

# Middle East and North Africa Region FINAL REPORT

March 2005–June 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



**USAID**  
FROM THE AMERICAN PEOPLE









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**Middle East and North Africa Region Final Report  
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**for**

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Middle East and North Africa Region Final Report

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*By Family Health International*

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## **Acknowledgments**

This report documents the IMPACT project's contributions to HIV/AIDS prevention and care in the Middle East and North Africa (MENA) region through the Family Health International (FHI) office in Cairo, Egypt. Little would have been achieved without the help and guidance of many governments and organizations in the region.

We express sincere thanks to the United States Agency for International Development/Asia Near East Bureau (USAID/ANE) for providing the opportunity and support to implement groundbreaking HIV/AIDS activities in the region. We also offer special thanks to the Egyptian Ministry of Health and Population (MOHP). With the consultation and support of the MOHP, we were able to develop a successful and comprehensive program for HIV/AIDS prevention and care. This program served as a model for replication throughout the countries of the region and was instrumental in the success of IMPACT/MENA activities.

The IMPACT/MENA team expresses its gratitude to the Eastern Mediterranean Regional office of the World Health Organization (WHO/EMRO), as its contribution significantly enhanced the impact of the regional workshops.

Both FHI and USAID recognized the importance of involving and building the capacity of government HIV/AIDS programs in the region, many of which do not have access to the resources and technical assistance needed for a strong response to the HIV/AIDS epidemic in their respective countries. IMPACT/MENA applauds National AIDS Programs (NAPs) and nongovernmental organizations in the following countries for their contributions and active participation in regional workshops: Bahrain, Egypt, Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, and Yemen. Special thanks are due to Ministry of Health and NAP managers and staff in Yemen, Oman and Libya for their support and cooperation, which facilitated the provision of in-country technical assistance for voluntary counseling and testing, monitoring and evaluation, and biological and behavioral surveillance surveys in their respective countries.

On behalf of FHI, I thank you all for your assistance.

Cherif Soliman  
Country Director  
Family Health International/Egypt  
June 2007

## **Glossary of Acronyms**

AIDS	Acquired Immunodeficiency Syndrome
ANE	Asia Near East
ART	Antiretroviral therapy
BioBSS	Biological and behavioral surveillance survey
BCC	Behavior change communication
BSS	Behavioral surveillance survey
FHI	Family Health International
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IDU	Injection drug user
M&E	Monitoring and evaluation
MENA	Middle East North Africa
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MSM	Men who have sex with men
NAP	National AIDS Program
NGO	Nongovernmental organization
QI	Quality improvement
SOPs	Standard Operating Procedures
STI	Sexually transmitted infection
TA	Technical assistance
UNAIDS	United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO/EMRO	Eastern Mediterranean Regional Office, World Health Organization

## Executive Summary

Between 2005 and 2007, FHI/Egypt focused its skills and abilities on reducing the spread of HIV/AIDS in the Middle East and North Africa (MENA) region. Activities were conducted under the Implementing AIDS Prevention and Care Project (IMPACT), funded by the United States Agency for International Development/Asia Near East Bureau (USAID/ANE). The decision to work in MENA was instrumental in bringing attention to efforts to stop the spread of HIV.

Despite a lack of quality HIV surveillance data in MENA, the HIV epidemic in the region is generally assumed to be in a nascent stage of development. Existing data suggest that HIV is expanding in traditional high-risk groups, though in some countries there is nosocomial transmission related to unsafe blood practices in healthcare settings. Of particular concern is the risk of HIV infection among injection drug users (IDUs), particularly in Bahrain, Libya and Iran; more than 90 percent of documented HIV infections in Libya and Iran are IDU related. IDU-related HIV has also been reported in Algeria, Egypt, Kuwait, Morocco, Oman and Tunisia. Less is known about the HIV status of sex workers and men who have sex with men (MSM) due to high levels of stigma.

FHI/Egypt under IMPACT adopted a comprehensive and holistic approach to HIV/AIDS prevention and care to ensure sustainability. In collaboration with the Egypt National HIV/AIDS Program (NAP), FHI/Egypt developed policies and national guidelines, established model sites and trained medical professionals to build their capacity in various areas of HIV/AIDS prevention and care. The national comprehensive approach, along with ongoing technical support, ensures the sustainability of these programs. This comprehensive approach can be replicated throughout the MENA region.

FHI/Egypt also served as a regional technical resource for international agencies and in-country HIV/AIDS program managers, focusing on collaboration in technical updates and the sharing of Arabic language materials developed by FHI/Egypt. As a result of this interaction, FHI was asked to assist in building technical competencies to respond to the epidemic in the region. With the IMPACT funding obtained from the USAID/ANE Bureau, FHI was able to undertake and support activities related to HIV/AIDS surveillance, voluntary counseling and testing (VCT) and monitoring and evaluation (M&E). These activities were a valuable asset for program planning and implementation.

Three regional workshops were organized in Cairo, focusing on biological and behavioral surveillance survey (BioBSS), VCT and M&E of HIV/AIDS programs. The workshops targeted decision makers and implementers of the activities (both governmental and nongovernmental) and recommended the submission of country-specific action plans at the end of each workshop to maximize the benefit to participants and ensure effective implementation of gained knowledge. Capacity building of participating NAPs and nongovernmental organizations (NGOs) in the areas of BioBSS, VCT and M&E was complemented by the provision of in-country technical assistance in selected countries following the workshops. Additionally, IMPACT/MENA translated and adapted the FHI document *Behavioral Surveillance Surveys/Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV* and sections from another FHI

document, *Monitoring HIV/AIDS Programs/A Facilitator's Training Guide*, to be used as background materials by those working in the field of HIV/AIDS in the region.

