TOGETHER WE CAN BREAK THE SILENCE

The Answer Lies Within
TABLE OF CONTENTS

2 List of Acronyms
3 Forward
5 Preface
7 Breaking the Silence Surrounding HIV/AIDS in the Arab Region
   The Challenge
10 UNDP’s Response to HIV/AIDS: Leadership for Results
13 Forging Partnerships: Engaging Stakeholders in a New Arab Social Contract
   Mobilizing Government and UN Offices
   Connecting Non-Government Organizations: The Regional Arab Network Against AIDS (RANAA)
   Enrolling Arts and Media: Transformation Through Creativity
   Rallying Religious Leaders in the Response: Compassion in Action
23 Adopting a Human Rights Based Approach
   A Review of National Legislation
   Advancing Women’s Rights
   Young People, Human Rights and HIV/AIDS
27 Responding to Sub-Regional Specificities
   Gulf Countries: Moving from a Health-Centered to a Multi-Sectoral Response
   Coping with Mobility in the Horn of Africa and Countries Bordering the Sahara
30 Country-Level Action
   Sudan in Focus: Generating an Urgent Response to HIV/AIDS
   Leadership Development Programme in Sudan
   Community Capacity Enhancement Programme
   Countries in Focus
37 The Way Forward
39 List of Sources
LIST OF ACRONYMS

AAA          Alliance Against AIDS (Libya)
A&M          Arts and Media
AIDS         Acquired immunodeficiency syndrome
ARVs         Antiretrovirals
BDP          Bureau for Policy Development
CAWTAR       The Center for Arab Women's Training and Research
CCE          Community Capacity Enhancement Programme
CEDAW        Convention on the Elimination of All Forms of Discrimination against Women
CBO          Community-based organization
FAO          Food and Agriculture Organization of the United Nations
FBO          Faith based organization
FHI          Family Heath International
FGM          Female genital mutilation
GCC          Gulf Cooperation Council
GDP          Gross Domestic Product
GFATM        Global Fund to Fight AIDS, Tuberculosis and Malaria
HARPAS       HIV/AIDS Regional Programme in the Arab States
HIV          Human immunodeficiency virus
ICT          Inter Country Team
IDP          Internally displaced persons
IDU          Injecting drug user
ILO          International Labour Organization
L4R          Leadership for Results programme
MDG          Millennium Development Goal
MENA         Middle East and North Africa
NAP          National AIDS Programme
NGO          Non-governmental organization
NSWAN        National Sudanese Women AIDS Network
OHCHR        Office of the United Nations High Commissioner for Human Rights
PAPP         Programme of Assistance to the Palestinian People
PLWHA        People Living with HIV/AIDS
RANAA        Regional Arab Network Against AIDS
RBAS         Regional Bureau for the Arab States
STD          Sexually transmitted disease
STI          Sexually transmitted infection
UAE          United Arab Emirates
UBW          Unified Budget and Work Plan
UNAIDS       Joint United Nations Programme on HIV/AIDS
UNDP         United Nations Development Programme
UNESCO       UN Educational, Scientific and Cultural Organization
UNFPA        United Nations Population Fund
UNGASS       UN General Assembly Special Session
UNHCR        United Nations High Commissioner for Refugees
UNICEF       United Nations Children's Fund
UNIFEM       United Nations Development Fund for Women
UNODC        United Nations Office on Drugs and Crime
UNRWA        United Nations Relief and Works Agency
VCT          Voluntary Counselling and Testing
WAD          World AIDS Day
WB           World Bank
WFP          World Food Programme
WHO          World Health Organization
FOREWORD

As the widely read Arab Human Development Report series contends, the Arab region does not lack the determination nor the human, financial or technical resources needed to address the host of economic and social problems it is facing. Yet this region has been held back by numerous constraints, some external and others emanating from within Arab society itself, creating a challenging development setting.

It is against this backdrop that the region is also having to cope with one of the world’s greatest challenges, namely to stem the spread of HIV/AIDS, which has swept across many regions of the world leaving death, collapse of entire economies and limited prospects for recovery in its wake. Despite the dearth of information and data on HIV/AIDS in the Arab region, best available estimates indicate that prevalence rates are still among the lowest in the world. UNAIDS and WHO estimate that at the end of 2004 the number of people living with HIV/AIDS in the Middle East and North Africa ranged from 230,000 to 1.5 million with an average of 540,000. But there are clear signs that the situation is changing fast. There is sufficient evidence to demonstrate that conditions in the Arab region are becoming conducive to the spread of the disease, not least because of changing demographics, increasing mobility, changing behaviors and new social and personal practices. All Arab countries have reported increases in HIV/AIDS infections over recent years, and the number continues to rise steadily. The region has a distinct window of opportunity to act early to stem the further spread of the disease.

Sadly we have been silent about this issue for far too long. But perhaps both the problem and the answer to overcoming the barrier of silence in the Arab region lies in the very social fabric of this rich Arab culture. The strong religious influence and the respect for core social values that prevails in Arab society serves as both a deterrent to behaviors that increase society’s vulnerability to the disease but it can also stand in the way of a healthy public discourse that can protect and serve as a firewall for our societies from this deadly menace.

