering national AIDS responses and the access of key populations (KPs) to essential HIV services.

1 Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates, and Yemen

Disease burden is just one way to measure the needs of any region in the global response to HIV/AIDS. MENA is in the eye of the storm if considered in terms of high vulnerability, the sociocultural norms that drive HIV/AIDS, rather than simply the high prevalence. Rising new infections and mortality rates, widespread humanitarian emergencies, rampant stigma and discrimination, sharp gender inequalities and restrictive laws and policies, are all factors which contribute to continued high prevalence among key populations in MENA.

The Global AIDS Strategy 2021 – 2026 takes an inequalities lens to focus on the gaps impeding progress in ending AIDS and sets out bold new targets to be reached by 2025 to provide new energy and commitment in addressing the global epidemic. The Strategy puts people at the centre and aims to unite all countries, communities, and partners across and beyond the HIV response to take prioritized actions to transform health and life outcomes for people living with and affected by HIV. The three strategic priorities are to: (1) maximize equitable and equal access to comprehensive people-centred HIV services; (2) break down legal and societal barriers to achieving HIV outcomes; and (3) fully resource and sustain HIV responses and integrate them into systems for health, social protection, and humanitarian relief.

HIV prevention for key and priority populations is a central element of the new strategy, which calls on countries to utilize the full potential of HIV prevention tools, especially for adolescent girls and young women, sex workers, people who inject drug, gay men and other men who have sex with men, transgender people and people in prison settings. The Strategy is based on principles of human rights, gender equality and dignity and freedom from stigma and discrimination for all people living with and affected by HIV and is the result of extensive analysis of HIV data and an inclusive process of consultation with countries, communities, and partners.

The Global AIDS Strategy (2021- 2026) has identified the following priority actions to address persistent and emerging gaps of the AIDS response in MENA:

1 **Scale up quality services:** The region needs to scale up equitable access to high-quality, innovative HIV combination prevention, testing and treatment, with a focus on key populations and other priority groups, and services for the elimination of vertical transmission of HIV and pediatric care, using integrated and differentiated service delivery models.

2 **Leverage information to achieve transformative results:** The region needs better data, with a focus on key populations and priority populations, including enhanced epidemiological surveillance and biobehavioral studies, as well as improved strategic information for programme and policy design, more effective monitoring and evaluation, and more efficient resource mobilization and allocation.

3 **Strengthen and empower community-led responses:** Building on a small but solid base, the region must do more to empower communities and enhance the leadership of people living with HIV and key populations, including capacity development, resource mobilization and the promotion of an open civic space.

4 **Ground the response in human rights and gender equality:** The region needs to promote a gender-equality and rights-based response to ensure that no-one is left behind. This includes addressing gender-based violence; harmful social norms and practices; removing punitive laws, policies, and practices (among them mandatory HIV testing), as well as promoting access to justice and eliminating stigma and discrimination.

5 **Ensure preparedness for humanitarian emergencies and pandemics:** With the largest concentration of humanitarian crises in the world, the region must ensure that all affected people can access the full range of HIV prevention, testing and treatment services and GBV programmes, and that these are fully represented in emergency, disaster, and pandemic response plans.

The Global Fund and UNAIDS collaboration in MENA

The Global Fund to fight HIV, TB and Malaria (the Global Fund) is the largest financing mechanism to the AIDS response in low and middle-income countries in the MENA region and plays a leading role in the AIDS response through scale up of treatment and prevention programmes. In addition to country grants, the existing the Global Fund and UNAIDS collaboration in MENA includes a multi-country grant to support the sustainability of HIV services for key populations and the Middle East Response Grant for essential HIV, TB and malaria services for key and vulnerable populations in countries affected by humanitarian emergencies.

Enhanced commitment from development partners, such as the Global Fund and greater financial and human investment today can keep MENA at a low prevalence tomorrow. In view of the relatively low disease burden and the opportunities to fast-track the AIDS response, MENA is one part of the world where the SDG of ending HIV/AIDS as public health threat by 2030 could move from aspiration to achievement.

