



**Regional Platform
MENA**

Regional Civil Society & Community
Support, Coordination & Communication Platform



ITPC
INTERNATIONAL TREATMENT
PREPAREDNESS COALITION
MENA

نوارا Nawara
Women's Network for the Middle East & North Africa
شبكة نساء نوارا للشرق الأوسط والمغرب العربي



Making International Mechanisms Work for MENA Communities

**Regional meeting for the GF Platform for the MENA
Region and Nawara Women's Network consultation**

In collaboration with UNDP

Marrakech, Morocco, 11-14 November 2019

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Acronyms

ANPUD	Asian Network of People who Use Drugs
ART	anti-retroviral therapy
CCM	country coordinating mechanism
CEDAW	Convention to End All Forms of Discrimination Against Women
COE	challenging operating environments
CRG	Global Fund's Community, Rights, and Gender Technical Assistance Programme
CRG SI	CRG Strategic Initiative
CSO	community-based organization
CSO	civil society organization
GAM	Global Aids Monitoring
GBV	gender-based violence
GF	The Global Fund to Fight HIV/Aids, Tuberculosis and Malaria
INPUD	International Network of People who Use Drugs
ITPC	International Treatment Preparedness Coalition
KP	key populations in the fight against HIV, usually sex workers, men who have sex with men, transgender people, and people who inject drugs
LMIC	lower-middle-income country
LNOB	leave no one behind, a key principle of the SDGs
MENA	Middle East and North Africa
MOH	Ministry of Health
NGO	non-governmental organization
PR	primary recipient of a Global Fund grant
PWID	people who inject drugs
PWUD	people who use drugs
SDGs	Sustainable Development Goals, the current international development plan
SR	sub-recipient of a Global Fund grant
TA	technical assistance
TB	tuberculosis
TRIPS	Agreement on Trade-Related Aspects of Intellectual Property Rights
TSM	technical support mechanism
TSP	technical support plan
UNDP	United Nations Development Programme
UNAIDS	Joint United Nations Programme on HIV/Aids
UPR	Universal Periodic Review of human rights
W4GF	Women 4 Global Fund

Overview and objectives

In 2019, the Global Fund-supported MENA Platform, hosted by ITPC, chose to honor women and so held its meeting jointly with the emergent Nawara Women's Network, with support from UNDP. Nawara is the first general feminist network to arise in the MENA region, with a broad mission, rather than focusing on a specific group such as PLWHA. The meeting was held in Marrakesh, Morocco, 11-14 November 2019. This historic meeting covered a broad agenda highlighting women's issues and funding for women, Global Fund transition, international mechanisms and their uses, and culminated in the decision to work together to document the economic impact of discrimination against women in the MENA Region.

Participants came from Algeria, Egypt, Jordan, Lebanon, Mauritania, Morocco, Somalia, Sudan, Tunisia, and Yemen. Ilya Bakharev of the GF explained that MENA is a large and diverse region, and this was the first time that he had seen representatives from Mauritania and Somalia in the same room. CCMs were represented from Algeria, Morocco, and Tunisia, alongside a representative of the informal CCM of Somalia.

All participants were engaged every day and no one left early, despite the long days and intense content. Remote participants presented information about work in Afghanistan, Pakistan, and the Women 4 Global Fund network. UNDP, UNAIDS, and the Global Fund actively participated with presentations and roundtables. International NGOs Expertise France and Frontline Aids brought invaluable technical support and technical assistance experience. Amal ElKarouaoui, ITPC MENA Platform coordinator, and consultant Melissa Ditmore co-facilitated the meeting. Salma Ahmed assisted with meeting preparation and was a great resource person during the meeting. Wonderful notes taken by Aissam Hajji of ITPC and Ibtissem Hajji of ANISS, Algeria were invaluable in producing this report. Melissa Ditmore wrote this report.

Objectives identified before the meeting included:

1. Bring key actors together to set common regional programmatic and research priorities on gender equality, GBV and women and girls' empowerment, and identify ways of integrating these priorities in programs and processes, including Global Fund-related programs and processes such as NSP reviews and in the funding requests for the 2020-2022 cycle and including issues specific to women in all their diversity.
2. To discuss different strategies for networking as well as to identify modality to continue exchange of experiences at the regional level, including with other regional networks.
3. Identify needs and opportunities for short-term technical assistance as well as long-term capacity strengthening for communities of vulnerable women and girls in the region to be able to effectively engage, including Global Fund-related processes, such as through synergies with Component 1 and 2 of the CRG SI as well as other Global Fund-related community support initiatives, and other international development initiatives such as those addressing GBV through international mechanisms including CEDAW and the SDGs.
4. Develop regional as well as country-specific community capacity strengthening agendas, to ensure the sustainability of community-led initiatives including service delivery, as well as community-based monitoring initiatives, for example, in the context of anticipated Global Fund transitions in the MENA region.

At the conclusion of the learning and sharing forum, participants gained:

1. An overview of the different regional civil society-led networks and initiatives in the MENA Region, including their current key interventions, current and emerging issues, lessons learnt and potential ways forward at the country and regional levels, and an overview of relevant international networks;
2. A mechanism for coordination of Nawara Women's Network and networking between the different CSO networks and initiatives;
3. A regional workplan that includes common thematic areas to address gender-based violence, the nexus between violence and other issues including health, sexual and reproductive health and rights, HIV, mobility, and development, and a clear intention to engage in resource mobilization (including the Global Fund's Community, Rights, and Gender Technical Assistance Programme);
4. A zero draft of a technical assistance request for the Global Fund's CRG TA program, or other Global Fund-related TA providers such as the UNAIDS TSM or the French 5% Initiative.

Additionally, it is expected that the learning and sharing forum will lead to

1. At least five submission-ready requests for technical assistance through the CRG-SI.
2. A regional-level community-working group on transition and sustainability, with particular attention to women and girls in all their diversity.

In-depth attention was paid to the GF and its MENA region work, with specific emphasis on women in all their diversity. Other topics addressed and summarized below include working together in networks, efforts to address Tuberculosis, reports presenting information about gender in the MENA region, and reducing the cost of medicines.

Opening

Dr. El Fatih Abdelraheem of UNDP gave the opening address of the conference, opening with the upsetting news that the MENA Region is not on track to meet the Sustainable Development Goals (SDGs) or UNAIDS 90-90-90 targets.¹ He emphasized the importance of leaving no one behind, a key pillar of the SDGs, and said that, "We cannot succeed if 50% of the population is marginalized." The SDGs are unattainable without women.

