



# Regional Community Consultations – MC MENA 3

## Report

TEAM: PATRICIA HADDAD & AMIRA MEDIMAGH

## Contents

1. Background and Rationale
2. Objectives of the consultation
3. Methodology
  - 3.1. Data collection: KIIs and FGDs
  - 3.2. Ethical considerations
4. Regional Consultation Results and Recommendations for Priority Interventions
  - 4.1. Regional
  - 4.2. Egypt
  - 4.3. Jordan
  - 4.4. Lebanon
  - 4.5. Morocco
  - 4.6. Tunisia
5. Annexes
  - 5.1. Annex 1: Data collection tool
  - 5.2. Annex 2: KII and FGD details

## 1. Background and Rationale

MENA H Coalition is currently implementing a Multi Country (MC) Global Fund grant (MC MENA 2) in five countries of the Middle East and North Africa (MENA) region: Egypt, Jordan, Lebanon, Morocco and Tunisia. In September 2024, the Global Fund issued a Request For Proposal (RFP) for MC grants under Catalytic Investments for the 2023-2025 allocation period. MENA H Coalition was approved as an applicant for Step 1 of the RFP by the technical evaluation committee of the Global Fund, and was invited to submit a full proposal to provide programming for the strategic priority area “HIV incidence reduction in the Middle East and Northern Africa (“MENA”) region” with the available upper ceiling of investment amounting to US\$ 6.000.000. Guidelines related to the allocation specify the improvement of HIV prevention outcomes through focusing on:

- Sustainable financing for HIV programs for KPs
- Support implementation of sustainable and effective HIV prevention and testing programs for KPs

The MENA MC regional grant will focus on 5 countries (preferably Egypt, Jordan, Lebanon, Morocco, Tunisia to capitalize on investments through the previous MC grant); however, with focus on sustainability and transition-related activities for CSO-led programming and sustainable HIV service delivery, as well as alignment with Global Fund funding through the national grants GC7).

Therefore, in order to ensure that the new funding request is informed and reflects national priorities, a series of national consultations in the 5 countries will be conducted to ensure inclusivity of representatives of key populations and CSOs. The engagement of different partners as well as civil society and community-led associations, is crucial for the formulation of realistic proposals that are in line with the advocacy and capacity building needs to support policy developments and sustainable financing in the different countries. Results of the consultation and the prioritization of interventions will help guide the development of the MC funding request to ensure that activities are adapted to the context and can be implemented.

## 2. Objectives of the consultation

The purpose of the consultations is to organize virtual dialogues with representatives of key populations and CSOs in MENA Region (Egypt, Jordan, Lebanon, Morocco and Tunisia) to identify priorities to inform the multi-country funding request. The consultation process will serve to facilitate a transparent and inclusive process in identifying priority areas under sustainability and transition in the different countries, and align with efforts under national grants and other GF grants that are funding the HIV response.

### 3. Methodology

A desk review and a strategic review of grant documents were conducted in order to inform the methodology. The identification of priorities followed a participatory approach to encourage the construction of knowledge and the inclusion of perspectives from different stakeholders. In order to gain an understanding of the available financing, challenges, support needed to implement HIV prevention and testing programs, and priorities in the different countries, a qualitative approach was applied using semi-structured interviews for key informants and focus group discussions (FGDs) with stakeholders and main actors in the 5 countries and at a regional level. (*Annex 1: data collection tools*).

Key informant interviews were conducted with National AIDS Program (NAP) managers in a number of countries, representatives of Principal Recipients (PR) or Country Coordinating Mechanisms (CCMs) of national grants, representatives of UNAIDS country offices, and the regional office of the World Health Organization. FGDs were conducted with civil society organizations (CSOs) working with Key Populations (KPs) in the different countries, as well as community-led networks or groups.

A regional FGD with regional organizations and community led networks, members of the MENA H Coalition, was also conducted in order to capture priorities that would inform regional level activities.

#### 3.1. Data collection: KIIs and FGDs

During January 2025, a total of 19 key informant interviews were conducted with stakeholders and representatives of organizations that are listed above.

Moreover, a total of 6 FGDs were conducted, one FGD in each of the following countries: Egypt, Jordan, Lebanon, Morocco, and Tunisia, as well as a regional FGD with regional organizations and community led networks. A total of 50 CSO and community representatives from 35 organizations/networks participated in the FGDs.

Annex 2 provides a comprehensive list of key informants, as well as details related to the FGDs conducted.

In addition, members of community-led organization or other community representatives that participated in the FGDs, as well as other FGD participants, were informed of the possibility of the organization of separate follow-up calls for further information, to ensure that all participants were able to express themselves comfortably and securely.

### 3.2. Ethical considerations

The consultations were guided by existing ethical protocols of the Global Fund, and adhered to international humanitarian standards and principles. Safety of the participants, at all stages of the consultations, was the lead guiding principle with regards to safeguarding member of communities most affected by HIV participating in the consultation. The team made sure that the integrity of information given to all parties to the highest degree possible. Results of the findings have been made available while ensuring complete confidentiality and anonymity of participants throughout the data collection and analysis processes. Informed consent was obtained prior to administering any of the data collection methods, and discussions were audio-recorded only after receiving consent and ensuring that all participants were comfortable. (Annex 1).

## 4. Regional Consultation Results and Recommendations for Priority Interventions

The consultation results section presents main areas under which activities focusing on sustainability and transition can be included and the priority interventions that were discussed during the various conversations – on the regional level and on the national levels.

### 4.1. Regional

The MENA region has been witnessing an increase in HIV incidence, coupled with regional challenges related to economic crises, conflicts, displacement of populations, decreased HIV funding opportunities and low government prioritization of the response. Funding related to HIV in the 5 countries covered under the MC MENA grants includes national GF grants for 3 countries (Egypt, Morocco, and Tunisia), and the MER grants that include 2 countries (Jordan and Lebanon). Details regarding coverage of these grants are included in the respective country sections below. The MENA H Coalition, a coalition of regional organizations and community led networks, has been leading on advocacy and capacity building efforts in the HIV and harm reduction fields over a number of years, through regional funding proposals, including through 2 MC MENA grants from the GF. Challenges in sustaining funding for HIV programs for KPs in the region are many, and are related to the difficult regional context highlighted above, as well as the reliance on a single donor. The GF is the major donor for HIV responses in the region at the moment and this presents a risk for countries and organizations when there is a decision to transition out of funding. In addition, there is limited to no domestic financing for KPs, despite there being a concentrated epidemic among these populations in a number of countries. Changes in priorities of international donors have also affected efforts, with a lot of funding prioritizing humanitarian activities in response to rising conflicts in the region. Funding on the regional level usually covers small thematic areas over a small period of time. There is a need

to support strategic thinking on the long term and advocacy efforts in the region require at least 5 year programs. There is a gap between governments, law makers, and CSOs, and with CSOs leading the response with KPs, ensuring that the governments have a systematic approach to funding these organizations is also a challenge. Moreover, resources and data in general, and particularly related to KPs are insufficient.

Opportunities to ensure long-term sustainability of services include the recognized and valuable work that the CSOs have been ensuring. Governments are aware of the importance of the work of CSOs in reaching KPs, however the issue remains in making the work more systematic and ensuring financial support. In the current context and environment, it is even more critical for CSOs to demonstrate the impact of their work in terms of documenting success stories, impact, cross-learning and experiences, and leverage this to raise advocacy for ongoing support for their work through donors, as well as through direct funding from governments. Reluctance from governments in the region to directly support KP programs has been noted however there are good examples, such as the Hepatitis C response in Egypt, which can be built upon. There is an opportunity to explore how to leverage the Hepatitis C program to create opportunities for HIV and harm reduction programs through demonstrating impact. Another opportunity is the support of partner organizations such as WHO and UNAIDS, who highlight the importance and essential presence of CSOs in all national dialogues, national strategic plans, and national taskforces. In addition, regional funding efforts on data collection and knowledge sharing exist under the regional Expertise France grant managed by ITPC.