The new Global AIDS Strategy provides a pivotal opportunity to work differently to address both emerging and persistent gaps in the AIDS response in MENA. UNAIDS and the Global Fund can shape the AIDS response towards better prioritization, strategic investment, financial sustainability, and impact, particularly in resource limited settings.

COVID-19 responses in the region have highlighted the importance of building a resilient HIV response that can better respond to health and other emergencies, by integrating the HIV response within a given country's preparedness plans and engaging governments with renewed focus on and interest in infectious diseases.

UNAIDS Regional Support Team (RST) in MENA has been at the forefront of leading the Global Fund processes. In addition to providing direct financial and technical assistance, UNAIDS in MENA has successfully leveraged political leadership for accountability for the Global Fund results, brokered partnerships among key constituencies (particularly among civil society and governments), as well as mobilizing catalytic funds and support from UN partners to facilitate and complement the Global Fund strategic investment in the region.

At a country level, UNAIDS provides strategic support to the organization and functioning of the Country Coordination Mechanism (CCM) and its Secretariat in its oversight role of the Global Fund Grants and the Principal Recipients. This entails advocating for harmonization and alignment of Global Fund grants with other development frameworks and technical support for the development of funding requests including NSP reviews, strategic information, grant negotiation, advocacy, mobilization, and coordination of UN support.

Purpose and objectives

The purpose of this enhanced partnership and collaboration between the Global Fund and UNAIDS in MENA is to drive progress towards the 2025 targets and to accelerate implementation of the priorities of the Global AIDS Strategy in the MENA region particularly in resource constrained countrie through effective use of resources coupled with scale-up of innovative differentiated service delivery approaches. Specifically, the collaboration framework will have the following objectives:

● Enhance the generation and use of data at the country level including IBBS, Stigma Index 2.0 and size estimates with a focus on key populations to better drive policy change, community led monitoring, strategy development and programme design that emphasizes locations/populations most affected by the epidemic.

● Develop and support a comprehensive approach to promote an enabling environment for the AIDS response through investment in societal enablers such as human rights, gender equality and community systems that must be strengthened to achieve significant progress in the region.

● Advocate for increased domestic and regional financing, sustainability, and co-financing to support the scaling up of combination-prevention among KPs, as well as testing and treatment.

● Develop stronger capacity for demand-driven technical assistance in MENA through partnership with regional institutions including civil society, academia, and community networks.

Working modalities and timeline

• The Regional Cooperation and Results framework (2022 - 2024)– please see Annex 1 - will be used to guide the development and implementation of a Joint Annual Action plan starting in 2022, including combined actions on the agreed areas of collaboration.

• The framework will be reviewed and updated on regular basis to document and monitor progress and make amendments a as necessary.

• UNAIDS-MENA and the Global Fund Secretariat will work with CCMs, technical partners, including UN agencies and CSOs, to ensure the agreements in this Annex are implemented at regional and national levels including through existing the Global Fund grants.

• UNAIDS MENA and the Global Fund Secretariat will work together to document best practices, lessons learned and results of this collaboration and share these in national, regional, and global platforms and fora.

• UNAIDS MENA and the Global Fund Secretariat will conduct joint field visits to monitor the progress of this agreement in selected countries with participation of UNAIDS Country Offices and the Global Fund Country Teams, including regional staff participation where relevant.

• UNAIDS and the Global Fund Country Teams will be fully engaged and collaborate on National Strategic Plans reviews and the development of funding requests to incorporate the agreed priorities in ongoing and future programmes assisted by the Global Fund (including further strategic outcomes as determined by portfolio deep-dives).

• Regular meetings will be conducted between UNAIDS MENA and the Global Fund Secretariat to review and discuss planning, implementation and reporting on areas identified in this Annex.

