The International AIDS Society

Educational Fund meeting: Outcome report
28-30 June 2019
Beirut, Lebanon

Translating HIV science into practice in the MENA region
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*This report was developed in collaboration with the American University of Beirut Medical Center (AUBMC). The views expressed in the report do not necessarily reflect the views of the International AIDS Society.*
# 1. List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAAQ</td>
<td>Availability, accessibility, acceptability and quality</td>
</tr>
<tr>
<td>ART/ARV</td>
<td>Antiretroviral therapy</td>
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<tr>
<td>AUBMC</td>
<td>American University of Beirut Medical Centre</td>
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<tr>
<td>AZT</td>
<td>Zidovudine</td>
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<tr>
<td>CCR5</td>
<td>Chemokine receptor type 5</td>
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<tr>
<td>CD4</td>
<td>Cluster of differentiation 4 cells</td>
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<tr>
<td>CI</td>
<td>Confidence interval</td>
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<tr>
<td>Crcl</td>
<td>Creatinine clearance</td>
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<tr>
<td>C-section</td>
<td>Caesarean section</td>
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<tr>
<td>DAAs</td>
<td>Direct-acting antiviral agents</td>
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<tr>
<td>DNA</td>
<td>Deoxyribonucleic acid</td>
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<tr>
<td>DTG</td>
<td>Dolutegravir</td>
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<tr>
<td>eGFR</td>
<td>Estimated glomerular filtration rate</td>
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<tr>
<td>EVG</td>
<td>Elvitegravir</td>
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<tr>
<td>FHI 360</td>
<td>Formerly called Family Health International</td>
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<tr>
<td>FTC</td>
<td>Emtricitabine</td>
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<tr>
<td>The Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>HBeAg</td>
<td>Hepatitis B e-antigen</td>
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<tr>
<td>HBsAg</td>
<td>Hepatitis B surface antigen</td>
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<tr>
<td>HIVST</td>
<td>HIV self-testing</td>
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<tr>
<td>HLA</td>
<td>Human leucocyte antigen</td>
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<td>HR</td>
<td>Hazard ratio</td>
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<tr>
<td>IRIS</td>
<td>Immune reconstitution inflammatory syndrome</td>
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<tr>
<td>LGBT</td>
<td>Lesbian, gay, bisexual, and transgender</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>NRTI</td>
<td>Nucleoside reverse transcriptase inhibitor</td>
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<tr>
<td>NTD</td>
<td>Neural tube defects</td>
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<tr>
<td>PCR</td>
<td>Polymerase chain reaction</td>
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<td>PrEP</td>
<td>Pre-exposure prophylaxis</td>
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<tr>
<td>RAL</td>
<td>Raltegravir</td>
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<tr>
<td>RCT</td>
<td>Randomized controlled trials</td>
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<tr>
<td>RNA</td>
<td>Ribonucleic acid</td>
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<tr>
<td>SIDC</td>
<td>Soins Infirmiers et Developpement Communautaire (NGO based in Beirut, Lebanon)</td>
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<tr>
<td>STIs</td>
<td>Sexually transmitted infections</td>
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<tr>
<td>TAF</td>
<td>Tenofovir alafenamide</td>
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<tr>
<td>TDF</td>
<td>Tenofovir disoproxil fumarate</td>
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<tr>
<td>TRCAC</td>
<td>Thai Red Cross Anonymous Clinics</td>
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<tr>
<td>UHC</td>
<td>Universal health coverage</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>U=U</td>
<td>Undetectable = Untransmittable</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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2. Introduction

The IAS Educational Fund meetings are held around the world to provide key scientific and policy content from the International AIDS Conference and the IAS Conference on HIV Science. During these meetings, specific subjects addressing current regional issues are discussed and recommendations are drawn up to drive a local call to action.

On this occasion, a three-day meeting (28, 29 and 30 June 2019) was held at the American University of Beirut Medical Centre (AUBMC) in Beirut, Lebanon, with the theme *Translating HIV science into practice in the MENA region*. Clinicians, researchers, policy makers, community representatives and civil society organisations from the Middle East and North Africa (MENA) region attended the meeting. Nesrine Rizk (AUBMC, Lebanon) and Anton Pozniak (IAS) co-chaired all three days. The aim of the meeting was to ensure that participants would benefit from the following: a better understanding of HIV science and new developments; opportunities to come up with ideas and solutions for challenges that they face at work; an understanding of how to apply what they learned at the meeting to local issues; opportunities to propose strategies on how to improve HIV policy and programmes; and networking opportunities.

On 28 June 2019, individual presentations tackled the topic of HIV and human rights for key populations, such as transgender populations, people who inject drugs, prisoners and female sex workers, at the workshop. A group work activity was included where round table
discussions took place, resulting in multiple key recommendations, which are outlined in this report. Two panel discussions complemented the day with debates on the impact of labour laws on people living with HIV and provision of healthcare for women, and a panel discussion on how to reach key populations.

The second day, a scientific symposium, was dedicated to translating HIV science into policy changes. The various presentations discussed the latest updates from HIV treatment, cure and developments to pre-exposure prophylaxis (PrEP), TB and hepatitis and HIV. HIV in the pregnant and paediatric population were also discussed. Furthermore, the day included a panel discussion tackling HIV as part of universal health coverage (UHC) and health system strengthening. In addition, a workshop on Effective community engagement and empowerment focusing on how to provide tools for HIV professionals working with communities provided an interactive exchange for community representatives.

Lastly, the third day entailed a group work activity with the aim of establishing an agenda for policy change in the MENA region by the development of a framework for translation of HIV research into local policy and practice.
3. Background and context

While significant scientific progress has been made in HIV care, its implementation remains a challenge in the MENA region due to a combination of socio-political and cultural factors. This gap therefore remains a persistent challenge for effectively responding to the HIV epidemic at the level of the MENA region.

In the MENA region, since the mid-2000s a number of HIV-related platforms and networks have emerged and developed, with Lebanon being home to more than 10 such organizations. However, civil society engagement in this region continues to be problematic with issues such as stigma and discrimination. Knowledge of the HIV epidemic in the MENA region remains limited partly due to the topics addressed in this meeting such as reaching key and vulnerable populations and stigmatization.