Discussion focused on the importance of working on legal challenges and policies related to provision of services. This includes advocacy to increase scope of services in countries, advocacy to enhance quality of services at governmental level, as well as community led advocacy. Therefore, targeted advocacy on a number of different levels is critical to the efforts in the next phase. There is also a need to expand on community based and differentiated approaches including community based testing and self-testing. Capacities in these areas need to be built as in many countries, CSOs working in these areas are limited in number, and this is an opportunity to strengthen capacities of community led organizations and networks. Efforts focusing on establishing relationships between the MOHs and CSOs in order to expand social contracting and address quality of prevention services are also important. Integration of services as the way forward is an important element in bringing services closer to people, and models that would integrate services such as HIV, TB, hepatitis, and STIs, can be piloted. Moreover, the use of digital platforms to reach KPs and create demand have been proven effective and there is a need to expand the use of these approaches. Coordination between national grant teams, CCMs, and regional grant teams is in need of strengthening. The creation of a committee for follow-up on coordination between these different actors is important to ensure complementarity and to avoid duplication of activities and efforts. In addition, concerns were raised that the MC MENA grants are focused on 5 countries, however the region is much bigger. There is a need to focus on addressing this issue and finding strategies to include and ensure participation of other countries in upcoming activities.

Priority Area	Priority Interventions	Additional information/activities
Sustainable financing for HIV Programs for KPs	Institutional and organizational capacity building of civil society and regional community led organizations	<p>Continue enhancing institutional and organization capacities of regional and national organizations and community led networks/organizations in issues related to governance, management, resource mobilization, among others. Work to include focusing on registration of community led networks/organizations to increase empowerment and opportunities for sustainable funding of community led responses.</p> <p>Capacity building can cover areas of community screening, task shifting and community-led service delivery. In addition, building upon work that was conducted under the MC MENA 2 grant, capacity building can include mentoring and internships of organizations to support the implementation of innovative and sustainable services.</p>
	Advocacy with governments to increase engagement and commitment towards ensuring sustainable HIV and STI services	<p>Activities can include:</p> <ul style="list-style-type: none"> <li>• Regional consultation linking governments (decision makers) and regional entities to highlight good practices and impact of quality services in countries of the region.</li> <li>• Continue working with parliamentarians on the regional level to ensure the operationalization of the position statement developed at the regional parliamentary consultation under MC MENA 2 at the national levels, and set clear action tailored action plan for policy reform.</li> <li>• Exchange visits or mentoring for key government representatives by civil society actors to gain support and commitment</li> </ul>
	Advocacy targeted at main donors, including the Global Fund, to maintain acceptable service delivery support in parallel with advocacy and sustainability activities	<p>Preparations for advocacy would include coordination with civil society and community led organizations on the regional levels to build a regional investment case for the continued support of regional grants that serve to complement national grants and enhance knowledge sharing and best practices across the region</p> <p>Development of a regional resource mobilization strategy and action plan for MENA H Coalition</p>

Support implementation of sustainable and effective HIV prevention and testing programs for KPs	Advocacy with the League of Arab States for the revision and update of the Arab AIDS Strategy	Work with the League of Arab States has been ongoing for a number of years. Plans to work on the update of the Arab AIDS strategy and ensure its operationalization and implementation have been delayed due to the conflicts in the region over the past 2 years. Work with UNAIDS Global for support in re-opening the conversation with the League is needed to continue to build on past efforts.
		Use all the materials and data that has been developed during the MC MENA 2 grant for advocacy and policy change
	Advocacy on the regional level focusing on innovative and differentiated services to ensure that national policies allow for the piloting and implementation of these interventions	<p>Advocacy related to availability of PrEP for different KPs, the introduction of oral PrEP, introduction/expansion of self-testing and community based testing</p> <p>Revision of national policies to ensure that they are up to date with new programs and pilots that are being implemented</p>
	Advocacy and technical capacity building and awareness targeting stigma and discrimination in healthcare settings.	<p>Stigma and discrimination remain a main barrier to access to services for PLHIV and KPs in the region. A policy on stigma and discrimination in healthcare settings by the WHO is in place. There needs to be advocacy with countries in order to ensure the application of the policy.</p> <p>Activities would include advocacy meetings with decision makers in different countries (regional and national meetings), integration of the policy into national strategic plans, assessment if the policy is being implemented, identification of actions for the implementation of the policy with linkage to violations reporting mechanism</p>
	Advocacy and capacity building targeting the integration of HIV services with hepatitis, TB, SRHR, and mental health services	Assessment of policy issues that might hinder the integration of HIV services with other services, coupled with advocacy activities targeting governments and national programs to explore opportunities for integration of services, and agreement on plans of action
	Advocacy led by youth representatives of KPs for policy change on the age	Youth should be more involved in the upcoming grant. Work under MC MENA 2 included capacity building of young KP leaders to become



	limit to accessing HIV and harm reduction services	advocates. This work should be continued and expanded to provide additional support and mentoring for the active engagement of youth in advocacy.
	Technical capacity building for CSOs and NAPs on data sharing and reporting.	There are weak data systems in some countries of the region. Data systems and reporting between CSOs and national programs should be aligned. Activities can include the update of reporting mechanisms between NAP and CSOs to ensure that all data is captured, and subsequent capacity building for the use of these mechanisms
	Technical capacity building for civil society and community led organizations/networks in innovative approaches to provision of integrated quality HIV services	Decentralization of services is essential towards ensuring sustainability and access. Capacity building of CSOs or community led organizations and governments to provide services in a decentralized manner
	Knowledge sharing on the regional level through the MENA learning hub	There is a gap in the region after closure of UNAIDS MENA office in terms of coordination and knowledge sharing among CSOs in the region. The MENA learning hub can actively generate data through conducting research and assessments on the regional level and ensure dissemination and coordination through knowledge sharing activities.
<b>Coordination between regional and national grants</b>	Put in place a regional coordination mechanism	The creation of a committee for follow-up on coordination between regional and national grants to ensure complementarity and avoid duplication of activities and efforts

## 4.2. Egypt

Egypt is currently preparing to start implementing the GC7 grant which is focused on closing gaps in HIV prevention coverage, increasing scale of prevention programs, and innovation in service delivery. Main interventions of the grant include: community based testing and self-testing for KPs, PrEP programming for MSM, NSPs for PWID, Condom and lubricant programming for KPs, and some activities focusing on removing human rights related barriers for KPs such as a stigma index study, a high-level training for law enforcement and medical syndicates, and a TOT on “know your rights”. HIV is currently not a priority among funders, especially for the MENA as they do not perceive to be high political commitment. Sustainability of growing services is an issue because most support for services at the CSO level is project based, and the national grant is covering most services, that also do not cover the high need. The most recent IBBS and PSE that were conducted show that there is a need to expand services due to the concentrated prevalence of HIV that was noted among KPs, particularly among MSM and PWID. Challenges in sustainable financing is also linked to challenges faced by the UN joint team, which can support effective activities, however with limited funding through the core or envelope country fund. CSOs are often do not actively seek funds and mobilize resources on their own, and UNAIDS provides support for resource mobilization when needed. Moreover, CSOs that are currently active in the HIV response are minimal, and not a lot of CSOs are interested or willing to work in the field of HIV or with KPs, to support in expansion of services.