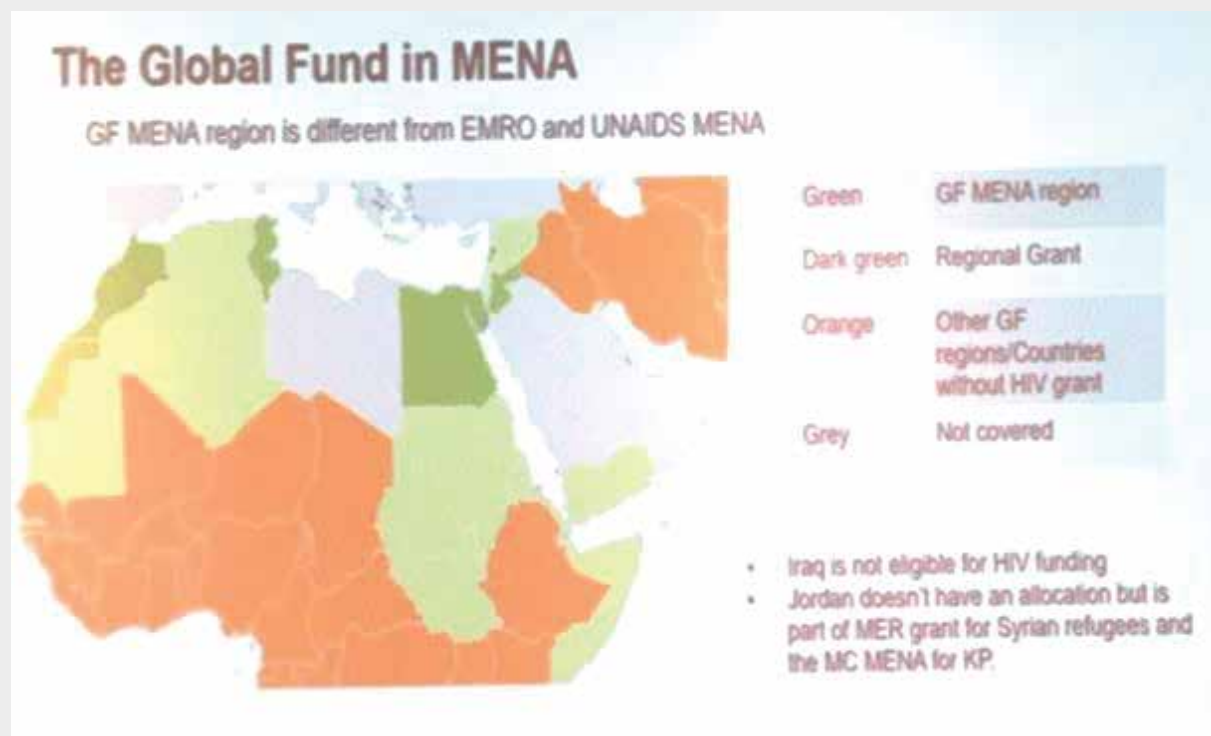
Dr. El Fatih asked participants to introduce themselves and tell the group their expectations during the opening session. The most common responses included sharing experiences of women's and gender issues, and connecting with regional networks including Nawara. Other responses included knowing more about GF processes including transition and sharing information about other funders, understanding international mechanisms, sharing CSO experiences, and understanding regional dynamics and how to create synergies within these dynamics. (See Appendix 3 for a list of responses.)

Alim El Gaddari, representing International Treatment Preparedness Coalition (ITPC) followed Dr. El Fatih. He expressed that "Your presence illustrates your commitment to end the epidemics of HIV and TB and to support communities, especially vulnerable women and girls. Unfortunately our region is still stuck with low levels of access to treatment and levels of care. In particular of the context of GF transition, we believe ITPC can play an important role, but we know that the communities are key players in meeting this challenge. The GF is not only

¹ 90-90-90 refers to the UNAIDS Fast Track Strategy, with targets of 90 percent of people knowing their HIV status, and 90 percent of PLWHA being on treatment, and 90 percent of people on treatment having suppressed viral loads by 2020. Meeting 90-90-90 would mean that 72 percent of PLWHA would not be able to transmit the virus. For more information about the strategy, see <https://www.unaids.org/en/resources/909090>

a donor but a model to be emulated for its inclusion of all communities including key populations.” He concluded his remarks by reminding participants to “Take this opportunity to meet new people and form new networks. It’s a pleasure to see the strength of the people, especially the women here in this room.” El Gaddari also acknowledged visa issues that prevented five invitees from attending the meeting.

The Global Fund in the MENA Region



The MENA region has low HIV prevalence generally but concentrated epidemics are emerging among key populations. Tuberculosis is also a problem. For these reasons, the Global Fund to End HIV/Aids, Tuberculosis and Malaria (Global Fund or GF) is active in the MENA region. Information about the work of the GF in the MENA region was shared by multiple representatives of the Global Fund, including Uliane Apollinario and Ilya Bakharev from the Geneva headquarters, as well as Dr. Kamal Alami of UNAIDS Morocco and Intissar Belhadj of Expertise France and Amal El Karouaoui, coordinator of the ITPC MENA Platform. Their presentations included an overview of GF investments in MENA, the experiences of countries with GF transition (when the Fund stops working a country) and how to prepare for transition, and how to request technical assistance from the GF Community, Rights and Gender initiative.

- + The GF grant supports work in countries includes Algeria, Djibouti, Eritrea, Mauritania, South Sudan, Sudan, Syria, and Yemen.
- + Egypt, Jordan, Lebanon, Morocco, and Tunisia share a regional grant.
- + Jordan does not have a special allocation but there is funding for HIV and TB for Syrian refugees in Jordan.
- + Libya is not eligible but there is a big tuberculosis (TB) problem.
- + High-income Persian Gulf countries are not covered.

GF MENA region achievements include:

- + 500,000 people on ART

- + US\$753M in HIV grants since 2003
- + Current 2017-2019 allocation US\$117M in HIV grants
- + US\$70M disbursed within the current allocation

Funding for the next three years has been secured and country allocation is in progress. Eligibility for GF programming is determined by a combination of income level and disease burden. For this reason, high-income countries rarely receive funds unless they bear an exceptionally high burden of disease. To be eligible does not mean that a country will receive funds. Allocations should be published before the end of 2019. Requirements to receive funds include national government co-financing of 15%; this amount can be increased.

Morocco is a good example of a GF recipient working with national government co-financing requirements. Morocco was the first country to receive GF funds, and the first to offer OST in region. There are currently 81,000 people on ART in Morocco, where the Primary Recipient (PR) is the Ministry of Health (MOH). The government co-financing is 15%. Morocco has a transition workplan (for when the GF stops working in Morocco) despite being a lower-middle-income country (LMIC) with high disease burden.

Ilya Bakharev explained that funding is adequate and available through the GF 5% and linkages through USAID, and that the money needs to be spent well. However, there are obstacles to spending the money well. For example, one difficulty is reaching civil society and funding civil society organizations (CSOs). In many cases, money does not reach the key populations (KPs) and these are the people most at risk. Bakharev explained that the GF works through country coordinating mechanisms (CCM) but many governments in Middle East and North Africa (MENA) region control the non-governmental organizations (NGOs) in the CCM; many governments are uninterested in working with civil society (CS). Egypt was an example of a government uninterested in working with CS, and CS was suppressed at the CCM level, so the GF went directly to CS. This model directly funding NGOs may work in other countries.

Countries with challenging operating environments (COE) such as conflict or chronic instability can be offered flexibilities including not requiring a CCM or co-financing, and extended deadlines for reporting. Mauritania, Palestine, Somalia, South Sudan, Syria, and Yemen currently have COE status.

GF Transition

Transition is the term used to describe the process of the GF leaving a country, when the government is expected to fund HIV prevention, care, treatment and support. Presentations of first-hand case examples of transition in Algeria and Morocco were particularly helpful for participants from other countries to understand the process. Group exercises included rapid analysis for transition in participants' countries. Setting priorities in these exercises demonstrated the difficult choices and the need for better information across the region, as countries move out of eligibility during GF transition. Countries in transition are expected to increase their national investments funding HIV programs. In many transitioning countries, GF funds focus on programming for KPs.

Algeria is fully in transition, and during its first phase of transition faced a 'treatment cliff' in which many people were unable to access ART for months at a time. The GF returned to Algeria and for its most recent HIV grant, 66,000 people are receiving ART, and the government works with CS and KPs, including the production of strategic info for KPs.

Morocco is preparing for transition and increasing its national investment in HIV programming. However, for now, Morocco receives GF grants.

Tunisia has over 7000 people on ART, and is the only country in the MENA region with \$1M in matching funds for KP – yet to be agreed but expected by end of 2019. Interventions include mental health services and human and gender rights approaches. Tunisia is in transition.

Egypt remains eligible for GF funds, but has received only \$2M in the most recent allocation. This has had ramifications for services in a country with 23,000 PLWHA on ART. The PR is UNDP, and SRs include Al Shihab, Minya (Friends), and El Dahrya (in Alexandria.) There is a need to increase government investment. GF grants focus on KP services.

Low-income countries such as Somalia and South Sudan need to strengthen their health systems and increase absorption of key program costs. These countries have a long time before transition

In multiple countries in the MENA region, refugees present an additional disease burden. Services for refugees can be supported through a national grant (rather than a multi-country grant) or emergency fund.