The MENA region has a prevalence of HIV infection of less than 0.1% with around 220,000 registered patients living with HIV. In Lebanon the cumulative number of patients registered in the Ministry of Health (MoH) is 2,200, 54% being in men who have sex with men with an incidence per 1,000 in the 15-49-year-old population of 0.04% for the year 2017. Among those 2,200 people known to be living with HIV, only 1,300 are on antiretroviral therapy (ART).

However, the MENA region remains an area of increasing concern. Every year, 18,000 new patients are diagnosed, which represents the highest percentage of newly acquired cases at a rate of 12%. The yearly mortality rate accounts for 10,000 AIDS-related deaths, an 11% rise from 2010. Moreover, it is estimated that only half of the people living with HIV in the MENA region are aware of their HIV status. Furthermore, only around a quarter of the diagnosed patients are on treatment, which is far below the global level of 59%. With these low treatment rates, only a fifth are virally suppressed. Thus, the MENA region has a long way to reach the UNAIDS 90-90-90 fast track targets to end HIV.

On the other hand, since 2005, the number of people receiving ART in the MENA region has increased dramatically. The World Health Organization (WHO) promotion of the ‘treat all’ approach has resulted in most MENA countries adopting this policy and updating their national treatment guidelines. In the MENA region, HIV infection burden is higher among people who inject drugs, sex workers, men who have sex with men as well as in partners of key and vulnerable populations. These groups are often condemned by religious doctrines and

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4 Ibid.
7 Ibid.
religious values and, consequently, often severely criminalized. Therefore, these behaviours remain highly stigmatized and people face discrimination, violence and abuse. Discrimination is multi-faceted, and concrete examples include patients lacking equal rights to employment opportunities.

The challenge thus remains in translating the advances in HIV treatment into practice due to the cultural, ethical and religious barriers. As a result of this penalisation and condemnation, stigma is perpetuated in the region. Hence, many who are living with HIV or are at high risk of acquiring it do not seek the HIV prevention, treatment and support services they require. This is a major factor in driving the HIV epidemic in the region.

It is in this context that this year’s IAS Educational Fund meeting titled Translating HIV science into practice in the MENA region addressed the gap between HIV science and implementation in the area. One of the main topics of the meeting was stigma and discrimination in HIV patients, with a call for challenging the existing social norms, shifting the collective mind-set and, finally, to establish a set of recommendations in order to improve the lives of people living with HIV in the MENA region.

Hence, it is in this context that the IAS organized the three-day Educational Fund meeting at the AUBMC focusing on the MENA region with the goal of implementing key recommendations by establishing effective dialogue between healthcare workers, patients and civil society organizations that play a role in advocacy and reaching key and vulnerable populations.
4. Meeting report

4.1. Executive summary

The IAS Educational Fund meeting in Lebanon was held on the 28, 29 and 30 June, under the theme, *Translating HIV science into practice in the MENA region*. All three days provided varying opportunities for deliberations on HIV and human rights for key and vulnerable populations, latest updates from HIV treatment, cure and developments to PrEP, co-morbidities, HIV as part of UHC, and effective community engagement and empowerment. The meeting concluded on the third day with a group work activity with the aim to develop a framework to translate HIV research into local policy and practice.

4.2. Day 1: HIV and human rights for key populations

The first day included multidisciplinary presentations and discussions related to the topic of HIV and human rights for key and vulnerable populations.

Souha Kanj (AUBMC, Lebanon) started the meeting with welcoming remarks, followed by Nada Najem (International Organization for Migration, Lebanon), who tackled the issue of HIV care in conflict settings in her presentation. She gave an overview of the situation in the MENA region, concentrating on the Middle East response initiative, which was created to ensure that people living with HIV on treatment continue to receive ART without interruption in the region.

Sarah Wehbeh (MOSAIC MENA, Lebanon) shared her personal life experience of living in Beirut, Lebanon, as a transgender woman. She presented on stigma and discrimination in two aspects: one as a transgender woman and another as a person living with HIV. She also touched on obstacles she has faced in accessing HIV treatment. Lastly, she shared experiences on
witnessing a clear lack of understanding by healthcare workers from the region in distinguishing between sex workers, transgender people and men who have sex with men.

Cherif Soliman (FHI 360, Egypt) presented the experience of FHI 360 as a non-governmental organization (NGO) in reaching out to the people who use drugs, where different approaches were used to reach this key and vulnerable population through street referral and comprehensive care centres.

Arash Alaei (Institute for International Health and Education, USA) addressed the topic of HIV in prisons and closed settings. Prisoners have limited opportunities to protect their own health while incarcerated, resulting in responsibility for their health rests largely with correctional authorities and with the state. Prison authorities will need to come to terms with a shift away from an emphasis on the control and prohibition of drugs. They have to move toward a focus on the health and welfare of prisoners, including those who continue to use drugs while incarcerated. Many different programmes started in order to achieve this goal. Programmes include – but are not limited to – opioid substitution therapy in prison, which is available only in a few countries (only 54 countries worldwide), needle and syringe programmes (only 10 countries worldwide) and overdose prevention by Naloxone in prison (only six countries worldwide).

Mohamed Chakroun (Fattouma Bourguiba Teaching Hospital, Tunisia) focused on HIV and female sex workers. He presented on behalf of a sex worker representative who was unable to attend the meeting. Female sex workers are one of the most vulnerable and stigmatized groups in the MENA region whose basic human rights are violated on a daily basis. In Tunisia, sex work is legal and organized. However, women without licenses are subject to penal consequences and harassment. Access to health services for Tunisian female sex workers is limited, especially for those living outside the capital, because of the lack of social coverage, the inability of health services to satisfy their specific needs and respect their vulnerability, dignity and confidentiality.

Group work followed the presentations, where attendees were assigned to five groups to indicate recommendations pertaining to each of the five issues addressed: HIV care in conflict settings, HIV and people who inject drugs, HIV in prisons and closed settings, HIV and female sex workers and HIV and the transgender population. The recommendations provided at the end of this section are the results of the interactive group work.
A panel discussion, followed by the interactive group work, covered HIV and the law, including employment laws in the MENA region relating to people living with HIV, in addition to the healthcare provided in the region for women. The discussion started with three videos addressing the issues of sexual harassment and discrimination of women living with HIV and more broadly in the workplace, as well as the discrimination against former drug users at work. Panelists discussed the discrimination and stigma that women face in employment and the need for change in local laws to include women’s rights. Canberk Noyan Harmanici (Positive Living Association, Turkey) discussed the employment situation of people living with HIV in Turkey who face frequent discrimination from employers and employment contracts. The injustice of HIV screening for foreign and local workers in different MENA countries was also deliberated. The panel discussion ended with a debate on HIV status disclosure ethics and different experiences worldwide on employment rights implementation.