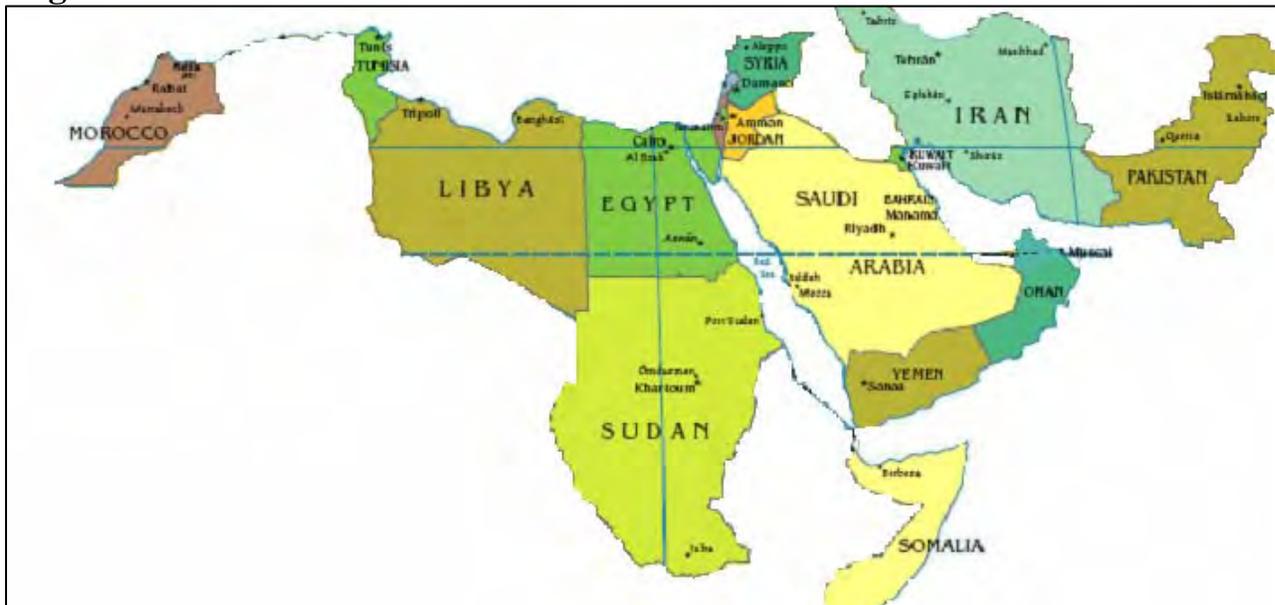
The work of IMPACT/MENA, based out of the FHI office in Egypt, revolved around addressing HIV/AIDS issues in the context of very conservative, religious societies where data collection and interventions for most-at-risk populations (IDUs, sex workers and MSM) has been sensitive. The progress seen in the MENA region under IMPACT was very promising, but FHI believes there is still much more to be done to reduce the spread of HIV/AIDS in a comprehensive manner. Future activities can build on the productive relationships that IMPACT/MENA established with NAPs and NGOs throughout the region.

## Program Objectives, Strategies, Implementation and Results

### Introduction

FHI received US\$530,000 in 2005 from the USAID/ANE Bureau through IMPACT to undertake and support activities related to HIV prevention and care and to assist in building technical competencies to respond to the epidemic in the MENA region. Over a period of three years, project strategies and activities were guided by FHI's understanding of low prevalence HIV epidemics, sensitivity to the region's cultural norms and commitment to developing local capacity. By building on existing models and resources, IMPACT/MENA developed technical competencies to effectively plan and implement activities around BioBSS, VCT and M&E to respond to the epidemic in the region. The success of these regional activities created a foundation for future efforts: a base of local resources coupled with new awareness of key concerns and strong motivation for immediate action.

### Regional Context



### Situation of the Epidemic and Current Response

In 2005, UNAIDS estimated that 440,000 people in the MENA region were living with HIV, and 37,000 had died of AIDS<sup>1</sup>. While these figures are relatively low compared with those of Africa, Southeast Asia and the Caribbean region, low prevalence does not signify low risk. Existing data suggest that HIV is expanding in traditional high-risk groups, though in some countries there is nosocomial transmission related to unsafe blood practices in healthcare settings. Of particular concern is the risk of HIV infection among IDUs, particularly in Bahrain, Libya and Iran (more than 90 percent of documented HIV infections in Libya and Iran are IDU related). IDU-related HIV has also been reported in Algeria, Egypt, Kuwait, Morocco, Oman and Tunisia. Less is known about the HIV status of sex workers and MSM. A recent report out of Yemen suggests that 7 percent of sex workers are HIV infected, and FHI's 2000 prevalence assessment of sexually transmitted infection (STI) in Egypt found high levels of STIs in street-based sex

<sup>1</sup> UNAIDS, 2006.

workers. Data on MSM is limited due to high levels of stigma. In Egypt, HIV prevalence among MSM was estimated at 1 percent in the year 2000, and in Morocco, MSM accounted for 7 percent of the total accumulated HIV cases from the previous decade.

**Estimated HIV/AIDS Prevalence Rate Among Adults Age 15-49 in Countries of Middle East and North Africa Region (Source: UNAIDS, 2006)**

Country	Estimated HIV/AIDS prevalence rate among adults (15-49 years)
Algeria	0.1%
Bahrain	< 0.2%
Egypt	< 0.1%
Iran	0.2%
Jordan	< 0.2%
Kuwait	< 0.2%
Lebanon	0.1%
Libya	< 0.2%
Morocco	0.1%
Oman	< 0.2%
Qatar	< 0.2%
Saudi Arabia	< 0.2%
Sudan	1.6%
Syria	< 0.2%
Tunisia	0.1%
United Arab Emirates	< 0.2%
Yemen	< 0.2%

The HIV epidemic is sensitive to changing economic and social factors; the cost of the epidemic to society and the economy can be tremendous. Health-related expenditures on HIV/AIDS in the MENA region have the potential to reach 15 percent of the gross domestic product of MENA countries by 2015<sup>2</sup>.