Social contracting



Dr. El Fatih of UNDP explained that social contracting is effectively the outsourcing of specific services to NGOs. Social contracting was also mentioned by Dr. Kamal Alamy of UNAIDS Morocco because while some services might normally be provided by governments, in order to reach specific groups including KPs, who might not seek government-provided services for reasons related to legal context and stigma and discrimination. For example, services for men who have sex with men (MSM) might be provided by friendly providers through an NGO rather than at government clinics, where seeking treatment for STIs could lead to stigmatization and discrimination within the services and sometimes beyond services. A participant from Palestine emphasized that gender and rights mainstreaming in GF contracts needs to include sexual and reproductive health and rights (SRHR) in order to be effective. SRHR is another example of services that can be better provided and with better reach to vulnerable people and members of KPs than by governments. In some cases, social contracting may be more effective for reaching women in general as well as women among KPs.

Considering the importance of reaching KPs and specific groups facing stigma and discrimination, NGOs have a strong role to play in the context of transition. Governments may not be capable of effectively reaching KPs, and NGOs can often reach more people among KPs more economically than government services can. It remains important to advocate for social contracting of specific services, especially for KPs, in the MENA region. Recommendations for social contracting include:

- + Raise awareness of the crucial role of civil society
- + Know and use budgets
- + Know the terrain before making decisions
- + Know the costs
- + Prepare for the future
- + Learn from what is already taking place

Questions to consider include what are the key enabling factors for the smooth transition process of HIV, TB and malaria responses?

- + Political commitment?
- + Legal, regulatory and policy environment?
- + Implementation and practice?
- + Financial resources?
- + Monitoring and Evaluation?

Accessing technical assistance



The excellent MENA Global Fund Transition Guide was presented by Amal El Karouaoui, coordinator of the ITPC MENA Platform. The guide is available in French and is being translated into Arabic. The guide covers the transition process for GF recipient countries with examples from the MENA region, including accessing technical assistance. The Global Fund offers technical assistance (TA) through its Community, Rights and Gender Strategic Initiative (CRG SI). The GF also supports TA delivered by Expertise France's Initiative 5%. An application process is necessary to access TA from both sources. The forms to apply for TA were shared with participants and used during exercises, so that participants had a zero draft of an application at the end of the workshop, as well as instructions to follow up with the ITPC MENA Platform.

Some of the most important information shared about accessing TA was that applications do not need to be in GF recipient countries. Countries that were most active requesting TA through Expertise France were Mauritania and Morocco, and there was only one application from Lebanon. 59 of 85 requests received were eligible. 12% of missions undertaken by Initiative 5% are in MENA and focus mainly on CCM followed by finance requests. They work more on HIV than TB or malaria, and frequently work on governance related issues with regard to TA. They also fund projects, most of which are multi-country projects focused on HIV, lead by large international NGOs with a regional network, like the five-country regional grant described below. Intissar Belhadj of Initiative 5% credited the ITPC MENA Platform for the increase in requests from the MENA region, and said that they are ready for still more. Regarding multi-country programmatic grants, Expertise France acts

as a donor rather than offering TA. They work with Coalition Plus (an NGO offering TA and capacity building) and with Solidarité Sida. They have funded capacity building grants in Mauritania and Egypt, including documenting obstacles to access to services. In the future, they may fund a regional observatory documenting access to treatment (and obstacles).

Five-country regional grant



Frontline Aids is the Primary Recipient (PR) of a five-country GF grant, primarily for work with KPs in Egypt, Jordan, Lebanon, Morocco, and Tunisia. This grant is distinct from the multi-country MENA grant², and there is no overlap. The grant is administered through an office in Lebanon and the grant manager is Moroccan. The purpose of this five-country grant is working to reduce structural barriers to services including stigma and discriminatory laws. The grant includes a TA component for CS. The theory of change is to include programs to reduce barriers, increasing social mobilization, alongside more national health strategies addressing HIV, and treatment care and support, and better M&E –via mechanisms like evidence for services strengthened. For outcomes, the PR and donor want to see more innovation and new CSOs registered, with social contracting grants. They have had difficulty finding MENA region experts from and in the region, and this has led to delays in implementation. The difficulty finding regional experts highlights the importance of the mapping of experts in the region (see Appendix 4) on the last day of the workshop. Another obstacle to implementation was that some grant subrecipients (SRs) lost interest in the grant over time.

Women's and gender issues in the MENA Region

A roundtable about issues women face in the MENA region offered examples from Lebanon, Sudan and Yemen, with input from participants. Issues identified and examples shared included

- + Beliefs and systems that undervalue women and girls (aka patriarchy) such as
 - o Naming and acknowledging children as citizens based exclusively on paternal lines and recognition

² The multi-country grant is US\$36M and includes Yemen.

- Restrictions upon women’s travel unaccompanied by male relatives
- Restrictions on women’s interactions with men unrelated to them
- Restrictions on women’s access to services including health and financial services
- Representation in public life
- Differences in women’s inheritance
- + Gender-based violence (GBV)
- + Access to medicines
- + Access to treatment, care and support
- + Access to sexual and reproductive health and rights

Additionally, inconsistent and ambiguous law, including both national and religious strictures, and enforcement presented problems for women. One particularly egregious example included the arrest of Winnie Omar, feminist activist in Sudan, for ‘walking weirdly’, using an ambiguous law and police discretion to harass this well-known activist. (Omar has since escaped the country to pursue a post-graduate degree in the United Kingdom.) Workshop participants explained that the rule or law about ‘inciting debauchery’ was enforced along gender lines and additionally used, as in this example, to target specific women for their activities, typically unrelated to the charges.

The issues identified demonstrate both the inspiration and need for Nawara Women’s Network and advocacy to promote the interests of women. These issues were further highlighted in reports presented about gender in the MENA region and the GF report on investing in women and girls. These reports are discussed below.



Reports

UNDP-MENA report: Gender Justice and the Law

UNDP-MENA representative Dr. El Fatih Abdelraheem presented the rich report “Gender Justice and the Law.” Dr. El Fatih acknowledged that men are born into impunity while women are marginalized and discriminated against. He explained how some cultural practices in parts of the MENA region such as female genital mutilation and honor killings highlight women’s vulnerability, and that violence against women is high across the region. This report includes examples from the criminal code, family law and special laws like tribal law to provide an overview of the ways the legal codes in MENA countries restrict women, not only regarding access to health, but also aspects such as inheritance and access to financial institutions.

Dr. El Fatih emphasized that it is necessary to close the gap between international law (e.g. international instruments) and law in the MENA region. To do this, it will be necessary to get everyone involved, not only courts and attorneys, but people, civil society, NGOs, and more.

Investing in the Future: Women and Girls in All their Diversity



Uliane Apollinario from the Global Fund presented “Investing in the Future: Women and Girls in All their Diversity.” One of the key findings presented was that while more PLWHA are men than women, women in all their diversity face more obstacles to receiving care, treatment and support including for HIV/Aids. These obstacles are manifestations of gender-based discrimination – such as the forms of discrimination described in the UNDP report “Gender Justice and the Law” – that have real-life consequences.

MENA a region in which HIV and Aids deaths are rising, with concentrated epidemics via transmission through sex, some injecting –

- + 13% SW and clients
- + 38 PWID not disaggregated by gender
- + 17% MSM
- + 30% clients of SWs
- + 2% other general pop

GF strategy first included Gender Equality and Human Rights as a pillar in 2017-2022. This increased attention to gender equality and human rights in GF programming means to

- + Scale up programming for women and girls
- + Reduce health inequities in gender and age
- + Reduce human rights barriers
- + Support engagement of key populations
- + Strengthen systems (disaggregation and using community data)

Gender equality and human rights are a key aspect of transition strategy.