A second panel discussion was held, where participants from different countries shared their experience on how to reach key and vulnerable populations, specifically:

- The Lebanese experience: Experiences shared by the Marsa Sexual Health Center and Helem, two NGOs in Lebanon involved in sexual rights activism;
- The Turkish experience: Reaching out to the lesbian, gay, bisexual and transgender (LGBT) community promoting sexual health through social media;
- The Egyptian experience: Targeting the youth through a youth-led initiative coordinated in Sharm El Sheikh, Egypt.
### Key recommendations on HIV and human rights for key populations for the MENA region:

#### HIV care in conflict settings:
- Factor HIV into disaster preparedness and response planning;
- Implement innovative methods to improve provision of care in war and conflict situations;
- Leave no one behind in providing care in conflict settings for people living with HIV.

#### HIV and people who inject drugs:
- Implement comprehensive sexual education at the national level;
- Include comprehensive harm reduction packages of safe sex and safe injection in comprehensive care centres;
- Strengthen the promotion of condom use;
- Ensure adequate access to services (also in prisons and other closed settings, such as opioid substitution therapy);
- Establish and strengthen international NGO collaboration for sustainability with ministries of health.

#### HIV in prisons and other closed settings:
- Prioritize HIV as a public health issue rather than as a punishment;
- Provide comprehensive healthcare services;
- Ensure adequate collaboration between prison staff, NGOs and ministries of health at national contexts;
- Conduct studies and surveys and share collected data transparently with all stakeholders involved;
- Ensure adequate education for prison staff and community;
- Connect electronic medical records to prison medical records to ensure continuity of medical care provided in prisons and other closed settings;
- Decentralize and make services available in all prisons.

#### HIV and female sex workers:
- Enhance comprehensive care;
- Foster accessibility of care for sex workers;
- Provide a network of support for sex workers among healthcare professionals;
- Encourage avenues of rehabilitation for sex workers;
- Decriminalize sex work;
- Foster mobile outreach and decentralization of services;
- Create an enabling environment, especially with police and policy makers;
- Enhance monitoring and evaluation through updating and evaluating programmes;
- Increase awareness of female sex worker issues;
- Decrease stigma and discrimination of sex workers and other key and vulnerable populations;
- Include guidelines of care (psycho-social and mental health) in national policies;
- Create a network of supporters among healthcare providers (medical and paramedical);
- Raise the age of consent and ascent to access services;
- Strengthen staff training in workplaces that provide healthcare services (privacy and confidentiality);
Decriminalize abortion and develop the legal bases for safe abortions;
Ensure the presence of friendly healthcare settings and drop-in centres;
Create shelters and establish a referral system to them;
Create job opportunities, promote and teach soft skills;
Create an online support system for sexual health issues;
Increase meaningful involvement of female sex workers in decision making;
Promote health rights for sex workers.

HIV and the transgender population:
Include trans-health in medical curricula (diseases specific to hormone therapy);
Promote the need to raise awareness of transgender population needs to mental healthcare workers;
Foster the sensitization of the media to decrease stigma;
Include the transgender population in decision-making;
Empower trans-communities to be involved in the creation of healthcare policies and their implementation within transgender communities;
Reformulate national policies regarding transgender identification to reduce stigma and discrimination for transgender populations;
Integrate WHO guidelines on transgender health in the different health systems in the region.

Group work activity, IAS Educational Fund workshop, Beirut, Lebanon, 28 June 2019
4.3. Day 2: From HIV science to policy changes

The scientific symposium was opened by Mohamed H Sayegh (American University of Beirut, Lebanon), Souha Kanj (AUBMC, Lebanon) and Moustapha El Nakib (National AIDS Programme, Lebanon), providing welcoming remarks.

4.3.1. Discussions and recommendations relating to cure and new developments

Anton Pozniak (IAS) presented the key messages from AIDS 2018 and other conferences pertaining to HIV testing, prevention, treatment, pregnancy related issues, new ARV and HIV cases.

Key recommendations on cure and new developments for the MENA region:

- Ensure that new strategies increase linkage to care, such as testing and treating on the same day;
- Enhance the use of PrEP with a TAF-based regimen as prevention treatment;
- Wait for new data regarding neural tube defects in pregnancies with DTG before no longer administering the treatment;
- Follow the new treatment option for treatment-naive adults with HIV-1 infection with doravirine combined with two NRTIs, which might offer a valuable treatment option for adults with previously untreated HIV-1 infection;
- Follow the emerging, promising drug, Fostemsavir, especially in heavily treatment-experienced HIV-1-infected population.
4.3.2. Discussions and recommendations on HIV treatment cascade in the MENA region

Joumana Hermez (WHO Regional Office for the Eastern Mediterranean) presented on the following topics in a presentation on the HIV treatment cascade in the region: Distribution of people living with HIV, progress towards 90-90-90 targets, regional HIV cascade, gaps in HIV testing and treatment, emerging opportunities to treat HIV in the MENA region and WHO priorities for the area.

It was made clear from the data projected from the MENA region that countries involved are still far from the 90-90-90 targets. In addition, large gaps exist between the number of people living with HIV, those who are diagnosed, those receiving effective treatment and those who are virally suppressed.

One of the reasons why new HIV cases continue to grow in this region is due to HIV testing that is mostly conducted on migrant workers rather than on key and vulnerable populations. There is also a greatly varied HIV identification efficiency among the different countries of the MENA region. For example, 76% of people living with HIV know about their status in Bahrain in comparison to only 27% in Sudan. Neighbouring the region, only 15% of people living with HIV in Pakistan know about their status. The figures presented also showed low testing of HIV in the different at-risk populations, including partners of people living with HIV (in a study shown only 82 sexual partners of people living with HIV were tested for HIV). Joumana Hermez has also shown a major gap in ART coverage among the different countries in the area,
ranging from 64% and 61% in Kuwait and Lebanon to 15% and 8% in Sudan and Pakistan respectively.