The pages that follow illustrate how the UNDP HIV/AIDS Regional Programme in the Arab States (HARPAS) and the Leadership for Results Programme have sought to address the underlying issues that fuel the spread of this disease. The establishment of Arab coalitions and the engagement of influential partners and stakeholders in the HIV/AIDS response has been the cornerstone of our strategy. UNDP has been working closely with influential groups including Arab governments, NGOs, arts and media professionals, UN agencies under the auspices of UNAIDS, regional institutions and religious leaders to break the silence surrounding HIV/AIDS in the Arab region.

We cannot escape from the fact that HIV/AIDS is an issue that will have to be addressed by present and future generations. But it is the leaders of today that will determine the fate of those to come.
we have seen Arab leaders rise to the occasion and achieve the significant breakthroughs documented in this report. We have reviewed the positive results of recent surveys conducted by reputable international firms on the perceptions of Arab citizens on the work of the UN in helping countries achieve the Millennium Development Goals (MDGs). We are indeed hopeful and optimistic that this region will rise well to the important challenges posed by HIV/AIDS.

Finally, the breakthroughs described in this report would not have been possible were it not for the commitment and active engagement of so many of our colleagues, particularly the HARPAS team. We would like to take this opportunity to thank Monica Sharma, Leader, HIV/AIDS Group, Bureau for Development Policy, for her vision and leadership in crafting UNDP’S strategy on HIV/AIDS and for demonstrating the results-based orientation of this unique approach. Monica’s unwavering support of the HIV/AIDS efforts in the Arab region has inspired and indeed propelled many to take a personal stand for action. We would also like to thank Walid Badawi, Regional Programme Adviser, Regional Bureau for Arab States (RBAS), for his dynamism and proactive leadership on behalf of RBAS to develop, operationalize and build the important partnerships that have been the cornerstones of this flagship regional programme. Our sincere gratitude also goes to Dr. Khadija Moalla, Regional Programme Coordinator, HARPAS, whose passion, activism and determined leadership style have brought down many barriers along the way.

Rima Khalaf Hunaidi, Assistant Administrator and Regional Director, Bureau for Arab States

Shoji Nishimoto, Assistant Administrator and Director, Bureau for Development Policy
In September 2002, UNDP launched its first ever HIV/AIDS Regional Programme for the Arab States. The launch of this Programme represented an amazing breakthrough demonstrating the commitment of both UNDP staff as well as national governments to break the silence surrounding the epidemic in the region.

The Arab region remains one of the least affected regions globally. But while prevalence rates have remained relatively low, some countries such as Sudan and Djibouti are facing growing epidemics. An effective response in the region needs to take into account that low-prevalence does not equate low-risk. All countries in the region have reported increases in HIV/AIDS prevalence rates over the past two years, and the number of new infections continues to rise steadily. UNAIDS estimates that nearly 92,000 people became newly infected with HIV and that 28,000 people died of AIDS in 2004.

The HIV/AIDS Regional Programme in the Arab States (HARPAS) is based on UNDP’s Leadership for Results programme which draws on a unique methodology that helps build partnerships, address institutional inaction and generate innovative, breakthrough results that are essential for halting the epidemic. Through our work we have come to realize that if HIV/AIDS strategies are to be successful, then they require not only unprecedented social and political mobilization across all sectors, but also a deep transformation of norms, values and practices.

The focus of the Regional Programme has been on breaking the silence by involving arts and media personalities, NGOs, religious leaders, youth organizations and all government sectors to generate a genuine sustained commitment to building the leadership capacity of all stakeholders. The momentum generated by various stakeholders in the region thus far bodes well, but more concerted efforts are still needed to ensure that the Arab region remains at its current low levels of prevalence and that we meet our goal of halting new HIV infections by 2015.

This report seeks to capture some of the achievements of the Regional Programme. It outlines future commitments to build on the strengths of these initiatives to further advance the response needed to address the HIV/AIDS epidemic.
The success of the Programme would not have been possible were it not for the vision and commitment of UNDP's country offices, in particular Resident Representatives, Programme Officers, and Leadership Coaches. I would especially like to acknowledge the contribution of Walid Badawi, Regional Programme Adviser, who recognized the importance of HIV/AIDS and has taken it up as a priority for action in the region. Walid has tirelessly advocated for the Programme and has been instrumental in its design and successful implementation.

I would like to extend a very special thank you to Khadija Moalla our Regional Programme Manager for her commitment and for guiding the implementation of the Leadership for Results programme in the Arab states, inspiring leaders in numerous countries to take the response to HIV/AIDS as a personal challenge and generating breakthrough initiatives. A warm word of thanks goes to Zahir Jamal who has created the space for the successful collaboration between Bureau for Development Policy (BDP) and the Regional Bureau for Arab States (RBAS). I would also like to thank Ehab El Kharrat for his support in the preparation and production of this report. My special appreciation goes to my colleague Karin Santi who has provided substantive support both in the design and implementation of the Regional Programme. Karin has been much more than our focal point for RBAS - her efforts, commitment and dedication have resulted in a vibrant partnership that has produced concrete results.