## **Implementation and Management**

### **Implementation**

With funding from USAID/ANE, IMPACT/MENA conducted activities in HIV prevention and care and assisted in building skills to strengthen the response to the HIV epidemic in the region. IMPACT/MENA conducted three regional workshops centered on BioBSS, VCT and M&E of HIV/AIDS programs. These workshops established a base of local resources coupled with new awareness of key concerns and strong motivation for immediate action. At the conclusion of each workshop, one nation was chosen to receive further in-country technical assistance based on the drafted action plan, commitment of participants and support of the NAPs to continue to progress. The countries chosen from the workshops were Yemen, Oman and Libya, for support in VCT, M&E and BioBSS, respectively. Assistance was tailored to meet the expectations of each individual country and helped pave the road for future collaboration.

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<sup>2</sup> Akala FA and El-Saharty S. Public-health challenges in the Middle East and North Africa, [www.thelancet.com](http://www.thelancet.com), vol. 367, March 25, 2006, p. 961.

**Management**

IMPACT/MENA activities were managed out of the FHI/Egypt office in Cairo. One technical expert was hired to implement activities; additional support and oversight were provided by FHI/Egypt staff, with technical assistance from regional consultants and FHI headquarters staff in Arlington, Virginia.

## Middle East and North Africa Regional Program Timeline

Activities	FY05		FY06		FY07	
	Oct 04- Mar 05	Apr 05- Sep 05	Oct 05- Mar 06	Apr 06- Sep 06	Oct 06- Mar 07	Apr 07- Sep 07
Translation and adaptation of BSS manual			X	X	X	
Regional BSS training workshop		X				
Technical assistance (TA) in development of national surveillance plans in selected countries					X	
Consensus meetings in selected countries					X	
Regional VCT training workshop			X			
Assessment of possible VCT sites in selected countries				X		
Adaptation of Egyptian VCT materials for selected countries				X		
Consensus meetings in selected countries				X		
TA to establish VCT sites in selected countries				X		
Translation and adaptation of M&E training guide				X	X	
Regional M&E training workshop					X	
TA in development of national M&E work plans in selected countries					X	
Consensus meetings in selected countries					X	
Quarterly progress reports		X	X	X	X	X

## Program Objectives, Activities and Results

IMPACT/MENA evolved with the aim to undertake and support activities around HIV prevention and care and to assist in building technical competencies to respond to the epidemic in the region through achievement of the following objectives:

- Assist countries in establishing model surveillance systems that will provide baseline behavioral and biological data and track behavior trends for high-risk groups that influence HIV/AIDS epidemics.
- Build the capacity of agencies and NGOs at the national and regional levels to provide anonymous VCT for HIV.
- Provide technical leadership in program M&E to new and ongoing projects and interventions for HIV/AIDS prevention and care.

IMPACT/MENA conducted three regional workshops in Cairo, centered on BioBSS, VCT and M&E of HIV/AIDS programs. These workshops were carried out with the financial support of USAID/ANE and in collaboration with WHO/EMRO and other international agencies.

The goal of each workshop was to help draft an action plan for each country. Participants of the workshops were managers and technical staff of National AIDS Programs (NAPs) and NGOs from Bahrain, Egypt, Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Saudi Arabia, Sudan, Syria, Tunisia, Yemen, Palestine and Somalia.

A resource CD featuring materials used during the workshop (presentations, handouts and resources referenced as well as country-specific action plans and presentations) was distributed for all participants in addition to relevant publications produced by FHI's HQ and Egypt office. Additional publications were furnished or forwarded as requested.

At the conclusion of each workshop, one nation was chosen to receive further in-country technical assistance based on its drafted action plan, the commitment of its participants and the support of its NAP to continue to progress. The three countries chosen were Yemen, Oman and Libya, for support in VCT, M&E and BioBSS, respectively. Assistance was tailored to meet the expectations of each individual country and helped pave the road for future collaboration.

In addition to hands-on capacity building through workshops and follow-up training, IMPACT/MENA translated and adapted FHI's *Behavioral Surveillance Surveys/Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV* and sections from another FHI document, *Monitoring HIV/AIDS Programs/A Facilitator's Training Guide*, to be used as background materials by those working in the field of HIV/AIDS in the region.

### **Biological and Behavioral Surveillance Survey (BioBSS)**

Stopping the spread of HIV means trying to understand behaviors that put people at risk of HIV before they become infected. FHI/Egypt developed a national HIV/AIDS and STI surveillance plan that integrates biological and behavioral surveillance strategies into the national surveillance system to enhance reporting and monitoring of HIV data. Building on this expertise, IMPACT/MENA and WHO/EMRO jointly organized a training workshop on HIV/AIDS

surveillance in Cairo on September 13–21, 2005. Twenty-three participants from 12 countries attended the eight-day workshop.

The primary goal of the workshop was to improve participants' understanding of second generation surveillance: how it is carried out, the different methods of collecting information, the types of information to collect (biologic and behavioral), analysis of the data, and how the results are used and disseminated. Given that the epidemic in the MENA region is found primarily among highly stigmatized populations, a major component of the training was the discussion of the Respondent Driven Sampling (RDS) method, which is highly appropriate for collecting data among hard-to-reach and hidden target populations while still allowing for probability sampling.