Moreover, HIV cases are identified late in the region, with CD4 counts that are less than 200, and especially in Tunisia, where 50% of new cases are represented. Data also revealed that there is suboptimal retention in care with varied quality of care. For instance, there is very limited use of DTG in first and second line treatment, and 32.4% people living with HIV on ART had at least one CD4 test and 16.1% had at least one viral load test.

Improving the HIV situation in the MENA region relies greatly on making safer, less toxic, more effective ARVs that are less prone to HIV drug resistance. HIV self-testing has potential to become even more innovative if this method of testing could reach conventional programmes, early infant HIV diagnosis and viral load testing.

**Key recommendations on the HIV treatment cascade in the MENA region:**

- Scale up the use of strategic information, patient monitoring and usage of data made available to improve overall access;
- Implement the Test-Treat-Retain Cascade assessment for care;
- Scale up testing services strategically: Categorically involve partners, key and vulnerable populations, TB patients, and other stakeholders in test-and-treat programmes;
- Promote innovative testing using HIV self-testing (HIVST);
- Foster an integrated use of diagnostic devices, such as GeneXpert System;
- Promote new models of service delivery, including differentiated testing, linkage and treatment service delivery, decentralization, integration, and more to address linkage to and retention in care;
- Address and implement the following WHO priorities:
  - Establish UHC;
  - Focus on people-centred outcomes where more people living with HIV know their status and receive ART;
  - Provide differentiated technical support according to the burden of HIV in each country in the region. Tier 1 countries with highest burden include Iran, Sudan and Morocco. Tier 2 countries with a relatively high burden include Egypt and Somalia. Lastly, tier 3 countries with low burden are only presented by the WHO based on request for this list of countries.

4.3.3. Discussions around a testimonial from a person living with HIV in Lebanon

Elie Ballan (M-Coalition and AFEMENA, Lebanon) shared his testimony on living with HIV in Beirut, Lebanon, starting from discovering he was HIV-positive, to living through stigma and discrimination and describing the process of accessing treatment in his home country.
4.3.4. Discussions and recommendations on HIV trends, epidemiology and prevention (PrEP) in the MENA region

Laith Abu-Raddad (Weill Cornell Medicine, Qatar) presented on HIV trends and epidemiology in the MENA region. He demonstrated that there is a trend of emerging HIV epidemics amongst key and vulnerable populations, including female sex workers, men who have sex with men and people who inject drugs. More specifically, at least one third of MENA countries are affected by emerging HIV epidemics within people who inject drugs and no less than half are amongst men who have sex with men. The epidemic had its major expansion in people who inject drugs and men who have sex with men just after 2000. A recent large study by Chemaitelly et al (quoted from Laith Abu-Raddad’s presentation) has
shown HIV prevalence among female sex workers is growing by about 15% per year since 2003, this study has also shown low HIV testing with 17.6% ever tested for HIV.

Aadia Rana (University of Alabama at Birmingham, USA) discussed the importance of PrEP by providing a comparison of the USA and the MENA region. Prevention is an essential component in decreasing the impact of the HIV epidemic. However, many challenges remain. These include inadequate sex education, low testing rates, substance use/mental health, high rates of sexually transmitted infections (STIs), stigma, race, gender, poverty, homophobia and transphobia and other social determinants of health. In the USA, patients who were unaware of their HIV status – or who were aware, but were not receiving treatment – accounted for around 80% of new HIV cases. PrEP consists of a TDF/FTC pill that, if taken once daily, can reduce the risk of HIV transmission by more than 90%. Aadia Rana presented iPrEx Trial results that were 2,500 participants, who were either men who have sex with men, or transgender women subjects who were randomly selected to follow either TDF/FTC treatment or a placebo. The result was a 44% reduction in HIV noted in the treated group in comparison to the placebo group. Effectiveness of PrEP was noticed to be improved with adherence.

The PROUD study, a multicentre study from the United Kingdom, revealed significantly fewer new HIV cases, with immediate in comparison to deferred PrEP uptake. In Australia, where PrEP is offered, the incidence of HIV infection has fallen rapidly in the population of men who have sex with men, according to a recent report. Lastly, challenges to the implementation of
PrEP include cost, inadequate access for key and vulnerable populations, adherence and persistence and provider bias.

**Key recommendations on PrEP implementation and HIV prevention in the MENA region:**

- Expand the reach of HIV testing and individuals’ awareness of their HIV status;
- Expand access to HIV testing, prevention, and treatment services, including PrEP;
- Increase awareness on the fact that combined biomedical and behavioral strategies are critical to end HIV transmissions;
- Recognize that Treatment as Prevention and PrEP are key pillars of our prevention work and should be implemented regionally as such;
- Prepare for future PrEP strategies to be focused on implementation, such as multimodal prevention, to the right people and at the right time.

### 4.3.5. Discussions and recommendations on integrating HIV in universal healthcare in the MENA region’s health systems

A panel discussion followed the presentations, centring on HIV as an integral part of universal health coverage (UHC) and health system strengthening. Panelists included Mohamed Chakroun (Fattouma Bourguiba Teaching Hospital, Tunisia), Elie Ballan (M-Coalition and AFEMENA, Lebanon), Simone Salem (UNAIDS) and Nadia Badran (Soins Infirmiers et Développement Communautaire [SIDC], Lebanon).
In this panel discussion, HIV service delivery was a central topic as a main factor in reaching key and vulnerable populations in the MENA region to control the epidemic. A key question that emerged was how to maximize service delivery. Possible answers proposed included decentralization of services and task shifting, as well as training more staff, such as registered nurses and healthcare workers who can assist and offer help in remote areas or in specialized centres. Furthermore, with gender being a major issue, gender-friendly staff are even more essential, and the importance of integrated health services was underlined. The aim of health coverage for all and the underlying significance of affordable health services would allow for early detection for TB, HIV, hepatitis C and cervical cancer, amongst others. HIV brings the human rights aspect to the health system and beacons a multisectoral and holistic approach. It requires a coordination between HIV specialists, in addition to other medical specialists and policy makers. Ideally, this would bring equitable and affordable universal health access with political commitment, including less monopoly of pharmaceuticals to decrease costs of medicine, vaccines and other treatment.