Opportunities to ensure long-term sustainability of services were mainly identified as the existence of political commitment to the HIV response, even if it is not reflected in the media due to stigma. The MOH has included HIV under the chronic disease category, enabling PLHIV to benefit from monthly salaries. Moreover, technical support from partners such as UNAIDS, WHO, and other providers is also an opportunity that was highlighted. The new national strategic plan (2025-2030) is another resource that should be capitalized on, especially with the existence of resources for the costing of the plan. The experience of UNAIDS in working with the private sector, in particular with a pharmaceutical company, is another opportunity that can be built on to reach other private sector actors. Moreover, the voluntary participation and engagement of key people in the outreach programs is apparent in Egypt, and this engagement presents an important opportunity. There has been a transition to working with PLHIV and KP networks in recent years to ensure their engagement and to support in the development of proposals. In addition, a number of outcomes and interventions that were carried out under the MC MENA 2 grant were identified as opportunities to be built on, including: sustainability and transition plan developed by Caritas, resource mobilization activities such as capacity building for proposal development and the funding of small program, the domestic resource plan and the domestic resource mobilization forum, and the consultative manner in which all activities under the MC MENA 2 grant were carried out by the SR in Egypt.

Discussions focused on the importance of enhancing the institutional and technical capacities of CSOs and community-led organizations in order to expand the response to meet needs and to increase integration of services. Stigma and discrimination remains a major issue that was highlighted as a

priority to be addressed at different levels under the regional grant, in order to complement and facilitate services that will be delivered under the national grant. In addition, domestic resource mobilization interventions as well as implementation of interventions related to documentation and data analysis under the national strategic plan have also been highlighted as priorities. Experience sharing and learning opportunities between countries of the region would also serve to complement efforts in ensuring the delivery of quality sustainable services. Recommendations to strengthen coordination between PRs of the national grant and the MC grant were emphasized due to the presence of common SRs in both grants. Moreover, the participation of SRs of the MC grant in the IOC of the national grant to ensure complementarity and better coordination was proposed.

Priority Area	Sub-area	Priority Interventions	Additional information/activities
Sustainable financing for HIV Programs for KPs	Technical and institutional capacity building for resource mobilization	Institutional capacity building of CSOs and community led organizations (financial, governance, resource mobilization, etc...) for sustainability purposes	Building capacity of the institutional capacities of CSOs (resource mobilization, financial, governance, etc...) is needed for sustainability purposes – this is a core element. Funders require governance and institutional mechanisms when CSOs apply for funding. CSOs have good technical capacities but more work is needed on other elements.
		Technical capacity building for service providers to ensure capacities of CSOs in implementing effective and sustainable HIV and harm reduction programs	Suggested technical issues to be focused on include: <ul style="list-style-type: none"> <li>• Capacity building programs for CSOs on safety and security for KPs (advanced trainings from MENA Learning Hub)</li> <li>• Capacity building for CSOs on innovative services</li> <li>• Trainings on updated guidelines and service provision</li> <li>• Training on integration of services within other services in order to ensure that HIV is streamlined and other activities can cover the costs of basic HIV services if there are cuts in funding</li> </ul>
		Technical capacity building focusing on data quality for policy change in line with the new national strategic plan	The new national strategic plan (2025-2030) focuses on documentation as the basis for programs. Proper and extensive capacity building on qualitative and quantitative data analysis is needed to facilitate data collection and analysis to conduct advocacy for resource mobilization and increased domestic funding for HIV and KP programs.  Trainings on use of data for policy change among CSOs – to use program data and experiences in effective advocacy. The national grant will train on data quality for program management, and the MC

			grant can complement with a training on data use for policy change
	Exploring public-private partnerships for CSO implementers	Update of the domestic resource plan to include other private sector partners, and development of a module/portfolio for presentation to the private sector.	The domestic resource mobilization forum created under MC MENA 2 includes the NAP and UNAIDS. Work with private sector (pharmaceutical companies) for corporate social responsibility has commenced and the domestic resource mobilization plan will be implemented. Recommendation to expand to other types of companies through identifying potential stakeholders and presenting the context surrounding HIV, and anticipated roles of the private sector.
	Support for sustainability and transition plans	Support the implementation of the Sustainability and Transition Plan developed by Caritas	
Support implementation of sustainable and effective HIV prevention and testing programs for KPs	Advocacy and technical assistance for policy adoption to help increase HIV testing coverage	Development of a Multi-sectorial HIV strategy.	The NASP and the prevention strategies have been developed. There are other ministries which can collaborate in the HIV response in Egypt. Recommendation to develop a multi-sectorial strategy (which secures the inclusion of the civil society) that provides a common framework for multiple ministries to work on (ministry of youth, ministry of social development, ministry of justice, etc....). This activity is important for sustainability and will support in linking CSOs working on HIV to other stakeholders in Egypt.
		Advocacy with policy makers, including ministries of justice and interior as well as other relevant ministries, addressing criminalization of KPs	<p>Criminalization of KPs is a barrier to accessing services and treatment. Advocacy to target policy makers in coordination with KP representatives.</p> <p>In order to ensure sustainability and ownership of advocacy activities, empowerment and capacity building of KPs is essential.</p> <p>Activities can include capacity building of KPs and KP-led networks, mentoring, and linking them with policy makers during advocacy efforts</p>
		Advocacy for change in policies regarding travel restrictions and age of consent for HIV testing	The UNAIDS is following up on efforts in this area, however funding is limited and the MC grant can provide support to complement these efforts
		Support and complement “Know your rights” efforts of the national grant with focus	Funding for “know your rights” activities are limited under the national grant and support for additional activities will help position Egypt

		on policy change and the legal environment	internationally and will help raise the voices of KPs
		Advocacy for policy change related to innovative and newly introduction HIV and harm reduction services	<p>Innovative services in Egypt such as self-testing and NSP are faced with legal challenges. There is a need to focus on updating policies to ensure that the legal environment allows and reflects the reality of services that are being introduced (ex: OAT). Activities can include:</p> <ul style="list-style-type: none"> <li>• Sensitization of policy makers on stigma and discrimination, harm reduction, and rights of KPs.</li> <li>• Sharing of experiences with other countries that have successfully changed policies</li> </ul>
		Advocacy for increased social contracting with CSOs for implementation of HIV prevention programs	MOUs between CSOs and the NAP, similar to the arrangement with Caritas, can facilitate implementation of activities and increase reach to KPs. As implementers under the national strategic plan, approvals for all activities are not required.
		Advocacy for integration of stigma and discrimination training into basic training package of employees of healthcare settings and law enforcement	<p>Efforts for a number of years have focused on awareness raising among healthcare professionals and law enforcement agents. However, high turnover and limited resources do not allow for proper training of all staff and officials.</p> <p>In order to ensure that training on HIV, harm reduction and rights of KPs is delivered in a sustainable manner to healthcare professionals and law enforcement agents, advocacy for the integration of these training packages into these institutions can be carried out in coordination with the MOH and the NAP. Advocacy can be followed up with trainings of trainers for management staff and those responsible for training new employees or officials.</p>
	Technical assistance for differentiated testing approaches	Technical assistance and exchange of experiences for CSOs for implementation of innovative programs	<p>Learning by exposure to benefit from the experiences of other countries was successful during development of OAT program (exchange with Morocco).</p> <p>Activities can include:</p> <ul style="list-style-type: none"> <li>• Exchange visits with specific outcomes and commitments for implementation of innovative programs. (For example: advanced PrEP roll-out that will be initiated in Egypt)</li> <li>• Development of simplified versions of updated guidelines in Arabic to facilitate use for CSOs and community led organizations</li> </ul>

	Piloting of innovative service delivery models through integration of HIV testing services	Support the use of digital platforms for demand creation through social media campaigns	Focus on social media and other digital platforms to reach people and target them with services, for instance for the expansion of HIV self-testing
<b>Coordination between national and regional grant</b>		Put in place a national coordination mechanism	Organize coordination meetings between regional grant implementers, national grant implementers, and the NAP to analyze plans and constraints/risks on regular basis and Review interventions and plans accordingly.