Workshop objectives were to:

1. Increase participants' understanding of the steps involved in designing integrated surveillance systems and using the data generated.
2. Increase participants' skills in:
  - conducting pre-surveillance activities to develop an appropriate integrated surveillance system.
  - selecting and adapting indicators, instruments and methodologies to track changes in HIV risk behaviors.
  - selecting and applying appropriate sampling methodologies for monitoring HIV risk behaviors.
  - analyzing and presenting surveillance data to different audiences.
3. Increase participants' understanding of the ethical considerations involved in conducting surveillance surveys.

The training workshop was conducted through a combination of formal lectures, small-group discussions and brainstorming sessions. The training was highly interactive, and handouts of lectures and other materials were made available to participants. Participants consisted of national HIV/AIDS program managers and staff, surveillance and health statistics officers, and other Ministry of Health staff from Egypt, Iran, Jordan, Lebanon, Libya, Morocco, Oman, Pakistan, Somalia, Sudan, Syria and Yemen. The Cairo-based staff of USAID, UNAIDS and WHO also participated.

During the training, each country team developed a draft HIV/AIDS surveillance plan based on the knowledge acquired during the training. Countries with existing surveillance plans identified gaps in those plans and proposed ideas to fill in the gaps. Draft plans were presented toward the end of the training for comments and input from other participants; recommendations were made on how to move forward with the plans. Revised plans were sent to IMPACT/MENA for follow-up with the NAPs regarding the initiation of activities and progress made.

#### *BioBSS technical assistance to Libya*

Following the regional workshop in Cairo for BioBSS, Libya was selected for in-country technical assistance (TA). The selection was based on a well-developed action plan submitted by the Libyan participants, the country's supportive environment, which ensured a sustainability of activities, and the Libyan NAP's interest in the partnership. It was agreed that TA would be

provided in the form of a workshop for building the capacity of NAP staff and other stakeholders in conducting BioBSS.

The three-day workshop was conducted in Tripoli on March 20–22, 2007, and attended by 24 participants. It concentrated on the continued evolution of HIV surveillance and steps for implementing BioBSS, with a special focus on ethical issues. This was vital for Libya due to the reported infection rate among IDUs (more than 90 percent of documented HIV infections in Libya are IDU related). The workshop, which included a mix of presentations, interactive discussions and exercises, served to:

1. Highlight the importance of BioBSS as an essential component of HIV/AIDS prevention and control programs.
2. Introduce first-round planning of BioBSS.
3. Demonstrate the first-round method of implementing BioBSS.
4. Present first-round data management, analysis, interpretation and dissemination processes.

At the end of the workshop, participants were expected to integrate BioBSS into the country's HIV/AIDS prevention and control program and write a BioBSS proposal for the first round of surveys. Follow-up with the Libyan NAP in June 2006 revealed that these activities were in progress.

### **Voluntary Counseling and Testing (VCT)**

VCT services afford clients the opportunity to confidentially learn their HIV status and receive anonymous pre- and post-test counseling. Regardless of the test result, emphasis is placed on enabling clients to reduce their risk of becoming infected or infecting others with HIV. This can be achieved through careful assessment of clients' risky behaviors, the development of individualized risk reduction plans and the referral of clients to a range of care and support services that meet their needs. Anonymous VCT services face the challenge of trying to deliver a service in a highly stigmatizing environment while encouraging demand and uptake of services by groups that are usually highly marginalized. Given the rise in new HIV cases in the MENA region, there was an identified need to strengthen and expand the range and availability of VCT services as well as to develop accompanying strategies to reach those groups most affected and increase their uptake of services.

IMPACT/MENA partnered with WHO/EMRO and the Ford Foundation to organize a regional training on VCT in Cairo from February 26 to March 6, 2006. The workshop was attended by 35 participants from 14 countries: Bahrain, Egypt, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Saudi Arabia, Sudan, Tunisia, and Yemen. The overall goal of the training was to explore, assess and build the capacity of NAPs as well as NGOs in the countries represented to provide high-quality, anonymous VCT at a national level. An additional objective was to develop a draft action plan for the high-quality delivery of VCT services in the respective countries. The training enabled participants to:

- Share experiences and lessons learned.

- Design effective VCT delivery appropriate to the target groups affected by HIV in their countries using accepted standards and norms for ethical and effective service delivery.
- Increase their awareness of the skills required for delivering high-quality VCT.
- Identify the range of resources needed to implement VCT and overcome barriers.

The main output of the workshop was the production of a tailored action plan specific to each participant country's context for initiating VCT delivery. Countries with existing VCT services addressed specific gaps and areas requiring strengthening. At the end of each day, participants completed the section of the action plan that had been addressed in that day's discussions and presentations. Facilitators and participants reviewed the plans during scheduled slots for presentations, in order to allow for comments and input on how best to move forward with the rapid development of high-quality service delivery. Revised plans were sent to IMPACT/MENA for follow-up with the NAPs of participating countries regarding initiation of activities and progress made.

#### *VCT technical assistance to Yemen*

Technical assistance in establishing VCT services was provided to the NAP in Yemen through a series of meetings and a consultative workshop with all stakeholders. Yemen was selected for provision of in-country TA due to political support, competent and motivated Yemeni NAP staff and a distinguished action plan, which was drafted by Yemeni participants during the regional VCT workshop. Several successful meetings were held with government officials and other stakeholders, such as WHO and UNICEF representatives.

The outcome of the in-country TA to Yemen included:

- Revision of VCT documents (national guidelines, standard operating procedures, monitoring and evaluation plans) adapted from Egyptian national VCT documents
- Assessment of a proposed VCT site in San'a Central Laboratory
- A consultative meeting for establishing VCT services in Yemen, attended by all stakeholders and the Minister of Health

#### **Monitoring and Evaluation (M&E)**

IMPACT/MENA organized a training workshop on "Monitoring and Evaluation of HIV/AIDS Programs" in Cairo in November 2006, in collaboration with WHO/EMRO. The workshop was attended by 27 participants from 12 countries. The training focused on improving the participants' capacity to develop and implement high-quality and sustainable monitoring and evaluation systems for a comprehensive national response to HIV/AIDS.