**Key recommendations on integrating HIV universal healthcare in the MENA region:**

- Strengthen service delivery by ensuring political commitment to support integrated health services and UHC for affordable treatment and access to healthcare;
- Improve current healthcare systems in the region by training staff and implementing gender-friendly and stigma-free approaches to treating patients;
- Promote decentralization and task shifting within healthcare staff to increase and improve access to healthcare for key and vulnerable populations in remote areas;
- Achieve in having a multisectoral and holistic approach to implement UHC in the region;
- Promote coordination between policy makers, medical specialists, and key and vulnerable populations to agree on and implement policies that address the needs of those necessitating healthcare services.

### 4.3.6. Discussions and recommendations on HIV for clinicians: Hepatitis, TB, co-infections, pregnancy and paediatrics

During this section dedicated to clinicians, four different speakers presented on HIV and hepatitis, HIV and co-infections and HIV in pregnant women and the paediatric population.

Cagkan İnkaya (Happeccett University Ankara, Turkey) presented on HIV and viral hepatitis in the MENA region. HIV and hepatitis share the same route of transmission, which is why they affect the same populations. Hepatitis B prevalence in people living with HIV is estimated to be 3-59%. Hepatitis B co-infection is associated with less HBsAg and HBeAg clearance, bizarre hepatitis B serology (HBsAg negative hepatitis), accelerated cirrhosis, disastrous sequelae in case of hepatitis B treatment discontinuation and residual HIV viremia (hepatitis B DNA< 2000iu/ml). All HBsAg positive patients should receive Tenofovir-containing ART.
In a global systematic review, 2,278,400 people living with HIV had a hepatitis C co-infection. Out of these, 1,362,700 were people who inject drugs and 6.4% were men who have sex with men. Although hepatitis C is curable with direct-acting antiviral agents (DAAs), re-infection is common with 15 cases per 100 patient years. The MENA region has multiple challenges with hepatitis C treatment, including cost, universal screening, regimens for retreatment and post-cure follow-up.

Following HIV and viral hepatitis, Serhat Unal (Happeccett University Ankara, Turkey) presented on HIV and TB. In 2015, there was an estimated 10.4 million cases of TB globally, with 1.2 million (11%) of these cases diagnosed within people living with HIV. One in nine new TB cases occur in patients who are living with HIV and 72% of all TB cases are found in Africa. Almost 60% of TB cases among people living with HIV were not diagnosed or treated, resulting in 390,000 TB-related deaths among people living with HIV in 2015. The risk of developing TB is estimated to be 16-27 times greater in people living with HIV. A clinician with the scenario of TB in patients living with HIV faces multiple challenges, including a difficult diagnosis (acid fast stain and culture positivity ratios decline), increase in extra-pulmonary TB, drug interactions (with a special consideration for ART and TB drug selection), IRIS and an increase in drug-resistant TB. The MENA region is in need of implementing the three 'I's for TB and HIV: Intensified case finding, isoniazid preventive therapy and infection control for TB.

Jameela Al Salman (Ministry of Health, Kingdom of Bahrain) presented on HIV, women and pregnancy in the MENA region. She demonstrated that variations exist in different regions in HIV gender predilection; in the Middle East, more men are diagnosed with HIV, but women are more adherent to therapy. The number of publications on this topic in the MENA region is very low. Lack of knowledge and stigma and discrimination against people living with HIV are demonstrated and supported by multiple studies from the region. Major issues found regarding women living with HIV identified by these studies were interaction of ART with steroid hormones and contraception, questionable safety of ART and body dysmorphia. Data on ART in women is limited, considering most studies are focused on men. Women have a higher risk
of HIV transmission compared to men (there are multiple factors, including higher mucosal exposure).

The last presentation of the day was on HIV and the paediatric population by Coleen K Cunningham (Duke University Medical Center, USA). Although HIV is less common in the paediatric population, multiple challenges arise once a case is identified:

1. There is a consistent delay in drug approval in adults and children
2. ART formulations are most often not compatible for children
3. Paediatric formulas are not always available
4. There are different diagnostic methods according to age (in general, RNA or DNA PCR are used if the infant is of more than 18 months).

The earlier the treatment, the better the outcome: children that are treated at less than three months and that remain suppressed often do not develop antibodies. Prevention of vertical HIV transmission remains the best approach for the paediatric population, including universal testing of pregnant women, giving combination ART to mothers, giving Zidovudine (AZT) to the child, ensuring that there is no breastfeeding and performing a C-section if the mother is HIV positive. All of these prevention methods combined decrease mother-to-child HIV transmission to less than one percent (1%).
Key recommendations on hepatitis, TB, co-infections, women, pregnancy and paediatrics in the MENA region:

- Step towards global hepatitis C elimination by paving the way with DAAs;
- Raise awareness in healthcare systems on patient care regarding co-infections;
- Ensure that universal antiretroviral therapy (ART) is accessible for all patients living with HIV who are also diagnosed with TB;
- Scale up the three 'I's for TB and HIV;
- Improve data on patients with a TB and HIV co-infection;
- Secure partnerships with civil society to scale up TB and HIV co-infection screening;
- Promote the collaboration of TB and HIV treatment and care services at all levels;
- Encourage the collection of data on women living with HIV;
- Raise awareness on the lack of knowledge existing on women living with HIV due to stigma and discrimination in the region;
- Treat infants as early as possible if born from mothers living with HIV;
- Test all women during pregnancy for HIV, start treating pregnant patients early on with ART and aim for RNA treatment;
- Ensure that mothers are “undetectable” before delivery;
- Treat infants for 4-6 weeks post-delivery.
4.3.7. Discussions and recommendations relating to the workshop on effective community engagement and empowerment

On day two of the meeting, Arash Alaei (Institute for International Health and Education, USA) led an interactive workshop on, *Effective community engagement and empowerment: Providing tools for HIV professionals working with communities*. Participants raised a set of common issues that need to be tackled, including HIV service delivery, ART stock-out, centralization and availability of services, stigma, integration of key and vulnerable populations, follow-up to treatment, immigrants’ access to local HIV services, government coordination to prioritize HIV in health services and, finally, integration of sexual health in health education and youth leadership.