### 4.3. Jordan

Jordan is one of the countries that has been receiving GF support through the MER grants, however, unlike other countries, the support is limited and focused on refugees and migrants, and KPs are not a focus on this grant. Therefore, funding for services targeting KPs is minimal and dependent on efforts of CSOs, which are working in a very complex and challenging environment. Structural barriers, both legal and social, make it challenging for resource mobilization at the level of the NAP and the CSOs, and also make it challenging for KPs to access available services. Criminalization of risky behaviors has also impacted the high stigma and discrimination noted against KPs in the country. HIV in Jordan is not a priority for the government including the MOH, funders, and many civil society actors and therefore the HIV response is in need of strengthening. Navigating sustainability at the moment for services for KPs is not considered a realistic and attainable goal at the moment by CSOs as they are still not able to cover all the needs. Support for the NAP in Jordan through the MER grant is minimal, and there are times when the government has faced stock outs in testing materials such as CD4 and viral load testing. Innovative interventions and differentiated testing such as community distribution of PrEP and self-testing are still not implemented in Jordan and require advocacy efforts for their introduction. Moreover, the MOH in Jordan has been informed that the country will be transitioning out of the MER funding after the GC7 cycle by 2028.

Opportunities to ensure long-term sustainability of services were mainly identified as the decentralization of the NAP, which is currently working at full capacity. The demand for services and follow-up has increased and hence there is a need to increase capacity building and human resources. Although the transitioning of the country after MER4 is not considered realistic by a number of stakeholders in the field, the resources that will be provided under MER4 to support healthcare financing and capacity enhancement for the government over a period of 3 years have also been identified as an opportunity. Another opportunity is the social contracting between the MOH and different CSOs in other areas and services. This can be capitalized upon to advocate for social contracting with CSOs to provide services to KPs in order to increase the actors in the field and to

expand reach into other areas in Jordan. Work on integration of HIV services with other areas has commenced but needs further efforts. One CSO that currently works with women has become engaged in the response and tries to integration HIV and GBV interventions. The coordination between the CSOs that are active in the field of HIV and KPs is a strength and the continuation of these partnerships is essential. In addition, the domestic resource mobilization plan has been identified as an important tool to be prioritized in the next phase, with more adaptation needed at the national level to comply with laws in Jordan regarding fundraising.

Discussions focused on the importance of advocacy on multiple levels and especially with the government in order to ensure the acceptance of a complete package of prevention activities. Access to data and the publication of relevant data on HIV and KPs is also an issue that was raised for advocacy. For instance, results from the IBBS conducted in 2023 have not been approved for publication or sharing. Stigma and discrimination in the general community as well as among healthcare professionals remains a main structural barrier to access of services. Strong and evidence based advocacy for policy change is needed in the next phase. Improved coordination between the NAP and the CSOs will be essential to ensure that all efforts are synchronized and implemented effectively. In addition, improved coordination and collaboration between the MER and MC MENA grants will help to ensure that efforts are complementary.

Priority Area	Sub-area	Priority Interventions	Additional information/activities
Sustainable financing for HIV Programs for KPs	Advocacy with governments, international organizations, and private sector	Advocacy targeted at main donors, including the Global Fund, to maintain acceptable service delivery support in parallel with advocacy and sustainability activities	Preparations for advocacy would include the building of an investment case to present the current situation and context in Jordan to ensure sustainability of the already limited prevention activities for KPs, with a plan for advocacy in parallel
		Advocacy targeting the NAP and MOH for increased engagement and advocacy to increase allocation within budget of the Ministry for both the program and HIV prevention programs	
		Adaptation of the domestic resource mobilization plan for specific advocacy activities targeting domestic fundraising efforts	
	Technical and institutional capacity building	Institutional capacity building for CSOs and community led	Building capacity of the institutional capacities of CSOs (technical, financial, governance, etc...) is needed for



	for resource mobilization	organizations (financial, governance, resource mobilization, etc...) for sustainability purposes	sustainability purposes – this is a core element. Funders require governance and institutional mechanisms when CSOs apply for funding. CSOs have good technical capacities but more work is needed on other elements.
		Organizational and technical capacity building for the NAP and MOH to support the implementation of the national strategic plan and HIV prevention programs	<p>The NAP is still developing as a program and support is needed to ensure the effective implementation of the strategic plan</p> <p>Staff under the NAP can benefit from awareness raising and capacity building on HIV and harm reduction, including knowledge of available services at CSOs, stigma and discrimination, motivational interviewing, and rights of KPs. Targeting NAP VCT centers with capacity building can ensure sustainability of services.</p>
Support implementation of sustainable and effective HIV prevention and testing programs for KPs	Advocacy and technical assistance for policy adoption to help increase HIV testing coverage	Advocacy to remove legal barriers to accessing funding for CSOs targeting ministries	There are legal steps for the approvals of funding for CSOs and the process is lengthy and involves several ministries and committees, who are often not familiar with HIV and KP programs. There is a need to propose policy change at the ministerial level to simplify the process, in addition to sensitization of relevant committees.
		<p>High level advocacy for the acceptance of complete prevention packages, including PrEP and self-testing.</p> <p>There needs to be high level advocacy on these issues (ministries, parliamentarians, stakeholders such as community leaders and media). Need to frame these issues in a manner that would help accept</p>	<p>Advocacy regarding prevention programs is needed on several levels</p> <ul style="list-style-type: none"> <li>• MOH and NAP</li> <li>• Other ministries and parliamentarians</li> <li>• Community leaders</li> <li>• Media</li> </ul> <p>There is a need to frame these prevention activities in a manner that would facilitate acceptance for their implementation</p> <p>Exchange of experiences with other countries (on PrEP and self-testing) for government representatives who can be identified as allies in advocacy efforts is beneficial.</p>



		Advocacy on the right to information, data management and sharing for policy change with relevant ministries and programs.	Strong evidence based advocacy is needed for policy change, however access to information and data is limited for CSOs. There is a need to advocate with concerned stakeholders for the publishing of collected data on HIV on the national level, as well as the IBBS conducted in 2023.
		Advocacy with identified stakeholders for integration of HIV with SRHR and mental health services.	Efforts in this area were initiated under the MC MENA 2 grant, targeting integration of HIV and SRHR services, and there is a need to continue to build on the work that was done  Suggestions to complement these efforts to advocate for integration with mental health services. The national strategy currently does not explicitly address the mental health aspect related to HIV.
	Technical assistance for differentiated testing approaches	Technical capacity building for CSOs that have social contracts with the MOH in other areas to integrate HIV testing and expand community rapid testing efforts	Training on integration of services within other services in order to ensure that HIV is streamlined and other activities can cover the costs of basic HIV services if there are cuts in funding. Trainings with other CSOs would include technical training as well as trainings on stigma and discrimination and rights of KPs
		Capacity building for health professionals in different areas (unions, MOH departments, medical schools, etc.) on stigma and discrimination.	Capacity building for medical service providers and health professionals was conducted under the MC MENA 2 grant and evaluated. A difference was noted between professionals that were trained and those that were not. Recommendations of the evaluation include continuation of capacity building with expansion to new areas including unions, MOH departments and medical schools. Training targeting medical students can also focus on differentiated HIV testing, in efforts to gain allies in the medical field to support in advocacy with the MOH for the development of the HIV response and the application of innovative services.