The objectives of the training were to:

1. Increase participants' understanding of M&E concepts, particularly as they relate to HIV/AIDS prevention and care programs.
2. Increase participants' understanding of the methods and tools for comprehensive and participatory monitoring of HIV/AIDS prevention and care programs.

3. Increase participants' capacity to develop and implement national and program/project-specific monitoring and evaluation plans.
4. Build the skills of participants in monitoring and evaluating specific HIV/AIDS prevention and care programs, including VCT and clinical care.
5. Increase participants' understanding of the use of M&E data for decision making.
6. Share information about the existing national HIV/AIDS M&E systems in the MENA region.
7. Provide a forum for sharing experiences and addressing M&E challenges in the MENA region.

The workshop was conducted through a combination of formal lectures, small-group discussions and exercises, and brainstorming sessions. The training was highly interactive, and handouts of lectures and other materials were made available to participants, who consisted of NAP managers and staff and M&E officers of NGOs from Egypt, Iran, Jordan, Lebanon, Libya, Morocco, Oman, Saudi Arabia, Sudan, Syria, Tunisia, and Yemen. The Cairo-based staff of FHI and WHO also participated.

Each country team developed a draft action plan for M&E of HIV/AIDS programs based on the knowledge acquired during the training. Countries with existing M&E plans identified gaps in those plans and suggested ways of filling the gaps. The draft plans were presented toward the end of the training for comments and input from other participants. Recommendations were made on how to move forward with the plans. Revised plans were sent to IMPACT/MENA for follow-up with the NAPs of participating countries regarding initiation of activities and progress made.

#### *M&E technical assistance to Oman*

Oman was selected for provision of in-country TA based on a well-developed action plan presented by the committed participants from Oman at the end of the regional workshop. Additionally, the supportive environment and the interest of the Omani NAP in partnership ensured sustainability of activities. After discussion and negotiation with the Omani NAP, it was agreed that assistance would be given in the form of a workshop for building M&E capacity of AIDS focal points. The four-day workshop, conducted in Muscat on March 11–14, 2007, was attended by 27 participants.

The goal of the workshop was to improve the capacity of the Omani NAP to develop and implement high-quality and sustainable M&E systems for a comprehensive national response to HIV/AIDS. The workshop focused on the basic concepts of M&E as they relate to HIV/AIDS programs, with a special focus on VCT and clinical care. The stated objectives were as follows:

1. Increase participants' understanding of basic M&E concepts, particularly as they relate to HIV/AIDS prevention and care programs; the methods and tools for monitoring and evaluation of HIV/AIDS prevention and care programs; and the use of M&E data for decision making.
2. Increase the capacity to develop and implement national and program/project-specific monitoring and evaluation plans.
3. Build skills in monitoring and evaluating specific HIV/AIDS prevention and care programs (VCT and clinical care).

The workshop included presentations, interactive discussions and group work. At the end of the workshop the participants were able to develop M&E matrices for several suggested programs.

## Lessons Learned and Recommendations

### Lessons Learned

**A comprehensive model is the base for regional expansion.** In collaboration with the Egyptian Ministry of Health and Population, IMPACT/MENA developed policies and national guidelines, established model sites and trained medical professionals to build their capacity in various areas of HIV/AIDS prevention and care, including VCT, blood safety, management of STIs, BioBSS, prevention for high-risk groups and monitoring and evaluation of each of these areas. The approach was comprehensive, holistic, and involved all stakeholders, including governmental organizations and NGOs, policy makers and service providers. This approach ensured the sustainability of these programs and was the basis of replication throughout the MENA region.

**It is necessary to have respect for and sensitivity to the local culture.** Awareness of cultural norms is the key guiding principle in the context of conservative, religious societies. In regions such as MENA, data collection and interventions for most-at-risk populations have historically been extremely sensitive. In all regional activities, IMPACT/MENA took time to adapt existing resources to the local culture and to the state of the epidemic in the region.

**Partnerships with international agencies ensure more effective interventions and prevent duplication of effort.** Collaboration with WHO/EMRO and other international agencies, such as the Ford Foundation, UNICEF and UNAIDS, in conducting regional workshops encouraged synergy and harmonization between programs and offered the opportunity for sharing information, lessons learned and best practices.

**Active participation of the managers and senior technical staff of both NAPs and NGOs in the regional workshops is critical.** Having all players on board in drafting countries' action plans at the end of the workshops guarantees the development and sustainability of effective programs and services, starting with project design and continuing through program evaluation and follow-up.

**It is essential to provide a tailored training package to participants in the regional workshops.** All the presentations and handouts used in the regional workshops and in-country TA were adapted to the local culture and needs of the audience. This fostered a willingness to use the resources and avoided widespread offense and boycotting of the materials.

**Coordination for provision of technical assistance at all levels is crucial to the project's success.** Communication between key stakeholders (e.g., country NAPs and representatives of international agencies) promotes sustainability and increases impact. Gaining support at the respective country level is essential to ensure the effectiveness of the TA mission. Prior to TA, negotiations and discussions with country NAPs took place to tailor the TA to their needs. Accordingly, in Libya and Oman, training workshops were the form of TA requested, while in Yemen, several meetings with all stakeholders were held before a consultative meeting, attended by the Minister of Health, took place for establishment of VCT.