Violence against women in the MENA region

Findings from research project about violence against women in the MENA region were shared by Frontline Aids. This qualitative research project shared information from over 250 interviews with women PLWHA across 5 MENA countries about the violence they experienced in their lives, and the relationship between gender-based violence (GBV) and HIV. In the words of one interviewee, ‘without violence in my life, I would not have HIV.’ HIV was described as both a factor in HIV transmission to victims of violence and a cause of more violence

related to stigma and discrimination against PLWHA. The relationship between VAW and HIV was understood but this report crystallized the violent experiences of women PLWHA in the MENA region.

Where is the money for women's rights?

A short list of some donors investing in women in the MENA region included:

GFATM

Robert Carr Networks Fund (no new primary recipients this cycle, has included MENA Rosa)

UN Trust Fund against VAW (has funded Al Shihab in Egypt)

Some extraregional governments: France, Sweden, Canada, possibly USA

What national funding can participants access?

What is the cost of discrimination and violence against women?

A common theme throughout the workshop, including in the reports, was that women are held back by gender-based discrimination and certain customs prevalent across the MENA region, some of which are reinforced in national legal codes and/or religious regulations and practice. Some participants described the ways that these restrictions affect not only women but, ultimately, the entire country. For example, consider the way discrimination against women inhibits economic productivity. Women, half the population, face restricted activity and access not only to health services and medicines, but also to education, financial services and financing, and other obstacles that affect women's ability, for example, to run a business or organization. The question is not whether such restrictions reduce economic activity across MENA, but by how much do such restrictions placed upon women reduce the GDP of countries in the MENA region? The question of what economic damage is wrought by discrimination against women bears further investigation. Some participants expressed understanding that economic measures may have greater impact in advocacy than arguments based upon human rights and women's rights. The financial cost of discrimination against women may be a theme of Nawara's work in 2020.

International mechanisms

International mechanisms and their use was a second focus of the meeting. Overviews of the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW), the Sustainable Development Goals (SDGs) and the principle of leaving no one behind (LNOB), Global Aids Monitoring (GAM), and Universal Periodic Review of human rights (UPR) were presented. Links between mechanisms and the ways human rights mechanisms reinforce each other were emphasized, with particular attention to CEDAW and the SDGs and the overlapping gender issues in CEDAW and the SDGs. Gender issues were emphasized both because of ITPC MENA's emphasis on women this year and as a critical component for Nawara's advocacy going forward.

The SDGs are important in part because of the principle to leave no one behind. Dr El Fatih explained five factors in who typically gets left behind:

Discrimination – biases based on an aspect of their identity (ascribed or assumed), including prominently gender as well as ethnicity, age, class, disability, sexual orientation, religion, nationality, indigenous, migratory status etc

Geography (isolation, infrastructure gaps including transportation and access to information)

Governance (inequitable representation, unjust laws, inability to meaningfully participate in decision-making)

Socio-economic status

Shocks and fragility (setbacks including climate change, natural disasters, health emergencies, economic downturns, etc.)

The SDGs were discussed in multiple sessions because there is goal 3 on health, with target 3.3 on ending the HIV/Aids, Tuberculosis and malaria epidemics. Presentations emphasized SDGs 3 and 5 as well as the overlap and ways human rights mechanisms reinforce each other. For example, participants expressed interest in the ways SDG 5 echoes and reinforces CEDAW. It is important to note that VAW is a form of discrimination in CEDAW and is a focus of SDG targets 5.1 (end discrimination against women) and 5.2 (eliminate violence against women and girls).



A discussion about the usefulness of international mechanisms focused on the fact that many MENA region countries have signed but not ratified various documents, or expressed reservations about particular articles of documents, especially CEDAW. These reservations were well presented in a chart shown by Dr. El Fatih, and this chart may offer a road map for advocacy by Nawara and other networks.



Participants from multiple countries described how they had or intend to use international mechanisms, specifically CEDAW. The participant from Palestine, journalist Maysoun Sayyed Qawasmi, explained how Palestine's signing CEDAW without reservations led to the harmonization process wherein national law was adapted to abide by these international standards. Almost immediately, the age of marriage was raised, thereby reducing the numbers of early and/or child marriages, a factor in girls' access to education, economic prospects, and age at first childbirth (a factor in maternal and child mortality). Participants from Sudan were frank about the recent revolution in their country presenting a welcome opportunity to encourage the new government to sign onto multiple international mechanisms including CEDAW.

Information about ways to use international human rights mechanisms will be useful beyond HIV and women; the strategies and tactics presented for their use can be adapted for many groups and situations. Exercises included identifying which international mechanisms may apply to a variety of issues common across the MENA region (and around the world), and exploring the steps to use international mechanisms, for example in shadow reports and encouraging governments to report on gender issues in SDG Voluntary National Reviews and Universal Periodic Review (UPR) on human rights. The participant from Mauritanie, Haoussa N'diayé, was encouraged to begin documenting human rights issues faced by women because Mauritania will have its UPR in November 2020, and this presents an opportunity to present gender issues to the government and later during the UPR process. N'diayé's interest demonstrates the usefulness of international mechanisms for members of both Nawara Women's Network and the MENA Platform.

Access to medicines

Reducing expenses in Medicines

Othman Mallouk, Director of ITPC MENA, spoke about access to medicines, including costs of medicines, and ways to use international agreements like TRIPS to enable wider access to medicines. Mallouk contrasted the price of medicines with the cost of medicines. For example, the cost to produce dolutegravir, an anti-retroviral medicine (ART), per kilo, is far lower than the price charged per dose or the price charged by the pharmaceutical company per PLWHA receiving ART. The disparity between the high price of medications and their much lower production costs demonstrated that greed is a factor in depriving PLWHA of essential medicines. This session had nearly immediate results with UNAIDS Morocco and ITPC discussing ways to work together to reduce the costs of medicines going forward.

Tuberculosis in MENA

Participants were fortunate to have Yassine Kaboussi and Laila Sabir present information about TB in the MENA region. TB is endemic but PLWHA are more likely to be seriously affected by TB. The presence of extrapulmonary TB in MENA was one topic of discussion, as well as stockouts and access to medicines. Extra pulmonary TB in Tunisia is 57%, and in Morocco it is over 40%. More about 80% of cattle are infected with TB across the Maghreb. We are only beginning not to know what is happening with regard to resistance, but the region is weak in research.

Boutaina Omari of the GF Morocco shared information about TB prevalence in Morocco:

- TB is endemic
- 31,000 cases
- 242 coinfecting with HIV
- TB is dispersed primarily in big cities

In contrast, in Lebanon, TB is seen among Syrian refugees rather than the general population, in line with Dr. El Fatih's explanation that people get left behind in shock and crisis situations.

Dr. Kaboussi explained that TB activity and efficacy is stagnating, and that there is less funding for TB, saying, "No country in the region will likely have a TB fund in the next round. In response, we worked with NGOs all small NGOs – there was no program and no capacity to influence so we pushed for an evaluation. The National Aids Program resisted a program assessment."

After the 2018 meeting on TB, a mapping of TB experts was undertaken, all of whom were from Tunisia; now there is an additional expert from Lebanon. These are the participants in TB MENA, a network of volunteers with TB expertise who can help prep your advocacy documents. TB MENA made a series of infographics and videos of patient stories from the field with a voiceover from their country. These graphics and videos are available for use elsewhere, and the voiceover can be done with local speakers. TB MENA would like to do capacity building for communications. It was pointed out that this network of experts should be known better among donors, for example, Initiative 5% is interested in working on TB, including project financing.