Potential resources to support priority areas of collaboration

1 From UNAIDS: Staff time (UCO and RST) and additional resources for TA provision

2 From the Global Fund: Staff time from country and regional team, as well as additional resources to support the joint action plan that will be developed in line with the results and operational framework

3 Leverage grant efficiencies, revisions, and global strategic initiatives support (where available), to support priority areas of collaboration including strategic information, gender quality, human rights, community systems and technical support

Regional Cooperation and Results Framework (2022 - 2024)

Area of Collaboration	Key Interventions	Outputs Indicators	Outcomes Indicators	Focus Countries
Generation and use of Strategic Information	* Promote the inclusion of MENA countries in the Global Fund's Framework for Data Use for Action and Improvement (DUFAI), including technical support for design and operationalization of regional platforms for analytical capacity building and in-country review * Support countries to implement the action plan and recommendations of the 2019 workshop on "Strengthening Data Demand and Use for impact" in the MENA region * Establish partnership with regional centres on strategic information and support the implementation of IBBS, Stigma index 2.0, size estimates and other studies in priority MENA countries * Promote the use of strategic information in NSP development and service integration and programme design	Number of IBBS, size estimates, stigma index 2.0 and other studies conducted and used in MENA countries	Number of countries in MENA with updated strategic information including IBBS, size estimates of KPs and complete projections and estimates Number of NSPs and the Global Fund requests that are informed by updated SI information	Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, , Palestine, Somalia, Sudan, Syria, Tunisia, and Yemen
Regional Capacity for Technical support	Establish partnerships with regional institutions, including community-led organizations (CLOs), to support TA supply in the region Develop an active regional roster for consultants to support TA needs in MENA countries Support the development, implementation and evaluation of tailored Technical Support Plans for MENA countries	Number of TA assignments provided through regional TA mechanisms, including on Strategic Information, DSD, KP services, domestic funding, human rights, and gender, among other areas of engagement Number of consultants from MENA region who are active in the regional roster	Number of quality technical deliverables (studies, modules, protocols, guidelines) provided to countries to support programme implementation, monitoring and evaluation	Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, , Palestine, Somalia, Sudan, Syria, Tunisia, and Yemen

Area of Collaboration	Key Interventions	Outputs Indicators	Outcomes Indicators	Focus Countries
Enabling Environment including Community Led Responses, Gender and Human rights	* Map key regional and national CSOs/CLOs to lead community led DSD * Mobilize financial and technical resources for CSOs/CBOs to implement community led DSD in selected countries * Support gender assessment and human rights reviews in countries and follow-up advocacy led by women LHIV/KP networks and groups * Develop the capacity of CSOs/CLOs and PLHIV to design and implement rights-based programmes and legal and policy reform	Number of local and regional CSOs/CLOs capacitated to lead DSD Number of gender assessments, legal reviews, stigma index studies, human rights strategies implemented in selected countries	Number of beneficiaries from community led DSD in selected countries i.e, # PLHIV disaggregated by sex, knowing their status, accessing treatment, and achieving viral suppression Number of countries with rights based and gender responsive NSPs and programmes Percentage of PLHIV experiencing stigma and discrimination in health care settings in priority countries Percentage of women, girls, people living with HIV and key populations experiencing gender inequality and violence when accessing HIV services in priority countries	Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, , Palestine, Somalia, Sudan, Syria, Tunisia, and Yemen
Domestic Investment and Financial Sustainability	* Support countries to conduct investment cases, expenditure reviews, transition readiness assessments and efficiency studies * Support countries to integrate HIV within SDGs, UHC, social protection and COVID-19 responses Develop and implement joint regional advocacy & communication strategies for increased domestic financing, & transition planning	Number of investment cases, expenditure reviews, transition readiness assessments, efficiency studies and transitional plans	Percentage of co-financing to the Global Fund and domestic share to HIV responses in selected countries Number of countries that integrate HIV within UHC, SDGs and social protection	Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, , Palestine, Somalia, Sudan, Syria, Tunisia, and Yemen
Policy change and Innovation in Services Delivery	* Technical support to countries to design and implement innovative HIV services including PrEP, HIVST and MMD	Number of countries that adopt new innovative policies such as self testing, PrEP and MMD	Number of beneficiaries for PrEP, MMD, and self-testing programmes in selected countries	Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, , Palestine, Somalia, Sudan, Syria, Tunisia, and Yemen