**Promotion and documentation are essential.** FHI/Egypt played a key role in disseminating national guidelines, policies and SOPs, developed in collaboration with Egypt's MOHP, to the NAPs and NGOs of the region, and brought the successes and challenges of the Egypt program to their attention. This helped to jumpstart the response in the countries of the MENA region and promote the IMPACT/MENA initiative. Following IMPACT/MENA regional activities, communication lines were opened between the NAPs and NGOs of the countries of the region, facilitating the sharing of experiences and information.

## **Recommendations**

Progress seen region-wide was very promising, though there is still much to be done in order to reduce the spread of HIV/AIDS in a comprehensive manner. The Ministries of Health and NAPs of numerous countries in the region are initiating activities at the national level, including development of policies and guidelines, establishment of services and preparation for surveillance. Overall, a lack of funding and technical expertise, combined with the significant stigma associated with HIV/AIDS, have been major hindrances to the response in the region.

IMPACT/MENA provided the technical expertise to carry out HIV/AIDS prevention and care activities adapted to the regional context, having established extremely productive relationships with NAP and NGO representatives throughout the region. IMPACT/MENA also identified numerous opportunities for future collaboration with other international agencies in the region, whereby collaborative efforts would be ideal in responding to the epidemic.

Broadly, IMPACT/MENA's recommendations can be grouped into four major action areas: 1) create a more enabling environment; 2) expand HIV/AIDS prevention, testing, care, treatment and support services; 3) improve the quality of these services and the capacity of local organizations and individuals delivering them; and 4) increase the collection of data on HIV/AIDS.

### **Create a more enabling environment in the Middle East and North Africa region.**

*Continue advocacy to increase support at the policy level.*

IMPACT/MENA made great strides in sensitizing and motivating stakeholders (e.g., through workshops, in-country missions). While this was successful in many ways, there is still a need for advocacy among policy makers. Efforts to initiate programs should be renewed in the future, and greater advocacy must be implemented to assure the cooperation of the top decision makers. It is important to demonstrate the potential multisectoral impact of HIV. To assure the continuation of HIV programs, it is critical to gain the support of a majority of decision makers within many ministries and national bodies so that the programs will not stagnate with staff transitions.

*Advocate to increase support at the community level.*

In the MENA region, a combination of low HIV prevalence and cultural concerns constrained community involvement in the IMPACT project. This constraint was addressed by integrating focused advocacy initiatives into the regional program. Future HIV advocacy efforts should

target community level and religious leaders to encourage public support for and engagement in HIV prevention, care and treatment programs.

*Continue advocacy to increase collaboration with other international agencies.*

International agencies should be involved in regional initiatives from the initial design stages through evaluation to ensure they are sufficiently engaged in and committed to the activities. In addition to sponsoring participants in regional workshops, international agencies can offer technical expertise, systems and access to networks that can significantly enhance a community's response to the epidemic. Their participation and support is critical to leverage resources and establish and support effective HIV policies.

### **Expand HIV/AIDS prevention, testing, care, treatment and support services.**

*Continue regional workshops in all aspects of HIV/AIDS prevention and care.*

Throughout the region there is a great need for TA in all areas of HIV/AIDS prevention and care, including VCT, BioBSS and M&E, for updating knowledge and skills and sustaining created momentum. Regional activities revealed a need in new areas, such as management of sexually transmitted infections (STIs) and behavior change communication (BCC). FHI/Egypt has the required technical expertise, having developed a complete STI package adapted to the local culture, trained service providers and established successful model STI clinics in addition to BCC materials for various activities.

HIV programmers should increase behavior change interventions for high-risk groups with the aim to increase awareness of risk behaviors and accurate risk perception, decrease risky behaviors and increase safe and health-seeking behaviors. To support these interventions, HIV programmers should harmonize BCC campaigns. The next step requires TA to design materials, decide on channels and create products that will be compelling to target audiences, both primary (the high-risk groups) and secondary (healthcare providers and community and religious leaders).

Additionally, social mobilization around a mass media campaign can contribute to reduction of HIV-related stigma and discrimination in the general public and can help create an enabling environment. This, in turn, will make it easier to work with most-at-risk populations, help create demand for HIV-related services and potentially improve the quality of life of those infected with and affected by HIV and AIDS.

*Integrate HIV prevention into other health program areas.*

To encourage attention to HIV and further institutionalize HIV programs and services, programmers must emphasize and promote linkages between HIV and other health issues. For example, at the strategic planning level, the National HIV/AIDS Strategy should be linked to the National Youth Strategy, reproductive health (RH) strategy, and strategy for tuberculosis (TB). At the service delivery level, HIV should be integrated into training programs, tools, checklists, and quality improvement (QI) systems for a variety of health issues, including TB, RH, STIs and family planning services. This will help normalize HIV education, counseling, testing and treatment services, reduce the number of missed opportunities to educate, counsel and test those at risk and provide treatment options and prevention services for those who are HIV-positive.

Comprehensive HIV/RH/sexual health programs for youth should serve as the basis for reliable information where youth can learn about their bodies, relationships, life skills and decision making. Currently, these programs are fragmented and the content is limited due to social pressure and cultural constraints.

**Improve the quality of HIV services and the capacity of local organizations and individuals delivering them.**

*Institutionalize and increase the sustainability of services for high-risk groups.*

Access to quality HIV/AIDS prevention, care, support and treatment services, especially for vulnerable populations, is still limited, and organizations willing to work with these groups are still nascent. Although there is now more information available about what these populations need, resources and technical assistance must be directed to NGOs and health organizations serving these populations to ensure sustainability of their programs. Capacity building efforts should focus on improving and maintaining quality and further developing or strengthening skills, systems and tools. Regional workshops and in-country TA visits proved to be effective ways to build the individual and organizational capacity of local partners. NAP and NGO staff will continue to benefit from exposure to innovative programs, as well as best practices and lessons learned from each other and from other countries. They are blazing a trail in their respective countries, responding to an epidemic in a predominantly Muslim, conservative society, so the more mentoring, advice and support they receive, the more effective their programs will be.