		Capacity building with media and media students to enhance engagement and collaboration on framing HIV in a new manner to contribute to reduction of stigma and discrimination	
	Piloting of innovative service delivery models through integration of HIV testing services	Support the use of digital platforms for demand creation through social media campaigns	Focus on social media and other digital platforms to reach people and target them with services
		Stigma interventions with religious leaders to increase engagement and gain allies on HIV stigma awareness	Interventions on HIV stigma awareness targeting Islamic religious leaders have been implemented and have been successful in engaging religious leaders to lead on these efforts. Continuation of these efforts to reach more religious leaders as well as to continue to engage those that have been involved earlier in addressing more innovative interventions (such as PrEP and self-testing) to support in advocacy for their implementation is recommended.
<b>Coordination between regional grants</b>		Put in place a national coordination mechanism	Organize coordination meetings between regional grant implementers and the NAP to analyze plans and constraints/risks on regular basis and Review interventions and plans accordingly.

#### 4.4. Lebanon

Lebanon has been facing a stream of security and economic crises for more than 5 years, and actors and implementers in the HIV and harm reduction fields have been working in a very challenging environment to ensure sustainability of basic services to KPs. There is no national Global Fund grant for Lebanon. Funding for HIV treatment and testing in Lebanon is currently covered under the MER grant, however there remain gaps in provision of these essential services due to decreased funding

under MER 4. In addition, the number of CSOs that will receive support under MER 4 to provide services to KPs have also been decreased from 10 to 2. Funding for HIV programs for KPs is challenging to acquire, as a number of funders are decreasing funding for services and focusing more on advocacy activities, at a time when most CSOs are struggling to maintain the services that they are providing for KPs. At the same time, CSOs are overloaded and overwhelmed, often having to continuously work on securing funding through different programs and projects in order to cover the gaps and continue with provision of HIV and harm reduction services to KPs to ensure that these services are not discontinued. HIV and KPs are not a current priority for the Lebanese government, which is struggling with the economic crisis. Moreover, international funding is mostly focused on humanitarian efforts due to the ongoing crises that the country is facing. The crisis has also affected the private sector in Lebanon, making it unrealistic to approach them for partnerships and support. The National AIDS Program (NAP) has been successfully integrated with the National TB Program (NTB), however the transition did not allow for increased staffing and human resources, and the program is therefore now working in overcapacity and is dependent on the MER grant.

Opportunities to ensure long-term sustainability of services were mainly identified as the existence of CSOs working in this sector and the coordination that is taking place between the NAP/NTB. CSOs that are working in the field of HIV and harm reduction are very active in the response, and often lead the response. There is a good working relationship and successful coordination between the NAP/NTB and CSOs. For instance, CSOs are tasked with the community distribution of PrEP as the NAP/NTB acknowledges that this is the most efficient manner to ensure that KPs are reached and that they access this service. In addition, CSOs have been successfully implementing distribution of self-testing since 2019. The successful transition of the HIV program and the integration of the NAP – which was fully supported by the WHO previously – is another opportunity that was highlighted, however the resources are limited and the needs to support and enhance human resources remains. The new government that is currently being formed in Lebanon is another potential opportunity for advocating on several issues, however results of this would be longer term as this specific area would depend on how long the new government takes to be formed, as well as the new connections and advocacy and capacity building that the actors in the field of HIV and harm reduction would need to make.

Discussions focused on the increasing need to maintain funding of essential HIV and harm reduction services, while acknowledging the focus of donors on sustainable financing areas. Hence, advocacy targeted at major donors such as the Global Fund and other international donors was a main priority intervention discussed, along with other advocacy and policy interventions, as actors in the field feel that the current context of the country should be properly presented and highlighted in an effort to seek core funding that would allow the continuation of these much needed services in a sustainable manner that would then allow organizations to focus more on other areas such as advocacy.

Priority Area	Sub-area	Priority Interventions	Additional information/activities
---------------	----------	------------------------	-----------------------------------

Sustainable financing for HIV Programs for KPs	Advocacy with governments, international organizations, and private sector	Advocacy targeted at main donors, including the Global Fund, to maintain acceptable service delivery support in parallel with advocacy and sustainability activities	Preparations for the advocacy would include: <ul style="list-style-type: none"> <li>• Identification of gaps in services in Lebanon to build an investment case for advocacy</li> <li>• In depth research on KPs and their access to services in Lebanon to develop policy briefs and advocacy plan</li> </ul>
		Advocacy for revitalization and integration of the National Hepatitis Program under the NAP/NTB with core staffing support to ensure sufficient capacity for coverage of the 3 diseases	Comorbidity of HIV, TB and Hepatitis has been noted and the national hepatitis program is not currently operational, with no medicines. Integration of hepatitis program within the national HIV and TB program can be done if there is funding provided to strengthen capacities and human resources of the program. There needs to be support for staffing because they are already overwhelmed. There should be a sustainable policy also for ensuring the medication continues
		Advocacy with new government and ministers regarding priorities related to HIV focusing on funding for HIV medication and testing	Study on the expenditure and cost of HIV and harm reduction services (services are always underfunded) – to be used in budgeting and planning
	Technical and institutional capacity building for resource mobilization	Institutional capacity building related to new systems, technologies, and tools that can be used to facilitate workload and efforts of CSOs	To explore avenues of speeding up work – these would include financial systems, HR systems, M&E systems to upgrade and fulfill different donor requirements. Education about AI technologies to facilitate the work and effort. And support for purchasing identified systems.
	Support for sustainability and transition plans	Support the implementation of the LANA 2024-2027 Strategic Roadmap for Sustainable HIV Prevention and Harm Reduction	
Support implementation of sustainable and effective HIV prevention and testing	Advocacy and technical assistance for policy adoption to help increase HIV testing coverage	Advocacy related to economic empowerment of PLHIV and KPs.	Advocacy activities would include: <ul style="list-style-type: none"> <li>• Continue the work on criminalizing laws that create barriers for opportunities, such as the criminal records for PWUD</li> <li>• Continue the work on sensitization of employers and discriminatory employment policies for PLHIV and KPs</li> </ul>

programs for KPs			<ul style="list-style-type: none"> <li>Address insurance companies and advocate for change in policies related to coverage of HIV</li> </ul>
	Technical assistance and exchange of experiences for members of LANA network with international organizations and at international fora with focus on capacity building for policy change	<p>Technical assistance and capacity building to focus on:</p> <ul style="list-style-type: none"> <li>International policy analysis, with focus on international policies that influence stigma and discrimination and KPs</li> <li>Community mobilization and organization to strengthen community engagement in advocacy for policy change</li> <li>Ensuring MENA representation at international conferences and fora for sharing of experiences and learning</li> </ul> <p>Under the MC MENA 2 grant, CSOs benefitted from connections with international organizations facilitated through the PR for the mitigation of the OAT shortage crisis</p>	
	Advocacy for passing of draft law on stigma and discrimination. Development of a clear and practical advocacy plan and conducting advocacy meetings with parliamentarians	A law on stigma and discrimination (general law that also addresses rights of KPs) was drafted through meetings with ministries and activists and shared with parliamentarian for feedback before the war. A continuation of these efforts is needed to pass the law.	
	Advocacy related to discriminatory practices of hospitals in reporting overdoses to the police.	Criminalization of substance use that trickles down to other policies that affect access to services should be addressed. To continue working raising awareness among hospital management and ERs to comply with new directives of the MOH to stop practices of calling the police for overdose cases.	
	Advocacy for the initiation of OAT within prisons and the development of a protocol of care specific for these services in prison	Services in prisons for OAT are not very comprehensive – the protocol of care is not clear. OAT is continued in prisons for people that are already enrolled, but OAT cannot be initiated within prison.	
	Advocacy for integration of HIV services into primary healthcare centers.	This is a patient centered approach and the integration of HIV services into already existing primary healthcare centers would support the sustainability of these services. However, extensive training and support for existing staff, as well as recruitment of additional staff would be needed.	