Dr. Layla Sabir explained that NGOs have a major role to play a major role in national program to fight TB – working as partners of the national program. This resembles social contracting. SOS TB was created in 1996 and its activities include

- Awareness raising focused on target populations including:
- prisoners,
 - PLWHA,
 - people in contact with TB patients,
 - people on dialysis and with diabetes, and

- migrants

Awareness raising at the mosque during Ramadan, at many meetings, and in schools for the teachers, and through an annual fair

Advocacy and testing, including in prisons and working with NGOs that work with migrants

Training activities including continuing medical education on TB testing

Incorporating gender training and facilitating workshops with GF support on human rights approach, for example, TB patients have the right to education and treatment

Inviting HIV NGOs to work on TB to address TB coinfection as the prime killer of PLWHA

While there is not a large burden of resistance but we have a program to end multiple drug resistant TB

Dr. Layla Sabir of SOS TB in Morocco asked ITPC MENA's Alim El Gaddari about second line treatment for TB. She particularly wanted to know, in the context of transition, how will ITPC intervene to expand access especially with new treatments. Dr. Sabir was eager to discuss how can SOS TB contribute and collaborate between ITPC, the Ministry of Health, and provider countries. El Gaddari emphasized the important role played by ITPC staff members Aissam Hajji and Marwa El Harrar, both of whom are dedicated to working with UNITAID's 3-year price-reduction program.

Presentations by country

Participants offered information about their activities in their countries and the contexts they work in. Remote presenters in Pakistan and Afghanistan were offered more time as this was their only opportunity to participate.



Have only positive expectation (HOPE), Pakistan

Yasir Ali Khan and his colleague Amal presented by skype. HOPE is a registered NGO in Lahore working on sexual orientation and gender identity (SOGI), through support groups and movement building. The local background is challenging, because of a hostile context, including a traditional approach to drug use, and many government restrictions. There are few resources and little data.

Many members of the LGBTIQ community face discrimination and stigma and this hostile context results in mental health issues. In this context, many LGBTIQ people self-medicate with drugs, and there is growing use of crystal meth & chemsex (the use of synthetic chemicals during sexual activity or to facilitate sexual activity and abandon.) Needle sharing is an issue in chemsex.

HOPE is survivor-led and offers

Psychological support

Referrals

Legal aid referrals to lawyers

Advocacy through documentation of rights violations

Discrimination at treatment centers is common, especially against LGBT people. HOPE offers:

Community friendly, free subsidized therapy

Changing attitudes of service providers

Support group for people who use drugs (PWUD) – safe space, community building, LGBT and substance conversation,

Using a holistic well-being approach

HOPE also has a shelter for 3-4 people for LGBT community and acknowledge their use of substances, without requiring that people give up substance use. This is a harm-reduction approach, rare in the context of isolation and discrimination. “We are not trying to punish them unlike other substance programs, we don’t shun them but work to improve their well being.” HOPE has big plans, including offering more support, assessment and research and advocacy, community outreach, therapy and referral, one window medical and legal assistance, and seed funding for CBOs.

Bridge, Afghanistan

Bridge is a KP-lead, registered NGO CSO promoting harm reduction for people who use and/or inject drugs (PWUD, PWID) in Afghanistan. Mohamad U Ata said that Bridge is a member of the networks of people who use drugs, including the International Network of People who use drugs (INPUD) and the Asian Network of People who Use Drugs (ANPUD), as well as participating with the European Network of People who Use Drugs, and Saida (an organization in Afghanistan). Bridge is part of a 3-year UNDP-funded GF microgrant project, with a small grant for harm reduction and salaries from UNDP.

Human rights violations are a big issue and demonstrate government problems in Afghanistan. Bridge has established its mission and vision. Bridge:

- promotes the health of KPs and PWUD in Afghanistan
- KPs are able to live healthy lives free from stigma and discrimination
- To deliver peer education and promote harm reduction in active drug scenes
- Including promoting awareness of blood-borne diseases
- Undertake human rights documentation

Gain trust of KP and present HIV response to GF system

Human Rights violations are enabled by low rates of literacy within the community, and a lack of knowledge of rights among PWUD and others. Bridge is not only for men but offers services for women and all PWID/PWUD. Bridge has a successful project for women specifically for sex workers who use drugs. Their initial target was to reach 1250 sex workers who use drugs, and

Bridge exceeded their target by over 300 people, having reached over 1575 sex workers who use drugs.

Bridge provided 1373 HIV tests for these women in the field and in the office.

- Some 259 women tested are PLWHA and some have syphilis, hepatitis B and HPV

Bridge's support for the human rights of PWID includes intervening in disputes with family, society, and the community.

- Bridge has engaged in conflict resolution in 21 disputes.
- 35 human rights violations were considered,

Bridge has promoted awareness of the SDGs since they were introduced and is currently raising awareness of World Aids Day for December 1

Bridge engages in capacity building not only for peers but also harm reduction practitioners, PLWHA and PWID

Bridge aims to advocate in schools because school children beat peer educators and PWUD.

In Afghanistan, there is little sensitivity to queer communities and PWUD. Stigma and discrimination have high costs for individuals and communities. For example, a peer educator working with Bridge was seriously ill, but no hospitals would operate on him because he was a PLWHA, and so this peer educator died without treatment.

The following presentations were made in person by workshop participants.

Egypt

Amina Agami, of My Health from My Environment, described CS achievements in Egypt. In 2016, Agami was part of the team that conducted mapping of FSWs in Cairo and Alexandria, including youth. Since then, the most exposed KPs have been sex workers, and there have been multiple instances of sex workers being denied services. These have been documented and taken to a local prosecutor initially on a case-by-case basis, but now they are working for paradigm change for PLWHA and KPs who have been denied services at government facilities.

There are economic empowerment programs. Economic empowerment is a need of many members of KPs. Agami explained, "When you talk about health and rights, needs are not only health. We need food and access to employment." Nutrition is a prerequisite for essential medicines to be effective. For these reasons, vocational training has been undertaken. While economic empowerment is also a protection from VAW, however, it has been acknowledged that traditional handicrafts have been hit hard by mass production in China. Other options suggested included phone repair. Another achievement regarding income generation is the establishment of a coffee shop in downtown Cairo dedicated to PLWHA to open soon, following a successful Iranian example.

There is an initiative for women and children PLWHA, including PMTCT. Treatment is provided but it is sometimes held up at the port or the order has been placed late, and so stockouts happen. There are many challenges. The issue of unplanned pregnancy is also important. There are partnerships with hospitals, but there is VAW in hospitals and services, and so they provide legal assistance and work to get access to medicines. They have a hotline, and offer limited financial support for women PLWHA. They also work with traumatized children who have lost parents, to get them into school. However, at school, they are stigmatized for being PLWHA. For these reasons, they want to increase awareness and to confront children's issues in

families including PLWHA by training women how to explain PLWHA to their children. There are also issues related PWUD, and they try to refer people to friendly hospitals.

Bouthaina Association, Tunisia

Imen Masmoudi presenting and its work with high-risk women including SWs. Bouthaina Association was created in July 2018 to focus on social and economic issues and the health of women. Bouthaina Association has 53 members to date, with 3 in the secretariat, and the board has 6 women. Bouthaina Association works to raise female sex workers' awareness of

- different diseases and their prevention,
- human rights principles,
 - including shielding them from exploitation,
- Know Your Rights education, and
- advocating to change laws.

UNFPA supported a workshop to build members' capacity and explain the principle of volunteering to work with KPs. They work with unemployed youth. Bouthaina submitted a CRG TA request in August for situation analysis and, during the workshop, asked for additional TA with proposals and financial assistance and capacity building for its developing programs.

When asked about single mothers raising children and the issues they face in other countries related to paperwork and parents' especially father's names, for example school registration, we learned that in Tunisia, single mothers have the right to register children with only mother's name.

Sudan's women's organizations in the context of revolution



Sudan was well represented with two participating organizations, No to Violence Against Women and SEEMA Foundation. No to Violence Against Women is funded by activist feminists in Sudan, and addresses multiple

concerns including legal assistance, working with the cultural office and service packages. They work on advocacy to modify laws. Tahani Abbasi said, “We have two martyrs in our work who were pursued by authorities and victims of government violence. We offered legal assistance to women victims and we advocate on public opinion to raise awareness and create a friendly environment.” In 2014, they met with a European Union delegation in Khartoum, and organized a conf for peace, with local support. In January 2019 there was large march of women, and they continue to work for the Sudanese revolution.

