Family, the Millennium Development Goals and AIDS in the Middle East Region: Linkages, Challenges and Opportunities

SUMMARY


The aim of the Symposium was to address the complex linkages between the Arab families, the Millennium Development Goals (MDG’s) and the evolution of the AIDS epidemics in the Middle East countries.

The symposium was attended by nearly hundred participants coming from Middle East, Europe, North America and Africa in their quality of senior experts from governments of the region and senior experts from United Nations (UN) System, the League of Arab States, other partners Gulf Cooperation Council (GCC), IDB, IGAD, civil society and academicians.

The Symposium was organised in four thematic sessions. For each session, a senior technical representative introduced the topic with her/his keynote presentation. Four to six technical papers were then presented, bringing the required information for the discussions and the identification of the technical recommendations suitable for the region. The discussion, questions and exchanges were then moderated by the chair of the session.

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For each session, participants entered in deep level of technicality and social considerations, reflecting their interest in the topic and the strong knowledge they brought from their experience or from their country. At the end of each session, participants agreed on a brief set of recommendations issued from each thematic presentation. Those recommendations are presented in a specific section below. The overarching recommendation of the symposium is the recognition by participants, of the importance of the Political Declaration on HIV/AIDS adopted by the Member States during the United Nations General Assembly in June 2011 and the reaffirmation of their commitment to its achievement. The meeting concluded that families have a central role in protecting members against the worst outcomes of AIDS. They offer a dependable means of prevention education and the best opportunity to keep children in school, on track and to limit the risk of contracting the infection. Family plays a determinant role with people living with HIV. The support the Family offers improves adherence to treatment, provides sustaining care and offer the first line of defence against stigma and isolation. And in the largest sense, strong families contribute to community - and by extension national - stability.

RECOMMENDATIONS

The participants of the Symposium recognised the importance of the Political Declaration on HIV/AIDS adopted by the Member States during the United Nations General Assembly and reaffirm their commitment to its achievement.

In particular, the participants agreed on the following:

1. Advocate for an effective HIV response within and among countries for a concerted approach to address HIV risk and vulnerability within the context of mobility and migration;
2. Advocate for the integration of programmatic interventions focusing on mobile groups, migrants and the marginalised communities in National Strategic Plans on AIDS;
3. Support the development of strategies for implementing targeted responses at the level of the Red Sea ports that account for the dimensions of individual, social and economic vulnerability and marginalisation that mobile populations face;
4. Encourage countries to consider and implement comprehensive packages for health care including HIV/AIDS treatment, care and support for migrants, including, but not limited to, a “pay package” or other kind of contributions for health services, whether mandatory or voluntary;
5. Prioritise research into the changing dynamics of population movement in the region, including the expansion of transport corridors and increases in commercial traffic, and the impact that these changes will have on the HIV vulnerability of mobile people;
6. Acknowledge that increased attention should be placed on developing comprehensive mechanisms to address the economic needs of people living with HIV, in particular women, like microcredit loans and vocational training.

Family, HIV, Children and Young People

1. Reaffirmed the central role of the family in reducing vulnerability to HIV through, inter alia, educating and guiding children, as well as, ensuring safe and secure environments especially for young girls;
2. Emphasised on the importance of addressing the growing needs and expectations of children and young people through scaling up investments towards virtual elimination of Mother-To-Child-Transmission (MTCT) of HIV; as well as, equitable and comprehensive prevention programmes with focus on identifying and outreaching for most vulnerable and at-risk young people.
3. Encourage all MENA countries to commit towards the goal of virtual elimination of MTCT of HIV in
a systematic manner, including comprehensive assessment of current systems and services, target setting and prioritisation, capacity building, scaling up of PMTCT policies, programmes and services, and monitoring & evaluation of MTCT.

10. Commit to encouraging and supporting the active involvement and leadership of young people, including those living with HIV, in the response to the epidemic at the local, national, regional and global levels, and agree to work with these new leaders to help develop specific measures to engage young people about HIV, including in communities, families, schools, tertiary institutions, recreation centres and workplaces;

11. Integrate the response of the epidemic for youth within larger programmes that are addressing the risk factors to which youth are confronted such as illegal migration, tourism, etc.

12. Target most vulnerable youth such as; CSW, MSM, IDU, migrants and transit young populations using the new concepts that are used by civil society in particular civic engagement and citizenship in order to fight stigma and discrimination.