		Support the implementation of activities under the OAT strategy to ensure accessibility and sustainability of the medication	Advocacy for revision of pricing of OAT medication and alternatives Advocacy to integrate buprenorphine on the list of essential medicines
	Piloting of innovative service delivery models through integration of HIV testing services	Decentralization of medication dispensing for HIV through integration with TB dispensing centers	There are 8 TB centers throughout the country and integrating dispensing of medication for HIV would be efficient. However, there would need to be capacity building for the staff regarding HIV and stigma and discrimination, medication dispensing for HIV, and other technical and reporting issues
Coordination between regional grants		Put in place a national coordination mechanism	Organize coordination meetings between regional grant implementers and the NAP to analyze plans and constraints/risks on regular basis and Review interventions and plans accordingly.

## 4.5. Morocco

The response to HIV/AIDS in Morocco faces several significant challenges, despite ongoing efforts to respond to the epidemic. One of the primary issues is the persistent stigma and discrimination associated with HIV/Aids, which still represents an important obstacle to seeking testing, treatment, and support. This societal barrier often leads to late diagnoses and hinders prevention efforts within affected communities. Additionally, geographic disparities in access to healthcare services are still present. Key populations, face additional legal and social threats, complicating efforts to reach these groups with targeted interventions. Morocco has launched in December 2024 its first integrated plan 2025-2030 to fight HIV/Aids, Tuberculosis, STIs and viral hepatitis. Morocco is currently implementing the GC7 including HIV/AIDS and Tuberculosis components as well as “resilient and sustainable systems for health”. This grant is focusing on strengthening access to combined prevention services for key populations, foster community testing including the self-test, reinforcing EMTCT HIV-VHB-Syphilis strategy and implementing and consolidating differentiated, integrated and patient centered approaches.

Concerted efforts at both the strategic and grassroots levels are creating several opportunities to sustain response to HIV Aids. In fact, the response to HIV/AIDS in Morocco is currently positioned at a critical juncture, leveraging multiple priorities to enhance the national response. One of the primary focuses is the ongoing reform in the health sector, which offers a significant opportunity to involve HIV/AIDS actors in the decision-making processes offering a potential to integrate HIV/AIDS services into existing health services, ensuring a more cohesive and effective approach. Simultaneously, the ongoing work on putting in place Universal Health Coverage is a great opportunity to include the coverage of prevention services for key populations into the system (see attached

documents), which is currently almost achieved thanks to the advocacy at high level (parliament) performed by the MOH (with GFMU) and CSOs. This will ensure sustainable and comprehensive coverage even after external funding diminishes.

In addition to structural reforms, local and regional initiatives are ongoing aiming at integrating HIV/AIDS services into primary health care. Projects such as the "Initiative Ville et Wilaya sans SIDA" (see attached documents) are developing tools and mechanisms to incorporate services related to tuberculosis, hepatitis, and sexually transmitted infections along with HIV/AIDS interventions into primary healthcare services. This local integration ensures a broader reach and a more tailored response at the community level. At local and regional level, in this same framework, public-private partnerships agreements are being built between regional health authorities and the private medical sector to decentralize HIV/AIDS management (task delegation) and involve private sector practitioners in the national effort. All these initiatives are launched under the umbrella of regional plans to fight TB, VH, STIs and AIDS (see attached documents). Furthermore, civil society organizations are taking a major step by organizing themselves into an official network, and this presents a significant opportunity for the response. By coming together, these organizations can better optimize their resources—whether human, financial, or expertise—which enhances their ability to tackle pressing issues more efficiently and effectively. This new structure boosts their collective advocacy power, making it easier to influence policies. Moreover, this collaborative approach could serve as a powerful example for other countries in the region.

Discussions have focused on the best way to leverage the opportunities existing within the Moroccan environment as well as how CSOs should react in terms of coordination and capacity building. Participants have also discussed a lot the importance of taking into consideration youth in the response to HIV/Aids. The integration and involvement of youth in the development and implementation of HIV/AIDS programs are of big importance, particularly because the majority of cases occur among young people from KP. Participants have emphasized the need to actively include young people in the planning and execution of these programs, ensuring that they address the unique needs of this age group. To effectively reach and engage the youth, it is essential to use communication tools and channels that resonate with them, by tailoring these programs to fit the communication preferences and cultural contexts of young people. Moreover, it become urgent to address new attitudes and behaviors among the youth to create more effective prevention and education strategies.

Two strong recommendations were raised during discussions:

1. It is crucial that CSOs adopt the integrated approach of the national strategy (HIV-TB-VH-STI) in the different levels of their work: advocacy, partners' mobilization for events and workshops, local and regional levels initiatives...
2. Harmonization between the national and the regional grant:  
According to participants to the dialogue, the regional grant should open to more in-depth discussions and inputs from national partners to avoid duplication of efforts seen in precedent MENA grants. National grant dialogue results should also be used in the regional grant preparation to guarantee complementarity between both grants. The mismatch between the

two grants processes have also been pointed out as a big obstacle for the effectiveness of activities' implementation and partners' coordination. Both grants mobilize same national partners in same periods and sometimes for the same activities, there is an urgent effort to optimize resources to avoid competition between the two grants in the country.

Priority Area	Sub-area	Priority Interventions	Additional information/activities
Sustainable financing for HIV Programs for KPs	Advocacy with governments, international organizations, and private sector	Advocacy to efficiently integrate HIV Aids prevention among KP into Universal Health coverage (UHC) system currently implemented	CSOS could play an important role, they can: -Inform KP at local level about new UHC mechanisms and opportunities, -Support KP individuals and groups to be subscribed in the UHC system to benefit from service coverage, -Monitor at local and regional level the efficiency and quality of the new system implementation in collaboration with authorities. Activities suggested: -Communication tools production, -Training of outreach workers on UHC mechanisms, -Guideline production for CSOs, -Establishing agreements at local level between CSOs and local authorities.
		Advocacy for Social contracting initiative launching	Advocacy to launch a first initiative of social contracting: costing of prevention interventions has been done and tools are ready to launch a first initiative and learn from it.
	Technical and institutional capacity building for resource mobilization	CSO's Institutional capacities building To ensure sustainability of action	CSO's Institutional capacities building: This is an aspect not covered by the national grant. -Institutional capacities assessment (Technical support) -Capacity building plan elaboration and implementation
	Exploring public-private partnerships for CSO implementers	Private public partnership (PPP) fostering	Participate to local dynamics in place between MOH and medical private sector. Define with MOH the exact role of CSOs in the decentralization of services. Activities suggested: - Coordination, concertation meetings with MOH,