On the topic of integration and service delivery, self-sustainability was highlighted. HIV services in many countries are vertical and supported by the Global Fund to fight AIDS, Tuberculosis and Malaria (The Global Fund). In Turkey, HIV services are supported by implemented government insurance with a full coverage for HIV treatment and substitution therapy. One of the potential solutions discussed to the decreasing focalization of funding HIV programmes was a budget redistribution towards services and client benefits in comparison to management. Healthcare services remain difficult to reach for a large portion of the population, resulting in a clear need for differentiated service delivery, such as mobile clinics with packages of care, including condoms, viral load tests, TB testing and HIV treatment. Involving community leaders is also key, as well as other significant voices like religious leaders or celebrities.
Key recommendations on effective community engagement and empowerment in the MENA region:

- Implement differentiated service delivery for HIV treatment and care;
- Ensure that HIV treatment is available, accessible and acceptable by clients and that they are quality services (AAAQ);
- Support youth leadership by encouraging them to voice their concerns and represent their communities through campaigns or other reach-out programmes;
- Recognize immigrants’ access to care as a basic human right;
- Reduce pharmaceutical monopoly nationally and in the region;
- Discuss with policy makers and involve influential people (including religious leaders and celebrities);
- Implement national campaigns to address local community needs;
- Redistribute budgets and HIV funding for sustainability of national programmes.
4.4. Day 3: Call to action – Agenda for policy change in the MENA region

The third day was dedicated to the meeting of key experts and implementers from the region with the aim to develop a framework for action between HIV researchers, programmers, implementers and policy makers towards effectively translating latest scientific findings into responsive HIV programmes in the MENA region.

On this final meeting day, the attendees were provided with the outcomes of the first day workshop and to consider these initial discussions throughout the deliberations on the framework for action. Participants were divided into five groups to discuss four different topics:

A) Innovation and HIV
B) Scaling up political commitment
C) Human rights and communities
D) HIV and humanitarian settings

Each group proposed recommendations on each topic to create a framework for action for the MENA region that could be implemented to address these issues.

A) Innovation and HIV

The groups agreed that the biggest challenges for innovation in the field of HIV were socioeconomic barriers, legal barriers and funding.
Key recommendations for a framework on innovation and HIV in the MENA region:

Prevention
- Empower local and regional NGOs and increase networking amongst them;
- Make HIV testing cost effective and community-based (for example, make tests more accessible in clinics and pharmacies).

Treatment
- Integrate a TB GeneXpert screening tool in a health package for HIV patients;
- Raise awareness on HIV treatment access, through a one-stop shop approach whereby testing for HIV is linked to appropriate patient treatment in one visit.

Partnership
- Create national committees composed from experts and government representatives to coordinate work on HIV;
- Foster coordination between academia, NGOs and government to increase awareness on actual statistics of people living with HIV and their needs;
- Demand that all stakeholders reach out to key and vulnerable populations and include their voice, opinions and needs in policies.

B) Scaling up political commitment

The main barriers for political commitment mentioned in the working groups included a low level of awareness of HIV amongst decision makers, criminalization and stigmatization of people living with HIV by politicians and the community. In addition, other obstacles for political commitment are shortages of domestic funding for HIV in favour of other critical issues like poverty and unemployment and lack of coordination and communication between different stakeholders involved in HIV care. Weak leadership from policy makers due to fear of political implications from being associated with key and vulnerable populations was a key factor also pointed out by the working groups, as well as the difficulty in finding approaches that are cost effective due to a lack of data and a need for evidence-based research to implement appropriate policies. Lack of mobilization for supplementary funding from different international organizations, in addition to a need for more advocacy with policy makers to keep all policies up to date were also brought up from deliberations. Lastly, a need to encourage cross-country partnerships to increase support from international bodies to the organizations working on HIV in the MENA region was considered, as well as the use and follow-up on different human rights declarations for HIV treatment to increase regional efforts and tackle the HIV epidemic.

Key recommendations for a framework to scale up political commitment in the MENA region:
- Prioritize HIV treatment in government meetings and make ministers accountable for their decisions, actions or inactions;
- Engage key and vulnerable populations in decision-making along with political and religious policy makers;
- Ensure women’s rights are integrated in policies, such as their right to access to treatment, by revising policies;
- Translate science into communication between physicians, researchers, national HIV programmes and NGOs;
- Support applied research for cost-effectiveness of HIV treatment;
- Engage all stakeholders in the monitoring and evaluation processes of HIV programmes and healthcare systems;
- Form national committees for follow-up and implementation of HIV-targeted policies;
- Consolidate, compare and share all data gathered by different organizations;
- Encourage local and regional research uptake on HIV.

C) Human rights and communities

Four main points to address human rights and communities were raised: advocacy, service delivery, capacity building and integration. Under advocacy, the following challenges were highlighted: age of consent, criminalization of key populations, health and insurance coverage, right for confidentiality, education and law enforcement awareness. For service delivery, key points included strengthening organizational structures, decreasing stigma and discrimination through training and capacity building, finding support for core and service funding, encouraging the creation of more youth-friendly services, reaching hard-to-reach communities, including key and vulnerable populations. Regarding capacity building, the groups revolved around the need for positive HIV leadership and legal literacy. Lastly, under integration, issues of comprehensive service delivery and services in community centres were discussed. The overarching theme of all discussions was the importance to strengthen governance and build coalitions.

Key recommendations for a framework on human rights and communities in the MENA region:
- Establish comprehensive equitable sexual education and health services integrating the needs of key and vulnerable populations and their partners tailored to age, need and context;
- Build strong partnerships to strengthen capacity and governance towards task shifting, reaching key and vulnerable populations and resource mobilization;
- Build an accountability mechanism between key and vulnerable populations, community-based organizations and governmental bodies to share information, apply implementations and counter human rights violations;
- Build capacities for key and vulnerable populations on legal literacy and support their needs with a creation of a community advisory board at government level.