*Continue in-country TA to NAPs and MOH.*

As the epidemic in the MENA region continues to evolve, more information becomes available. NAPs must have access to the latest technical updates, innovative program ideas, and global best practices. Continued TA in public health topics will ensure that NAPs have current medical and public health knowledge. Additional organizational development and capacity building in program management and evaluation, coordination, strategic planning and resource development will ensure they can lead a sustainable, unified, effective and efficient response in their respective countries. Specific technical assistance to address programming gaps (e.g., conducting BSS, developing a VCT work plan) will help meet specific objectives and address priority areas identified by NAPs.

**Increase data on HIV/AIDS/STIs.**

*Increase data related to HIV/AIDS/STIs and strengthen mechanisms to inform program and policy decisions.*

In the MENA region there are critical gaps in information about the epidemic, especially among vulnerable populations. A lack of information makes it difficult for the general population to understand HIV/AIDS and for partners to develop programmatic responses. Additional strategic information is needed to inform NAP strategy and to guide program design, implementation and evaluation. It is essential to improve monitoring of HIV systems in the MENA region to ensure that these systems are active rather than passive. Conducting a BioBSS in each country is essential to better understand and address risk behaviors. BioBSS should be conducted regularly

to measure program outcomes, determine if and how the epidemic is changing, and guide policies, program development and allocation of resources. Technical assistance to the NAPs should focus on establishing a functioning M&E system at the national level and ensuring that HIV program data at all levels and from all organizations feed into that system. Mechanisms should be established and supported to ensure that, once analyzed, results and current data are relayed back to stakeholders, HIV programmers and policy makers.

*Document and disseminate lessons learned and best practices.*

Materials, experiences, tools and resources developed through IMPACT were shared with other MENA countries to jumpstart their responses. Ongoing consultation with other MENA countries on various aspects of HIV/AIDS prevention and care is occurring. FHI/Egypt staff worked closely with and provided technical assistance to NAPs and NGOs in the MENA region. These relationships can be effective mechanisms to disseminate tools, resources and best practices throughout the region. FHI/Egypt should continue its leadership role in the region's response to HIV, using lessons learned to help neighboring countries address barriers and solve problems through proven approaches and innovative activities.

## **ATTACHMENTS**

### **Country Program Financial Summary**

USAID committed US\$530,000 in 2005 to IMPACT/MENA, through the FHI/Egypt country office. The IMPACT/MENA regional program closed in June 2007.

## **Publications Produced**

*A Guide for Monitoring and Evaluation of HIV/AIDS Programs (Arabic)*

*A Guide for Conducting Behavioral Surveillance Surveys on HIV/AIDS (Arabic)*

## Photos



The National AIDS program staff, representing every governorate at the M&E workshop in Oman facilitated by an FHI/Egypt representative



Staff of the National AIDS Program as well as other stakeholders attending the BioBSS workshop in Libya facilitated by FHI/Egypt representatives



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**EGYPT**

# CASE STUDY

## Building on Success to Fight HIV/AIDS

### Building a regional model for HIV/AIDS prevention and treatment



Photo: FHI/Doaa Oraby

Dr. Riyadh Abdulaziz al Khalif, Director of Saudi Arabia's government-run HIV program, explains the regional impact of Egypt's program at a USAID-sponsored workshop in Cairo, Egypt.

***"I can return home and implement the action plan drafted during the workshop. With this we can make a difference," said a participant at an HIV/AIDS USAID-sponsored workshop held in collaboration with the President's Emergency Plan for AIDS Relief.***

Telling Our Story  
U.S. Agency for International Development  
Washington, DC 20523-1000  
<http://stories.usaid.gov>

### Challenge

Egypt's low HIV/AIDS infection rate has kept the epidemic at bay, but without a dedicated effort to understand the problem's scope and develop a model for dealing with it effectively, there is no guarantee the rate will stay low. Obstacles to gaining knowledge about HIV/AIDS in Egypt are plentiful — HIV/AIDS is considered a low health priority, little information exists on HIV cases and risk behavior, and cultural and social stigmas make it difficult for those at risk to access HIV testing and services.

### Initiative

USAID launched Egypt's first HIV/AIDS program in 1999. It focused on three priority areas: outreach to high-risk groups, voluntary counseling and testing, and providing care for those living with HIV/AIDS. The program conducted a study of high-risk populations, behavioral trends, and effective outreach strategies. Having ascertained that local organizations were the best way to reach high-risk populations and provide HIV/AIDS services, USAID developed partnerships with these organizations and established a network of voluntary counseling and testing centers, where anonymity was ensured to those seeking HIV/AIDS testing. The program also established a monitoring and evaluation system to identify successes and determine how to replicate them.

### Results

The most evident sign of the program's success is that it is being replicated on both a national and regional level. Since 1999, this ground-breaking program has evolved within Egypt and generated many requests for technical assistance for other countries in the Middle East. To help others replicate the program, USAID documented program successes, conducted regional workshops, and helped develop action plans with other countries. After the third workshop during the summer of 2006, technical experts will visit the countries where the program is being developed for follow-up consultations and to monitor progress. By helping create an effective, adaptable, and successful model, USAID is actively preventing the spread of HIV/AIDS in Egypt and the Middle East.