			<ul style="list-style-type: none"> <li>- Encounters with local medical sector representatives to exchange about challenges encountered by KP and adapting services,</li> <li>- Cartography of local medical practitioners and information of KP on available services,</li> <li>- Monitoring of services provided for KP individuals at local level in the private sector,</li> <li>- Cartography of private actors that could participate in the response to HIV Aids,</li> <li>- Exploration of best practices in building sustainable PPP(research/Technical support),</li> <li>- Elaborate tools to launch initiatives of PPP,</li> </ul> <p>Advocate for a sustainable PPP.</p>
Support implementation of sustainable and effective HIV prevention and testing programs for KPs	Advocacy and technical assistance for policy adoption to help increase HIV testing coverage	Advocacy to valorize the statute/role of peer educators	Advocate to create an official statute for peer educators and valorize their role in the response in order to guarantee the continuity of their work.
	Technical assistance for differentiated testing approaches	Advocate for a stronger Youth integration in the response to Aids	-Explore new attitudes and risk behaviors of youth,
	Piloting of innovative service delivery models through integration of	Explore innovative approaches to prevention (could be done at regional level)	<p>Currently adopted approaches are showing their limits (no increase in number of people reached and tests performed), it is urgent to explore new channels to reach KP through internet based platforms:</p> <p>-Study current channels used by key populations to communicate, look for information and meet (Technical support),</p>

	HIV testing services		-Advocate to test new approaches to prevention, -Elaborate tools and guidelines to adopt new approaches, -Strengthen capacities of CSOs to use innovative approaches to reach KP through virtual platforms and network.
		Unify and develop new capacity building approaches (could be done at regional level)	Prepare for a regional initiative to unify capacity building approaches and put in place innovative interventions in capacity building (WCAR experience of a regional structure based in Senegal in charge of capacity building for CSOs): technical support to elaborate the project (UNAIDS has suggested to support such initiative).
Coordination between national and regional grant		Advocate to integrate a national coordination mechanism into the CCM	Organize coordination meetings between regional grant implementers, the CCM and the NAP to analyze plans and constraints/risks on regular basis and Review interventions and plans accordingly.

#### 4.6. Tunisia

Tunisia response to HIV aids is at a critical state and several challenges remain present. The first challenge is the highly unstable political and economic environment. HIV/AIDS is not considered as a priority by stakeholders. The second challenge is related to the HIV Aids response governance, which remains quite unclear, with a very weak national Aids program in terms of human and technical capacity and a leadership that is very scattered. The third challenge involves the implementation of strategies and programs, which remains insufficiently coordinated, poorly planned, and ineffectively monitored and evaluated. The final challenge is related to the nature of the services provided and their quality. Indeed, the national HIV/AIDS review conducted in 2022 revealed an incomplete package of combined prevention offered to KP services and low service quality. All this leads to decrease of access to testing and prevention services for KP. Stigma and discrimination is still an important issue representing a great obstacle to access to services.

In addition to all these challenges, information and monitoring-evaluation system for HIV/AIDS programs is very weak. There is also a complete lack of integration of HIV/AIDS services into other

healthcare services, with the exception of the PMTCT (Prevention of Mother-to-Child Transmission) initiative launched in 2013, and since gradually weakened over time and almost no longer exists today. Prevention programs are implemented by CSOs (unless tests and drugs bought by the government). CSOs are highly dependent from external donors mainly the GF. Coordination between CSOs working on HIV/AIDS is very insufficient and strategically inefficient. CSOs are competing for funds and have no strategic vision or the technical capacities to evolve and adapt to the transition challenge. Big constraints and threats are facing civil society in Tunisia. These include very hostile actions from governmental parts towards some associations especially those working with migrants. Additionally, there is a threat related to the review of legal texts governing the work of CSOs in Tunisia, which could potentially restrict the inflow of foreign funds to these organizations.

Tunisia is currently implementing GC7 program along with Algeria, it includes putting in place the combined prevention packages for key populations, Launching the PrEP for MSM and SW and the self-test, reviewing and relaunching the EMTCT HIV, VHB, Syphilis strategy, strengthening ME system for HIV and the health products 'management system as well as strengthening the community system.

Tunisia has elaborated its transition plan in 2021 but only a few activities of the plan were implemented in an incoherent, non-planned manner. The plan hasn't been reviewed since but represents although an interesting priority to coordinate efforts. Implementing innovative interventions are currently national priorities, like the PreP and self-testing. Slow progresses have been made in this context and support is needed to move forward. Private sector is also seen as an opportunity to strengthen sustainability of the response to Aids in the country, the path has to be clarified and tools and mechanisms put in place to move forward. CSOs have conducted experiences with mitigated success of community led monitoring (CLM) and have acquired a certain expertise in this domain worth to deepen and develop. The REACT initiative has been described as key in reporting HR violation cases again KP and is until now the most successful experience in CLM.

Discussions focused mainly on challenges faced by CSOs as well as interventions to be supported by the regional grant to complete the effort made in the national grant and to take into consideration constraints related to the environment faced by CSOs in Tunisia. Participants have also discussed a lot the importance of taking into consideration youth in the response to HIV/Aids. The integration and involvement of youth in the development and implementation of HIV/AIDS programs are of big importance, particularly because the majority of HIV/AIDS cases occur among young people from KP. Participants have emphasized the need to actively include young people in the planning and execution of these programs, ensuring that they address the unique needs of this age group. To effectively reach and engage the youth, it is essential to use communication tools and channels that resonate with them, by tailoring these programs to fit the communication preferences and cultural contexts of young people. Moreover, it become surgent to address new attitudes and behaviors among the youth to create more effective prevention and education strategies.

Recommendation on strengthening grants' coordination was strongly made in all FGD and interviews. Ensuring harmonization between the national and the regional grant, like in Morocco was considered of high priority. According to participants to the dialogue, the regional grant should open to more in-depth discussions and inputs from national partners to avoid duplication of efforts seen in precedent MENA grants. National grant dialogue results should also be used in the regional grant preparation to guarantee complementarity between both grants. The mismatch between the two grants processes have also been pointed out as a big obstacle for the effectiveness of activities' implementation and partners' coordination. Both grants mobilize same national partners in same periods and sometimes for the same activities, there is an urgent effort to optimize resources to avoid competition between the two grants in the country.

Priority Area	Sub-area	Priority Interventions	Additional information/activities
Sustainable financing for HIV Programs for KPs	Advocacy with governments, international organizations, and private sector	Advocacy for the Social Contracting (SC) initiative launching	Tunisia has made important progress in identifying opportunities and planning for the launching. -Elaborate practical guidelines for CSOs, -Perform a costing of prevention interventions and select the ones that will be included in SC, -Cartography of governmental institution with whom social contracting could be established, -Put in place 3 pilot initiatives.
		Advocacy for the integration of HIV AIDS in the social security system	-Advocacy for the integration of HIV/Aids prevention services for KP in social security coverage, -Perform a costing of prevention services for KP, -Define integration mechanisms, -Exchange with Morocco to capture best practices and lessons learned.
	Technical and institutional capacity building for resource mobilization	CSO's Institutional capacities building for a sustainable action	This is not an aspect covered by the national grant. -Institutional capacities assessment (Technical support) -Capacity building plan elaboration and implementation
	Exploring public-private partnerships for CSO implementers	Private-Public Partnership (PPP) exploration	- Cartography of private actors that could participate in the response to HIV/AIDS, - Exploration of best practices in building sustainable PPP (research/Technical support), - Elaborate tools to launch initiatives of PPP,  Advocate for a sustainable PPP.
Support implementation	Advocacy and technical	Advocate for a stronger Youth	-Explore new attitudes and risk behaviors of youth,