Tahani Abbas added, “We work with migrants, inmates, refugees from South Sudan, and we have members who advocate in Sudan. We have 100 members, we have a board, and we work with local Sudanese partners and also with regional institutions.”

Nahed Gebrallah added that many workshop participants would be prosecuted in Sudan with charges about indecent dress for wearing trousers. Under this ambiguous law, people not in traditional clothing can be prosecuted, and determining what is indecent is up to the arresting officer. Furthermore, if a woman is in the street with a man, they can be arrested until they prove that they are related. There have been many cases like this. This is when the example of the famous activist being arrested was brought up. This is an oppressive law for women, that this law is used to intimidate women, and under which many women have been convicted. Gebrallah added, “It is an honor to work with Tahani’s association for women in all their diversity” and suggested searching SEEMA Association online for more information about Winnie Omar’s case. Abbas added that No to Violence Against Women has no headquarters, but has twitter, facebook, and phones in Khartoum, “We have a department of communications, although we are not registered.”

Salma Ahmed emphasized that the law is used to harass members of KPs including sex workers and MSM. She explained that law enforcement agencies and officers benefit from ambiguity in the law and use it as they choose to interpret the law.

Somalia’s informal CCM experience

Somalia is a challenging operating environment (COE) and, as such, Somalia is not required to have a CCM, but the GF coordinating mechanism is an informal CCM including government representatives, donors, civil society, and KPs. Yusuf Mohamad, a representative on the informal CCM in Somalia, explained that civil society participation and HIV are both low in Somalia. HIV prevalence is 0.03 per 1000 people down from 0.05, but there is a concentrated epidemic at 5% among female sex workers and 7% among TB patients, and that Somalia has a high burden of TB, at 6 per 1000. New TB cases are 8.7%, with 42% of new cases occurring among vulnerable people.

Somalia is deeply conservative and that this creates challenges for women and blocks discussion on sex work and affects attitudes to PLWHA. Somalia additionally has particular vulnerabilities for women, for example, 1 in 22 women are illiterate in Somalia, and almost 7.5% of women 15-34 are illiterate.

Somalia has signed the UN Convention on Human Rights but violations of the rights of PLWHA persist in legal and post-conflict situations as in Somalia. Stigma also remains is an obstacle to access to health care services and access to treatment. Stigma leads to delayed service seeking and also late service delivery. People undertake to travel long distances to seek treatment where they are not known in order to avoid stigmatization in their home communities. Access to information is also restricted by stigma and discrimination. Even in this challenging environment, three networks of PLWHA are active, one of which provides psychological support, another advocates for better policy, and one offers referrals to social services and nutrition.

Civil society activity in Mauritania

Haoussa N'diayé of the Women's Association in Mauritania said that for the past 5 years, after the departure of International Red Cross/Red Crescent, the recipient of GF grant, there was no action for PLWHA and "so we had act without other support." N'diayé found herself forced to establish an organization, Femmes pour Developpement Sanitaire (Women for Sanitary Development, acronym



FSD), founded in 2015, for PLWHA and sexual and reproductive health for adolescents. FSD works with two NGO partners on HIV, employing peer educators. N'diayé explained that "Surveillance follow up includes adherence for rural women, but self-stigma is an obstacle and they have obstacles in transportation – we have to go to them, we have to bring the tests." FSD uses rapid tests and refers people to services in addition to on-site counseling when they offer HIV testing. They also face difficult situations in which pregnant women have been abandoned by their husbands. They found a situation in which one husband had abandoned at least 4 wives, and they were able to access social support for one of the abandoned wives. Currently, they work without outside resources and identify issues through focus group discussions and more private conversations as with peer educators.

Networks: Harnessing the power of many

A network is a group of people or organizations working together. A network can be small, even just two people, but each network can grow. Networks can share information like the MENA Platform does, networks can share experiences, and networks can promote a shared agenda and members can support each other in their own local and national contexts. Networks present at the meeting included MENA Rosa, the only and very important network of MENA women PLWHA, the ITPC MENA Platform, and Nawara.

Networks grow in power with size, especially if the members of the networks work together and support each other. Networks can take on campaigns to promote our shared agenda, supporting each other, learning from each others' experiences. Networks are more powerful than any single individual or organization. Examples given within the workshop included

Brazilian CSOs working together across many issues to produce a civil society shadow report when their country gave a Voluntary National Review of progress toward the SDGs. Governments report on the SDGs, but sometimes they are not very inclusive of civil society. In Brazil, the government did not include civil society when it reported about the SDGs, and so civil society worked together to write their own report. The report included information from dozens of organizations on all the different issues in the SDGs, from health and gender to climate and the environment. They had to collaborate with people outside the areas they focus on and trust other organizations for their expertise. Then they presented their civil society shadow report to the United Nations.

a successful anti-violence program piloted by the Asia Pacific Network of Sex Workers (APNSW) first in Myanmar and then in five countries and finally rolled out in nine countries. There are sex worker networks in Southern and Eastern Africa and most other parts of the world.

Other key populations have networks, INPUD, MSM have strong networks in most of the richest countries and in Asia.

Women 4 Global Fund (W4GF) promoting the inclusion of women in all their diversity in all GF initiatives. The objectives of W4GF are:

- To ensure Global Fund policy, processes and investment support the achievement of gender equality and human rights at all levels, including through position papers and feedback.
- To support and strengthen strategy and engagement of women and gender equality advocates at national levels to influence the Global Fund at all levels, including through webinars and sharing information and resources.
- To ensure accountability and critique of Global Fund investments. Supporting women in implementing countries to influence national processes effectively by tracking Global Fund supported programmes and services to inform stronger programming for women and adolescent girls and young women, including through developing the Accountability Framework.

Sophie Dilmitis, W4GF coordinator, explained that W4GF has had some successes and still has work to do to ensure women's inclusion in the global response to HIV. W4GF is open to everyone, and has members around the world and in the MENA region. Nawara has become an active participant and benefitted from information shared by W4GF.

About Nawara Women's Network

This was the first consultation held by Nawara Women's Network. Nawara is an emerging network in the MENA region, with a focus on the full spectrum of issues facing women in all their diversity. Nawara was founded as an idea during a MENA consultation in Istanbul in 2017. The idea of the foundation Nawara (registered in Morocco) came from the collaboration between the Moroccan NGO and Al Shihab, an NGO working with sex workers in Egypt. The idea has grown more mature since its founding and meeting participants from Algeria, Egypt, Jordan, Mauretania, Morocco, Palestine, Sudan, and Yemen enthusiastically proclaimed their membership with Nawara. Nawara is open to all, and participates in W4GF webinars and other networks.

Nawara's mission is to serve individuals and families in communities in the most vulnerable situations. Our strength lies in our diversity, our resources, and our experience. We promote creative and innovative solutions and advocate for national and international responsibility.

We promote and facilitate sustainable change by:

- Strengthening self-help capacity
- Providing expertise by renowned professionals
- Providing economic opportunities
- Influencing policy decisions at all levels
- Addressing discrimination in all its forms

Inspired by a better world for everyone, we forge a path of excellence and compassion.

Nawara's slogan is: We deserve a better life.

Nawara's values are

- Gender equity – Women and girls in all their diversity deserve equal and equitable choices and representation
- Inclusion and diversity – Women across the MENA region are diverse, and Nawara welcomes everyone. Women on the margins of society are Nawara's community, not adjacent to community, and their voices are part of Nawara.
- Self-determination – Nawara understands that women in all their diversity should make their own decisions; we do not decide for them.
- Human rights – human rights is both a core value that guides our activities, and a legal framework and system of enforcement mechanisms.
- Anti-violence – Nawara envisions an end to violence and discrimination against women.
- Dignity – The dignity of women in all their diversity is reflected in Nawara Women's Network's values.

Nawara's objective is for Nawara to use its broad mission to work with other regional networks, inviting everyone to work together to achieve shared goals through collaboration and supporting other groups beyond each organization or network's specific mission.