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**EGYPT**

# CASE STUDY

## Using Egypt's AIDS Program as a Model

### Helping countries in the Middle East build strong HIV/AIDS programs



Photo: FH/IScott McGill

Yemen's Minister of Health addresses participants at a USAID-sponsored advocacy meeting in Sanaa alongside officials from Family Health International, World Health Organization, UNICEF, UN Development Program, and Yemen's National AIDS Program.

***“There is a great need for technical assistance in all areas if we are to respond to the threat of HIV/AIDS,” said an official from Yemen’s National AIDS Program. In coordination with the President’s Emergency Plan for AIDS Relief, USAID is helping countries in the Middle East develop effective HIV/AIDS prevention and treatment programs.***

Telling Our Story  
U.S. Agency for International Development  
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### Challenge

When USAID helped start Egypt's first HIV/AIDS program in 1997, little was known about the prevalence of HIV/AIDS in Egypt. The program aimed to strengthen the capacity and infrastructure of public and private organizations in areas such as voluntary counseling and testing, behavioral surveillance surveys, outreach to at-risk groups, and providing care for those living with HIV. As local capacity to implement effective HIV/AIDS strategies has grown, USAID strives to ensure that the knowledge and experience acquired there can be used to help other countries develop the capacity to fight HIV/AIDS.

### Initiative

In response, USAID is funding a regional effort to disseminate lessons learned from Egypt's experience. The effort includes a series of regional workshops in Cairo that serve as a knowledge-sharing platform to identify best practices and adapt them to meet each country's needs. Inviting both policy-makers and technical staff ensures that best practices identified at the workshops can be readily applied in countries with similar cultural practices and low rates of HIV/AIDS prevalence. The workshops also establish valuable connections between HIV/AIDS programs in neighboring countries and allow experts to share experiences and expertise. USAID also funds experts who visit selected countries and provide further consultations.

### Results

USAID funded workshops on voluntary counseling and testing and behavioral surveillance surveys in Cairo for 58 participants from 17 countries, yielding a total of 28 action plans. Yemen was selected to receive in-country consultations on creating voluntary counseling and testing services, thanks to its high-quality action plan, motivated personnel, and political commitment. In Yemen, experts held an advocacy workshop with important stakeholders, helped draft national guidelines and operating procedures, and assisted in selecting a pilot voluntary counseling and testing site in Sanaa. As more countries in the region develop HIV/AIDS programs, there will be more experiences and best practices to learn from, benefitting both the program quality and the people they serve.



PARTICIPANTS FROM SAUDI ARABIA AND YEMEN TAKE PART IN THE MIDDLE EAST AND NORTH AFRICA REGIONAL WORKSHOP ON VOLUNTARY COUNSELING AND TESTING SERVICES

PERSONAL PROFILE

Our "Personal Profile" series features stories from individuals involved in FHI's field work. Dr. Stephen Klotz volunteered with the USAID-supported FHI/ICEHA collaboration project in Vietnam in April and May of 2005.

A Google search began my Vietnam adventure. Having worked as director of AIDS education training for the state of Arizona, I wanted to do some volunteer work overseas. I quickly discovered the joint FHI/International Center for Equal Healthcare Access (ICEHA) project in Vietnam.

ICEHA is a non-profit organization of volunteer doctors and nurses who share their technical expertise on HIV care with colleagues in developing countries. What I like about ICEHA is that the volunteers do not try to take over the operation of local clinics but instead work collaboratively with the staff and try to answer their questions.

For six weeks, I worked at the Binh Thanh Outpatient Clinic in Ho Chi Minh City in a mentoring capacity for doctors, helping them to administer antiretroviral therapy to patients, mainly male injection drug users. The antiretroviral drugs - virtually unavailable in Vietnam until now - are paid for by the President's Emergency Plan For AIDS Relief.

Because ignorance and stigma about HIV are widespread in Vietnam, the clinic's 15 staffers require great courage to come to work each day. Everyone at the clinic, from the doctors to the housekeepers, is unbelievably motivated and has a social commitment to help people with HIV. Their work ethic is really something to admire. I found the entire experience unforgettable and one of the highlights of my medical career. I would recommend it to anyone. It might change your life.

DR. LIEM (BINH THANH CLINIC), DR. SON (FHI/VIETNAM) AND DR. KLOTZ DESIGNING ARV TREATMENT REGIMENS



## Breaking New Ground: 14-Country VCT Workshop in Cairo

In the Middle East and North Africa, strong cultural taboos and stigma as well as the overall low priority placed on HIV/AIDS make it very difficult for individuals to access HIV testing and related services. To help break down these barriers, FHI organized a Middle East and North Africa regional workshop on Voluntary Counseling and Testing (VCT) services in Cairo in February. Country participants represented Bahrain, Egypt, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Pakistan, Saudi Arabia, Sudan, Tunisia and Yemen.

Attended by managers of National AIDS Programs, senior counselors and staff of NGOs, the workshop focused on VCT, counseling skills, ethics, barriers to VCT, promotion/demand creation and how to set up VCT services. At the end of the workshop, participants drafted country action plans that incorporated best practices from the region and adopted international standards to fit their own country-specific experiences. This was facilitated by presentations, interactive discussions and working groups. To ensure that countries continue to build on the workshop, FHI will organize selected in-country follow-up visits to monitor progress and provide technical guidance.

Given FHI's long-standing experience and successful implementation of the USAID-supported IMPACT project in Egypt, many requests for FHI's technical assistance were received from the region. With support from USAID, World Health Organization and the Ford Foundation, FHI organized a series of workshops, focusing on Behavioral Surveillance Surveys, VCT Services and Monitoring and Evaluation.

FHI hopes countries will use these workshops to guide future scale-up of programs and to help combat further spread of HIV/AIDS in the region. As the Tunisian participants noted, the VCT workshop will allow participants to "return home and implement the action plan drafted during the workshop. With this, we can make a difference."