of sustainable and effective HIV prevention and testing programs for KPs	assistance for policy adoption to help increase HIV testing coverage	integration in the HIV response	-Put in place consultation mechanisms with youth from KP to assess needs and monitor programs, -Adapt information, communication, outreach interventions in terms of messages, channels and mechanisms (collaboration with social media leaders, presence in social media and meeting platforms...)
	Technical assistance for differentiated testing approaches	Combined Prevention packages implementation and monitoring	Tunisia has defined combined prevention (CP) packages for KP. -develop guideline for the implementation of quality CP services packages
	Piloting of innovative service delivery models through integration of HIV testing services	Community Led Monitoring implementation strengthening	Important and interesting results have been reached during the first phase of the REACT initiative put in place by ATL MST Sida-Tunis. ASF is highly interested in carrying on the initiative along with ATL (Discussions took place with Frontline Aids). -To pursue REACT initiative in Tunisia.
		Advocate for and support Self-test launching in Tunisia	-Advocate for the launching of Self-testing in Tunisia -Elaborate a roadmap for the launching and generalization of self-test with the implication of pharmacists from the private sector, -Exchange with Morocco.
		Advocacy for community PrEP launching	-Advocate for the launching and spread of community PrEP, -produce practical guidelines for CSOs to implement community PrEP services and monitor them, -Training of community workers on PrEP programs implementation.
Coordination between national and regional grant		Advocate to integrate a national coordination mechanism into the CCM	Organize coordination meetings between regional grant implementers, the CCM and the NAP to analyze plans and constraints/risks on regular basis and Review interventions and plans accordingly.

## 5. Annexes

### 5.1. Annex 1: Data collection tool

#### **Key Informant Interview/Focus Group Discussion Guide**

##### **Consent:**

Our names are \_\_\_\_\_ and \_\_\_\_\_. We are external consultants working with the MENA Learning Hub. We are conducting regional and national consultations to ensure that the new funding request to the Global Fund (MC MENA 3) that will be submitted by the MENA H Coalition responds to the needs and addresses the challenges in order to support HIV prevention and testing programs, and support sustainable financing.

The purpose of the current interview/FGD is to discuss available financing for HIV, challenges in implementing HIV prevention and testing programs, priorities, opportunities, and recommendations for interventions to support and complement national efforts. The results from this interview will be analyzed to inform the funding request.

If you agree to participate in this interview, we will be asking you some questions. You have the right to withdraw your consent or discontinue participation at any time for any reason. Discontinuing participation will in no way affect your relationship with the GF, the MENA Learning Hub or any other partner or authority. You may also refuse to answer any questions that you do not want to answer. Please feel free to ask any questions at any point during our discussion.

The estimated time for this interview is approximately 45 minutes-1 hour/  
The estimated time for this FGD is approximately 1.5 – 2 hours.

To secure the confidentiality of your responses, your name and other identifying information will not be attached to your answers.

##### **Do you agree to participate?**

- Yes
- No

**Do you approve the recording of this KII/FGD, on the understanding that the recording will be destroyed as soon as data have been extracted for analysis?**

- Yes
- No

**Interviewer's confirmation**

I have explained to the participant/s about the purpose of this consultancy and received oral consent for participation.

**Objective:**

To identify national priorities from representatives of key populations and CSOs in implementing countries (Egypt, Jordan, Lebanon, Morocco and Tunisia).

The online consultation will focus on the two priorities identified in the RFP:

- Sustainable financing for HIV programs for KPs
- Support implementation of sustainable and effective HIV prevention and testing programs for KPs.

**Context presentation:**

The MC MENA grant

National Aids strategy (outcomes related to sustainability and advocacy)

National grants proposals (activities related to sustainability and advocacy)

HIV epidemic data from UNAIDS and WHO recommendations for testing, prevention and treatment

**Guiding Questions:**

1. What are the current funding sources for HIV programs targeting KPs in your country?
2. What is missing in the national grant to achieve national goals when it comes to sustainable financing and effective implementation of services for KP?
3. What are major challenges in sustaining funding for HIV programs targeting KPs?
4. Are there any opportunities to ensure long-term sustainability? (government support, partnerships, GF grants, innovative funding mechanisms, private donors, private sector)

**We all know the challenges that KPs face in countries of the region that hinder them from accessing HIV prevention and testing services. These include cost and geographic barriers, stigma, discrimination, and criminalization.**

5. What interventions can help enhance effectiveness and reach of HIV prevention and testing services? What are advocacy and capacity building activities are needed to complement and enhance the existing services? [Probes: how can we complement or link to existing national grants]
6. What is missing from national responses to align with current standards as set by WHO, UNAIDS, and global best practices?
7. What were lessons learnt and good practices from the implementation of the MC MENA 2 grant? [If participants are not current SRs, we can ask them about other good practices related to advocacy, capacity building, and sustainable financing]
8. What according to you are the priority recommendations (related to capacity building, advocacy, and sustainable financing) to include in this grant?



## 5.2. Annex 2: KII and FGD details

Key Informant Interviews			
Name	Organization	Country	Position
Dr. Muhammad Shahid Jamil	WHO – EMRO regional office	Regional EMRO	Technical officer (HIV & Hepatitis)
Dr. Ahmed Sabry	WHO – EMRO regional office	Regional EMRO	Technical Officer HAS/DCD
Dr. Samir Howlader	IOM	Jordan and Lebanon	Interim Coordinator – PR MER grant
Ms. Farah Jradi	IOM	Lebanon focus	CSO support lead for MER grant
Mr. Abdelrazek Abuelela	UNDP - PR	Egypt	Program coordinator – PMU
Dr. Walid Kamal	UNAIDS Country office	Egypt	Country Director
Dr. Bassel Abu Hdieb	National AIDS Program	Jordan	Manager
Dr. Hiam Yaacoub	National AIDS/National TB Program	Lebanon	Manager
Mohamed Chakroun	CCM-Tunisia	Tunisia	President
Hosni Mouelhi	UNDP-PR	Tunisia	GF-PMU
Lassaad Soua	UNAIDS	Tunisia	Country Director
Samir Mokrani	NAP	Tunisia	Manager
Amira Derbali	ASF	Tunisia	Program manager
Boutheina Mahdi	GF-PMU	Morocco	Manager
Ibtissam Khoudri	NAP	Morocco	Manager
Houssine Rhilani	UNAIDS	Morocco	Country Director
Dr Ben Sehli Mohamed	CCM-Maroc	Morocco	Vice-President
Cecile Kazatchki	Technical Assistance	Tunisia	HIV legal network
Amelie Joubert Mari Jn Baptiste Emanuel Olatunji Sara Benavent	GF	Morocco, Tunisia, MER	Country teams

Focus Group Discussions			
Country	Organizations represented	Date	Number of participants
<b>Regional Organizations and networks</b>	MENAHRA MENA Rosa Coalition Plus RANAA ITPC MENA MENANPUD	January 17, 2025	8
<b>Egypt</b>	Caritas El Shehab Befrienders Sehaty Freedom Friends Safe Circle Al Dahriya	January 20, 2025	10
<b>Jordan</b>	FOCCEC Pulse Qudurat	January 21, 2025	7
<b>Lebanon</b>	SIDC Skoun Oui Pour La Vie Vivre Positif LebMASH Dar Al Amal AJEM	January 22, 2025	9
<b>Morocco</b>	ALCS CCM (PLHIV and KP rep) Association Sud contre le Sida	January 21, 2025	11

	RDR-Nador ITPC-MENA AHSUD Solidarité et Développement AMSED		
Tunisia	ATSR ATL MST Sida-Tunis Damj	January 20, 2025	5