Participants at this workshop described envisioning another sort of compelling evidence, first demonstrating what is happening in the region, followed by calculating the costs of rights abuses faced by women in the MENA region. It was explained by Dr. El Fatih that presenting economic modeling of the cost of GBV and VAW in MENA may lead to more political investment and action. These thoughts will influence Nawara's follow up for gender justice, including with other networks.

Mapping of regional experts

A mapping exercise identified experts and their fields in the MENA region. This resource list (see Appendix 4) will be particularly useful beyond this meeting, particularly when seeking input and expertise for programming and technical assistance. This mapping exercise is the foundation of an overview of the different regional civil society-led networks and initiatives in the MENA Region, including their current key interventions, current and emerging issues, lessons learnt and potential ways forward at the country and regional levels, and an overview of relevant international networks.

About the MENA Platform

The ITPC MENA Platform is an information-sharing resource for organizations addressing HIV in the MENA region. The MENA Regional Platform shares information with networks and continues to do this with Nawara and its member organizations.

The objective of the MENA Platform is to ensure the effective participation of civil society and communities in the development, implementation and monitoring of Global Fund programs at the regional level. In other words, the platform is intended to increase MENA country access to information on Global Fund processes and to improve the coordination of technical assistance. The MENA Platform has assisted multiple countries with applications for TA through the GF CRG and Expertise France's Initiative 5%, and representatives of both the GF and Initiative 5% attributed the increase in TA requests from the region to the Platform.



The MENA Platform has produced an excellent guide to transition in the MENA Region. All workshop participants came from ITPC MENA Platform countries and demonstrated both expertise and commitment to the issues.

MENA Platform community survey

The Platform surveyed participants in 2019, to gather information on the type of work members organizations do, to identify areas where they might need support, and what kind of technical support might be beneficial to these organizations in the context of the Global Fund.

This information will allow the platform to actively assist member organizations to access the technical assistance best suited to their needs, and provide members with the most relevant information, and to facilitate meetings and any other type of collective experiences that will help organizations be involved in Global Fund processes nationally, regionally and beyond.

The survey asked what kind of organizations participate, and most (over 50) were identified as non-profit organizations, and more than 20 identifying as activist or advocacy organizations, and just under 20 described themselves as community-based organizations.

When asked what populations they serve, nearly 80 replied that they work on HIV. Nearly 70 reported working with women and girls, and nearly 70 reported working with LGBT communities. Between 50 and 60 reported working with migrants. Transgender people and PWUD were also well represented, alongside prisoners. No one reported working with sex workers. TB and malaria were also included.

Most organizations reported being funded by international aid (57%) and 29% said that they receive private donations. 21% reported having no funding, and 21% reported having government funding.

Over 60 survey respondents reported knowing someone on their country's CCM.

When asked "What is your organization's relationship with the Global Fund ? " responses included

	%
No relation	28.57
Sub-Recipient or Sub-Sub-Recipient	21.43
Member of a national coordinating body ("CCM member")	21.43
I do not know	10.71
No formal relationship but engaged in Global Fund programs	10.71
Principal Recipient	3.57

The most relevant question for GF partnerships may have been, "The five categories of technical assistance offered by the Global Fund are as follows. Please read the descriptions and indicate what would be of interest to you and your organization."

61% reported that "Support for program design. This work aims to support communities, organizations and networks in the following activities: designing, planning and budgeting of programs or interventions to be included in the funding application with a particular focus on programs including community, community human rights, gender and key populations" would be important for them.

57% reported that "Situation analysis and needs assessment. This area of work aims to ensure that civil society, communities and key populations have access to the scientific data they need to ensure that funding requests to the Global Fund adequately reflect and respond to issues related to HIV / AIDS. community, rights and gender, and that their main purpose is to meet the needs of vulnerable populations" would be important for them.

50% reported that "Support for supervision and monitoring of grant implementation. For example: training and empowering communities, organizing the monitoring and oversight of Global Fund processes by communities and networks that act as "watchdogs" " would be useful to them.

43% reported that “Commitment to sustainable development and transition strategies. This includes technical support to help communities, organizations and networks to be engaged in transition readiness assessments, transition planning, development of a disease control strategy, and other activities related to no longer relying on Global Fund support” would be helpful to them.

32% reported that “Engagement in the national dialogue. This area of work aims to ensure that civil society, communities and key populations have the opportunity to engage effectively and meaningfully in national dialogue processes and advocate for responses based on the inclusion of gender mainstreaming, community, rights and taking into account all gender dimensions” would be helpful to them.

Honoring MENA heroines

The end of this particularly moving meeting culminated in the moving presentation of awards honoring the groundbreaking work of heroines in the field. These feminist leaders include Nawara co-founder Reda Chukri of Al Shihab, Egypt (accepted in Reda’s absence by Amina Agami), and Djalaila Batouche of Algeria, especially for their work with sex workers in their respective countries, and Nehad Gebralla of Sudan for her leadership and successes in the fight to end female genital mutilation, and Ahlem Azzi, PLWHA from Algeria, for her great and effective efforts for access to treatment in the MENA region, and Rasena Mohamed for her inclusive work with all women in Yemen.



Visa issues

Even as Morocco remains an easier country to enter than many other countries in the MENA region, five invitees who needed visas to enter Morocco were not able to attend because they were denied visas. These include people from Afghanistan, Egypt, Iran, and Pakistan. One invitee explained that having been denied a visa for Morocco three times, visa issues are important enough to consider other locations.

Appendix 1. Agenda

Day 1 – 11 November 2019			
Global Fund and Technical Assistance Providers			
Chairperson of the Day Dr. El Fatih Abdelraheem, UNDP			
Time	Session	Speakers	Facilitator
830-900	Registration	ITCP-MENA/regional Platform team	
900-930	Welcome + Introductions + Meeting Objectives	Dr. El Fatih Abdelraheem, UNDP Dr Kamal Alamy, UNAIDS Alim El Gaddari, ITPC-MENA	Alim El Gaddari ITPC-MENA Amal El Karouaoui MENA GF platform
930-1000	Overview of GF MENA Region 1. Country-level grants 2. MENA Multi-Country Grant 3. Q & A with participants	1. Ilya Bakharev, GF	Amal El Karouaoui
1000-1100	Aids Frontline Presentation and Roundtable on the Multi-country Grant	Katarzyna Lalak, Frontline Aids Ilya Bakharev, GF Dr. El Khammas, ALCS Alim El Gaddari, ITPC	Dr. El Fatih Abdelraheem, UNDP
1100-1115	Coffee break		
1115-1130	MENA Global Fund platform	Amal El Karouaoui	Melissa Hope Ditmore
1130-1230	Overview of the Community, Rights and Gender Strategic Initiative	Amal El Karouaoui	Melissa Hope Ditmore
1230-1330	Lunch Break		
1330-1430	CRG Country-level examples completed and in progress	Community participants (by country)	Amal El Karouaoui Melissa Hope Ditmore
1430-1530	Requesting Technical Assistance 1. Overview of TA opportunities, themes, providers (presentation) Roundtable with 2 case studies	1, 2. Intissar Belhadj, Expertise France 2. Dr. El Khammas, ALCS 2. Reda Choukri, Al Shihab	Amal El Karouaoui
1530- 1545	Coffee break		
1545-1730	Country group work: Requesting TA 1. CRG request (exercise) 2. Expertise France request (simulation) 3 Country presentation of TA request (4 minutes each)	1. Intissar Belhadj, Expertise France 2. Amal El Karouaoui 3. Community participants (by country)	Melissa Hope Ditmore Amal El Karouaoui Salma Ahmed
1700-1730	MENA Platform community survey	Aissam Hajji Amal El Karouaoui	Melissa Hope Ditmore
1730-1800	Closing Day 1	Dr. El Fatih Abdelraheem	Amal El Karouaoui