D) HIV and humanitarian settings

Humanitarian settings in the MENA region are very susceptible to the dynamic nature of local governments. There is a lack of commodities in the MENA region including treatment, medicine and testing kits. Factors such as instability, insecurity, stigma and discrimination against people living with HIV are great challenges for effective humanitarian approaches to address HIV in the region. The lack of guidelines, combined with lack of capacities, data and expertise, are additional barriers in the fight against HIV in the MENA region.
Key recommendations for a framework on HIV and humanitarian settings in the MENA region:

- Decriminalize HIV and support key and vulnerable populations by creating protective laws;
- Encourage social cohesion between communities;
- Integrate services into national healthcare systems;
- Provide comprehensive health packages and involve communities for better outreach;
- Create a coordinated crisis control intervention team that includes representatives from all stakeholder groups;
- Map the services available and survey to identify gaps that need to be addressed;
- Design and implement monitoring and evaluation (M&E) systems for all interventions.
5. Conclusion

On 28, 29 and 30 June 2019, the IAS Educational Fund organized a workshop, a symposium and an experts and implementers meeting in collaboration with the American University of Beirut Medical Center in Beirut, Lebanon. The three-day meeting aimed to translate science into practice in the MENA region. The meeting offered policy makers, researchers, healthcare workers, community representatives and people living with HIV to deliberate on challenges encountered in Lebanon and the MENA region, such as access to HIV treatment and care, as well as stigma and discrimination in the context of a tumultuous socio-political region.

The first day addressed HIV and human rights for key and vulnerable populations, such as transgender populations, people who inject drugs, prisoners and female sex workers. Roundtable discussions through group work activities resulted in multiple key recommendations, and two panel discussions complemented the day with discussions around HIV and the law and how to reach key and vulnerable populations.

The second day featured various presentations in the format of a scientific symposium to discuss the latest updates from HIV treatments, cure and developments, in addition to PrEP, co-infections and women, pregnancy and the paediatric population. Furthermore, a panel discussion tackling HIV as part of universal healthcare offered a greater interaction with the audience. Lastly, a workshop highlighting means to ensure effective community engagement and empowerment was held.

The third and final day concluded the meeting with an experts and implementers group work activity that aimed to establish an agenda for policy change in the MENA region by developing a framework for action to translate HIV research into local policy and practice.

The initial aims of the meeting were to ensure that participants would gain a better understanding of HIV science and new developments, that they would have opportunities to find solutions for challenges that they face at work, and to learn how to apply what they heard at the meeting to local issues. All of these aims were integrated within the three-day programme as much as possible and speakers were requested to propose strategies on how to improve HIV policy and programmes. To conclude, onsite feedback from participants was that they were very appreciative of the frequent opportunities to network during breaks, and various initiatives of creating working groups were made to continue the discussions that took place during the event at a later stage.
6. Acknowledgements

The International AIDS Society (IAS) would like to acknowledge the partnership of the American University of Beirut Medical Center (AUBMC) for serving as the local organizer of this IAS Educational Fund workshop, scientific symposium and experts and implementers meeting in June 2019.

Special appreciation goes to the chairs, speakers and panelists for their participation and contribution during the meeting as well as to all participants and stakeholders in the Middle Eastern and Northern African region.

The IAS would also like to extend its appreciation the Swiss Agency for Development and Cooperation, Gilead, and Merck for their financial support for this meeting.
7. Appendices

7.1. IAS Educational Fund detailed programme

IAS Educational Fund Meeting, Beirut, Lebanon

TRANSLATING HIV SCIENCE INTO PRACTICE IN THE MENA REGION

DAY 1: Workshop – Friday, 28 June 2019

Title: HIV and human rights for key populations

Chairs: Nesrine Rizk (AUB), Anton Pozniak (IAS)

08:00-09:00  Registration & Networking – AUB team, IAS team

09:00-09:15  Welcome and official opening

- Welcome remarks - Souha Kanj, Head and Professor, Division of Infectious Diseases, American University of Beirut Medical Center (AUBMC), Lebanon (5min)
- Overview of the three days and IAS remarks – Anton Pozniak, IAS President, United Kingdom (5min)
- Participants ice breaker – IAS team (5min)


  Presentation (15min) and Q&A (5min)

09:35-09:55  HIV and transgender populations – Sara Wehbeh, MOSAIC MENA, Lebanon

  Presentation (15min) and Q&A (5min)

09:55-10:15  HIV and people who inject drugs – Cherif Soliman, Regional Adviser, FHI360, Egypt

  Presentation (15min) and Q&A (5min)

10:15-10:35  HIV in prisons and other closed settings – Arash Alaei, Co-Director, Institute for International Health and Education, USA

  Presentation (15min) and Q&A (5min)

10:35-10:55  HIV and female sex workers – Mohamed Chakroun, Tunisia (Fattouma Bourguiba Teaching Hospital) – Replacement for: Selma Abbassi, Health Champion, ATP+, Tunisia
Presentation (15min) and Q&A (5min)

10:55-11:30  **Coffee break**

11:30-12:30  **Group work activity: World Café**

Lead group facilitator: Anton Pozniak, IAS President, United Kingdom

- **Group 1 topic:** Q1 related to HIV care in conflict settings – Nada Najem, Technical Officer HIV/TB, International Organization for Migration, Lebanon
- **Group 2 topic:** Q2 related to HIV and transgender populations – Elie Ballan, Head of the Health Department (M-Coalition), AFEMENA, Lebanon
- **Group 3 topic:** Q3 related to HIV and people who inject drugs – Nour El Khazen, Outreach and Harm Reduction Manager, Skoun, Lebanon
- **Group 4 topic:** Q4 related to HIV in prisons and other closed settings – Arash Alaei, Co-Director, Institute for International Health and Education, USA
- **Group 5 topic:** Q5 related to HIV and female sex workers – Rita Wahab, Regional Coordinator, MENA-Rosa, Lebanon

12:30-14:00  **Lunch**

14:00-16:30  **Moderated discussions**

- **Discussion 1: HIV and the law: Employment, women and healthcare** moderated by Serhat Unal Turkey, Professor of Medicine, Happeccett University Ankara, Turkey - (1h)
  - Employment - Nadia Badran, Executive Director, Soins Infirmiers et Développement Communautaire (SIDC), Lebanon
  - Employment - Canberk Noyan Harmanici, Turkey (Positive Living Association)
  - Healthcare – Elie Ballan, Head of the Health Department (M-Coalition), AFEMENA, Lebanon
  - Women – Jameela Al Salman, Ministry of Health, Kingdom of Bahrain