13. Commit to redouble HIV prevention efforts toward young people by taking all measures to implement comprehensive, evidence-based prevention approaches, taking into account local circumstances, ethics and cultural values, including through, but not limited to:
   a. Harnessing the energy of young people in helping to lead HIV awareness;
   b. Promoting approaches which proved success in effective HIV prevention, such as peer education, adolescent-friendly services, life-skills education, and other means of reducing risk-taking behaviour and encouraging responsible and safe sexual behaviour;
   c. Partnering with civil society leaders, organisations and other partners to identify and address the specific needs of most-at-risk young people;
   d. Ensuring that all people, particularly young people, have the means to exploit the potential of new modes of connection and communication for HIV prevention;

14. Stressed the importance of continuously monitoring the HIV-related situation of children and young people and utilise the resulting evidence to better inform advocacy, as well as, policy and programme development.

**HIV Response and Health System Integration**

15. Recognise that integrating PMTCT programmes with Maternal and Child Health interventions (MCH) will be critical to reaching virtual elimination of new paediatric HIV infections. In this context, countries of the region are encouraged to consider initiating routine HIV testing and referral services as part of antenatal care programmes, and train staff on counselling skills;

16. Recognise the importance of strengthening health systems, in particular primary health care and the need to mainstream the HIV response into it noting that weak health systems, which already face many challenges, including a lack of trained and retention of skilled health workers, are among the biggest barriers to access HIV/AIDS biomedical services;

17. Pledge to increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, and take necessary measures, in order to create an enabling environment for the empowerment of women and strengthen their economic independence, and, in this context, reiterate the importance of the role of men and boys in achieving gender equality;

18. Urge governments and communities to increase the availability and facilitate the access to HIV prevention-related services to all women of child bearing age, including in rural and hard to reach places;

19. Urge health providers from government, communities and private sector health practitioners to identify the forms and reasons for stigma and discrimination against people living with HIV in health care setting and take appropriate measures to overcome such attitude.

**Family, HIV, Stigma and Discrimination**

20. Reaffirm that the full realisation of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV epidemic, including in the areas of prevention, treatment, care and support. Addressing stigma and discrimination against people living with, presumed to be living with or affected by HIV, including their families, is also a critical element in combating the global HIV epidemic. Participants also recognise
the need, as appropriate, to strengthen national policies and legislation to address such stigma and discrimination;

21. Recognise that full involvement of people living with HIV and populations at higher risk of HIV infection will facilitate the achievement of a more effective HIV and AIDS response, and emphasise that people living with and affected by HIV, including their families, should enjoy equal participation in social, economic and cultural activities, without prejudice and discrimination, and that they should have equal access to health care and community support as all members of the community;

22. Commit to continue engaging people living with and affected by HIV in decision-making, and planning, implementing and evaluating the response, and to partner with local leaders and civil society, including community-based organisations, to develop and scale up community-led HIV services and to address stigma and discrimination;

23. Recognise that the barriers of silence, stigma and discrimination facing WLHIV in their communities in MENA will increase their vulnerability and complicate HIV prevention efforts.

24. Recognise the role caregivers and families are playing in changing the knowledge attitude, reducing stigmatisation and improving practices towards people living with HIV;

25. Acknowledge that strong social support, including the one provided by spouse, relatives, friends and co-workers, increases the survival rate of people living with HIV by 50%.

26. Recognise the role religious and community leaders can play fighting stigma and discrimination and call for greater involvement of religious leaders in reducing marginalisation of people affected by HIV and their family.

27. Encourage the development of culturally adapted Arabic training materials focusing on adult/youth interaction, sexual and reproductive health and HIV/AIDS from a religious perspective.

28. Urge the world of work to support national efforts in prevention, treatment, care and support for a non-discriminatory working environment as per the Recommendation 200 of the UN General Assembly.

29. Recognise the need to review existing laws and practices on HIV/AIDS at workplace, to reduce stigma among health workers and put in place codes of practice that ensure that PLHIV are treated with dignity, respect and care;

30. Recognise the need to work with governments of the MENA region on changing existing national laws by removing the bans on travel restrictions because of HIV positive status and promote an equal access to HIV prevention and treatment services to all citizens in their country as an ethically and economically valid opportunity.

Expand Partnerships in MENA Region

31. Advocate for increasing domestic spending on AIDS and focusing resources where they make the most difference and for people who are most affected;

32. Exhort international donors to maintain their commitments, including the private sector, for increased AIDS-related funding for the MENA region and work with partners to explore innovative approaches for resource mobilisation;

33. Welcome the inter-regional solidarity and collaboration to ensure adequate funding is available for the Region;

34. Leverage the comparative proximity of civil society and community based organisations to key populations at higher risk and enhance their capacities and efficiencies;