Day 2 – 12 November 2019

Promoting Women's Human Rights in the Contexts of Development and HIV

Chairperson of the day Uliane Appolinario, GF

Time	Session	Speakers	Facilitator
900-915	Welcome and Recap of Day 1, revisiting agenda of day 2	Uliane Appolinario, GF	Amal El Karouaoui
915-1000	Country group work: Requesting TA TA request exercise	Community participants (by country, 4 minutes each)	Melissa Hope Ditmore Amal El Karouaoui Salma Ahmed
1000-1030	Investing in the Future: Women and Girls in All their Diversity Linking women's human rights to regional efforts	Uliane Appolinario, GF	Amal El Karouaoui
1030-1100	The power of networks – and what Nawara can do for you	Melissa Hope Ditmore Sophie Dilmitis, W4GF	Amal El Karouaoui
1100-1115	Coffee break		
1115-1245	Regional information from UNDP's Gender Justice and the Law	Dr El Fatih Abdelraheem	Amal El Karouaoui
1245-1330	What issues affect women in our communities? Round table	Nahed Gabrelah, Sudan Rasena Ahmed, Yemen Nadia Nadran, Lebanon Amal El Karouaoui	Salma Ahmed Amal El Karouaoui
1330- 1430	Lunch break		
1430-1500	An introduction to international mechanisms What are the SDGs and LNOB? CEDAW? UPR?	Dr El Fatih Abdelraheem Melissa Hope Ditmore	Amal El Karouaoui
1500-1545	HIV and Women in the Sustainable Development Goals 1. Presentations 2. Roundtable	Uliane Appolinario, GF Melissa Hope Ditmore	Amal El Karouaoui
1545-1600	Coffee break		
1600-1630	Using CEDAW to support women's inclusion	Melissa Hope Ditmore	Amal El Karouaoui
1630-1715	TB Activities in MENA 1. Presentation 2. Case example	1, 2. Yassim Kaboussi, MENA Region Expert 2. Leila Sabir, SOS TB Morocco	Salma Ahmed Amal El Karouaoui
1715-1745	Tunisia strategic plan for HIV and Human Rights	Yassim Kaboussi, MENA Region Expert	
1745-1800	Closing Day 2	Atika Chajai	
2000- 2200	Group Dinner & Networking		

Day 3 – 13 November 2019

Transition & Sustainability

Chairperson of the Day Intissar Belhadj, Expertise France

Time	Session	Speakers	Facilitator
900-930	Welcome and Recap of Days 1 & 2, Revisiting agenda of day 3	Dr. Kamal Alami, UNAIDS Morocco	Melissa Hope Ditmore
930-1015	Transition case examples 1. Country case example presentation a. Algeria and b. Morocco 2. Roundtable: a. Planning for transition: Preparedness and resources b. Q & A with presenters	2. Dr. Kamal Alami, UNAIDS Morocco 1, 2. Boutaina Omari, GF Morocco 1, 2. Mr Othman Bourouba, CCM Algeria	Atika Chajai, Regional expert
1015-1100	GF Transition 1. GF STC Policy 2. Principles of transition 3. Country transition status updates NGOs social contracting	Dr. Kamal Alami, UNAIDS Morocco Dr El Fatih Abdelraheem	Amal El Karouaoui
1100- 1115	Coffee break		
1115-1215	How to reduce expenses in medicines?	Othman Mallouk, ITPC	
1215- 1315	Lunch break		
1315-1415	Small group work: Transition engagement analysis -Participants break out by country to conduct a rapid analysis of transition in their country and to identify priorities	Amal El Karouaoui	Melissa Hope Ditmore, Amal El Karouaoui, Salma Ahmed
1430- 1445	Coffee break		
1445- 1515	MENA Global Fund transition guide	Amal El Karouaoui	Melissa Hope Ditmore
1515-1600	Research findings on Violence against Women and Girls in MENA	Luisa Orza, Frontline Aids	Melissa Hope Ditmore
1600-1700	Strategies and tactics using international mechanisms to promote human rights - education, - documentation, and - campaigning	Melissa Hope Ditmore	Amal El Karouaoui
1700-1730	Closing	Amal El Karouaoui	

Day 4 – 14 November 2019

Partnerships for Next Steps Focusing on Women in the Contexts of HIV and Development

Time	Session	Speakers	Facilitator
900-930	Welcome and Recap of Days 1-3 Revisiting agenda of day 4	Yusuf Mohamed, Somalia informal CCM	
930-1030	Mapping out the experts in the MENA Region	Amal El Karouaoui	Melissa Hope Ditmore
1030-1045	Civil Society Case Examples – remote 1. Pakistan 2. Afghanistan	1. Yasir Ali Khan 2. Ata U Rahman	Melissa Hope Ditmore
1045-1145	Civil Society Case Examples 1. Egypt 2. Sudan 3. Somalia 4. Mauritanie 5. Tunisia	1. Amina Agami 2. Tahani Abbas 3. Yusuf Mohamad 4. Haoussa N'diayé 5. Imen Masmoudi	Amal El Karouaoui
1145-1200	Coffee break		
1215-1230	Where is the money for women's rights?	Melissa Hope Ditmore	Amal El Karouaoui
1230-1315	What can we do as Nawara Network? Working groups - Developing a work plan - Interventions at the nexus of GBV, HIV, and women's rights Coordination Tasks for each country including mapping of -Laws -Key NGOs -Innovative initiatives Implementing next steps -what each country will do next -timelines	Amal El Karouaoui Melissa Hope Ditmore	Amal El Karouaoui
1315-1330	Roles of the Platform -Supporting community engagement during the first three windows of funding request submissions for next year through networks	Amal El Karouaoui	Alim El Gaddari
1330-1345	Heroines in the field Recognition of achievements	Dr El Fatih Abdelraheem, UNDP Alim El Gaddari, ITPC	Amal El Karouaoui
1345-1400	Closing and goodbyes	Dr El Fatih Abdelraheem, UNDP Alim El Gaddari, ITPC	Amal El Karouaoui

Lunch – See you soon!

Appendix 2. List of participants

UN and Global Fund representatives

Dr ElFatih Abdelraheem, UNDP
Dr Kamal Alami, UNAIDS Morocco
Uliane Apollinario, GF CRG
Ilya Bakharev, GF
Boutaina Omari, GF Morocco

CCM representatives

Othman Bourouba, CCM Algeria
Yusuf Mohamed, Somalia
Slim Ben Naser, CCM Tunisia

Host organization representatives

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Appendix 3. Participant expectations

Nawara Women's Network and other regional networks

- Knowing more about Nawara
- Understanding more about Nawara and how can we use it
- Learning about Nawara and its action plan
- Knowing more about Nawara and how it will help to enhance the rights of women in the region.
- Connecting with regional and international networks

Experiences of women and gender issues

- Listening to the experiences and to know more about what others have done to alleviate the challenges that women face
- Knowing the challenges and barriers that prevent equality between genders in the MENA region
- What are the needs of the region with regards to gender issues ?
- Exchange experiences to have more efficiency with regards to gender issues in the context of HIV.
- Knowing how to mainstream HIV and women equality in programs
- Learning and sharing experiences to strengthen women networks
- How to use opportunities to change the situation in the MENA including promoting women's rights
- Coordinate with the different expertise on how to help women generally or living with HIV
- Making links with women-led CSOs
- To find common solutions to common problems related to exclusion, GBV etc.

International mechanisms

- Engaging with the international mechanisms as an organization that concerns women living with HIV and enhancing the support to women
- Knowing more about how to move forward using the international mechanisms to promote human rights for everybody including those with vulnerabilities, leaving no one behind

GF and other fund mobilization, and the effective use of funds

- See how to bring other countries to the multi-country grant
- Sharing experiences and how should the region do during the transition period of GF
- How to use available funds effectively
- Developing a support/funding request that reflects the needs of CSOs

CSO experiences

- + Explore future collaborations and how to support CSOs
- + Learning more about what community groups do

And

- + Understanding the regional dynamics and how to create synergies with that dynamic