15:00-15:30  **Coffee break**

- **Discussion 2: How to reach key populations?** moderated by Laith Abu-Raddad, Professor of Healthcare Policy and Research Weill Cornell Medicine, Qatar (1h)
  - Men who have sex with men (MSM) and transgender – Diana Abou Abbas, Executive Director, Marsa Sexual Health Center, Lebanon
  - HIV and social media – Oguzhan Nuh, Turkey (2018 IAS Youth Ambassador)
  - E-HIV – Georges Azzi, Executive Director, AFE MENA, Lebanon
  - Youth – Rewan Youssif, MSc Candidate, LSHTM, Egypt

16:30-17:00  **Closing remarks** – Nesrine Rizk and Anton Pozniak
DAY 2: Scientific symposium – Saturday, 29 June 2019

Title: From HIV science to policy changes in the MENA region

Chairs: Nesrine Rizk (AUB), Anton Pozniak (IAS)

08:00-08:45  Registration – AUB team, IAS team

08:45-09:00  Opening comments and overview of the day – Nesrine Rizk and Anton Pozniak

09:00-09:30  Opening speeches –

  Dean Mohamed H. Sayegh, AUB, Lebanon
  Souha Kanj, Head and Professor, Division of Infectious Diseases, American University of Beirut Medical Center (AUBMC), Lebanon
  Moustapha El Nakib, National AIDS Programme, Lebanon

09:30-11:40  Plenary presentations and discussion

  • Update from the latest conferences (including key messages from AIDS 2018) - Anton Pozniak, IAS President, United Kingdom (20 min)

  • HIV cure and new developments - Anton Pozniak, IAS President, United Kingdom (20 min)

  • Coffee break (30 min)

  • HIV treatment cascade in MENA - Joumana Hermez, Regional Advisor HIV, Hepatitis and STIs, WHO Regional Office for the Eastern Mediterranean (20 min)

  • Elie Ballan’s story of a person living with HIV in Lebanon - Elie Ballan, Head of the Health Department (M-Coalition), AFEMENA, Lebanon (20 min)

  • Plenary discussion (Q&A) – All participants (20 min)

11:40-12:00  Current HIV trends and epidemiology - Laith Abu-Raddad, Professor of Healthcare Policy and Research Weill Cornell Medicine, Qatar

  Presentation (15min) and Q&A (5min)

12:00-12:20  PrEP and HIV prevention – Aadia Rana, Associate Professor of Medicine, University of Alabama-Birmingham, USA

  Presentation (15min) and Q&A (5min)
12:20-13:40  **Lunch**

13:40-15:10  **Panel discussion: HIV as integral part of UHC and health system strengthening** *moderated by Anton Pozniak*
- Mohamed Chakroun, Head of infectious diseases department, Fattouma Bourguiba Teaching Hospital, Tunisia
- Elie Ballan, Head of the Health Department (M-Coalition), AFEMENA, Lebanon
- Simone Salem, Regional Community Support Adviser, UNAIDS
- Nadia Badran, Program Coordinator and Knowledge Hub Manager, Soins Infirmiers et Développement Communautaire (SIDC), Lebanon

*Presentation/talk (5~10min max per panellist) followed by discussion with the floor (30 min)*

15:10-15:30  **Short break**

**TRACK 1: HIV for clinicians**

15:30-15:50  **HIV and viral hepatitis** – Cagkan İnkaya, Lecturer, Department of Infectious Diseases, Happeccett University Ankara, Turkey
*Presentation (15min) and Q&A (5min)*

15:50-16:10  **HIV and TB** - Serhat Unal, Professor of Medicine, Happeccett University Ankara, Turkey
*Presentation (15min) and Q&A (5min)*

16:10-16:20  **Coffee break**

16:20-16:40  **HIV and women/pregnancy** - Jameela Al Salman, Ministry of Health, Kingdom of Bahrain
*Presentation (15min) and Q&A (5min)*

16:40-17:00  **HIV in the paediatric population** – Coleen K Cunningham, M.D., Vice-Chair Research in Pediatrics, Department of Pediatrics, Duke University Medical Center, USA
*Presentation (15min) and Q&A (5min)*

**TRACK 2: Effective community engagement and empowerment**

15:30-17:00  **Workshop: Providing tools for HIV professionals working with communities (grant writing, how to make community-based organizations sustainable etc.)**
*Group work activity*

*Lead facilitators*
Arash Alaei, Co-Director, Institute for International Health and Education

17:00-17:30  **Closing remarks, next steps and evaluation** – *Nesrine Rizk and Anton Pozniak*
DAY 3: Experts and implementers meeting - Sunday 30 June 2019

Title: Framework for action

Chairs: Nesrine Rizk (AUB), Anton Pozniak (IAS)

09:00-09:30  Registration – AUB team, IAS team
09:30-09:45  Welcome – Nesrine Rizk and Anton Pozniak
09:45-10:00 Opening remarks – Rapporteur summary of identified priorities and recommendations from the post-AIDS 2018 workshop and the symposium by Michele Mocadie, Lebanon, and Mohamed Khalife, Lebanon
10:00-11:45 Group work: Agenda for policy change in the MENA region - Development of a framework for translation of HIV research into local policy and practice

- **Lead facilitator:** Simone Salem, Regional Community Support Adviser, UNAIDS
  - Innovation and HIV: (in prevention, in treatment, in integration and in partnership - Sana Nemr, HIV Consultant, IPPF AWRO, Lebanon
  - Scaling up Political Commitment (strategic information (power of data), national ownership and sustainability, equal partnerships with CSOs - Moustapha El Nakib, Director, National AIDS Programme, Lebanon
  - Communities and Human Right (stigma and discrimination, leadership role of communities, CCS (governance and technical expertise) and enabling environment - Diana Abou Abass, Executive Director, Marsa Sexual Health Center, Lebanon
  - HIV in humanitarian settings (HIV minimum package of services, stock outs, tailored and integrated interventions) - Cherif Soliman, FHI 360, Egypt

11:45-12:30 Groups feedback and discussion: Developing consensus on the Framework to Action.

12:30-13:45 Summary and closing remarks

13:45-14:45 Networking lunch