Dr. Monica Sharma, Group Leader, HIV/AIDS Group, Bureau for Development Policy
BREAKING THE SILENCE SURROUNDING HIV/AIDS IN THE ARAB REGION

In the Arab region, one new HIV infection occurs every 20 minutes, there are 540,000 people living with HIV and 94,000 people became newly infected in 2004. Sudan is currently the worst affected country in the region with an HIV-prevalence rate of 2.3%. Even though the Middle East North Africa (MENA) region accounts for one of the highest infection growth rates in the world, it can still be classified as a 'low prevalence' region. Thus, a window of opportunity to act early, halt and reverse the spread of the epidemic still exists. 'Low prevalence' can be a deceptive term since it is often understood as synonymous with 'low risk.' It is clear, however, that the high-risk factors that fuel the HIV/AIDS epidemic exist in all countries region-wide. In several parts of the world, seemingly low prevalence has also created a false sense of security which has led to denial and complacency impeding effective prevention measures. Two decades of responding to the epidemic has demonstrated that comprehensive, multi-sectoral strategies work, and that if societies do not act early on, the epidemic can quickly take root with devastating consequences.

The objective of the UNDP's HIV/AIDS Regional Programme in the Arab States (HARPAS) is to create heightened awareness about HIV/AIDS in the region and build commitment and leadership against its stigma and spread. The Regional Programme strategy aims to implement a series of high-priority, catalytic regional interventions that will pave the way for country level follow-up. A crucial feature of the Programme is a comprehensive response towards 'breaking the silence' that surrounds HIV/AIDS while addressing the root causes of the HIV/AIDS epidemic. UNDP's overall strategy is based on the Leadership for Results programme (L4R). This unique approach is used to build leadership capacities, implement planning and enhance advocacy and communication to avert the spread of the epidemic in the region.

"We should have the courage to talk openly about HIV/AIDS. The response must start and it must start now." Amre Moussa, Secretary-General, League of Arab States, quoted from UNDP documentary, 'Breaking the Silence,' June 2003.

# TABLE OF CONTENTS

2 List of Acronyms
3 Forward
5 Preface
7 **Breaking the Silence Surrounding HIV/AIDS in the Arab Region**
   The Challenge
10 **UNDP’s Response to HIV/AIDS: Leadership for Results**
13 **Forging Partnerships: Engaging Stakeholders in a New Arab Social Contract**
   Mobilizing Government and UN Offices
   Connecting Non-Government Organizations: The Regional Arab Network Against AIDS (RANAA)
   Enrolling Arts and Media: Transformation Through Creativity
   Rallying Religious Leaders in the Response: Compassion in Action
23 **Adopting a Human Rights Based Approach**
   A Review of National Legislation
   Advancing Women’s Rights
   Young People, Human Rights and HIV/AIDS
27 **Responding to Sub-Regional Specificities**
   Gulf Countries: Moving from a Health-Centered to a Multi-Sectoral Response
   Coping with Mobility in the Horn of Africa and Countries Bordering the Sahara
30 **Country-Level Action**
   Sudan in Focus: Generating an Urgent Response to HIV/AIDS
   Leadership Development Programme in Sudan
   Community Capacity Enhancement Programme
   Countries in Focus
37 **The Way Forward**
39 List of Sources
THE CHALLENGE

Most countries in the Arab region are still responding to HIV/AIDS as a medical condition only. Globally all evidence of effective prevention strategies point to an investment in multi-sectoral strategies that address the broader social elements of the epidemic. In addition to a medical AIDS epidemic is a parallel epidemic of economic, security, development, cultural identity, and human rights significance that is part of what has become today's HIV/AIDS phenomenon. Unless strategies go well beyond the health sector this epidemic may prove to be the biggest obstacle to reaching the development goals agreed upon at the United Nations Millennium Summit, known as the Millennium Development Goals (MDGs). An effective response in the Arab states will require that countries begin to conduct serious research and surveillance measures that gather reliable information on the trends and patterns of the epidemic including medical and non-medical factors.

“People oppose some things because they are ignorant of them.”
Imam El Ghazali

The challenge in the Arab region to address HIV/AIDS includes implementing responses that take into account the social and cultural factors that drive the epidemic. For example, religious and traditional values are believed to limit the spread of infection. However, religious and traditional values can also be used to stigmatize people living with HIV/AIDS leading to fear, denial and silence. This in turn creates reluctance in people to get tested for HIV and to speak openly about their HIV-status. A culture of stigma and silence also contributes to increased isolation of people living with HIV/AIDS, and leads to a rapid and undetected increase in HIV infections. As in all other regions, women are particularly vulnerable to HIV-infection due to gendered power relations that limit women’s choices. Legal, social and economic inequities often reduce women’s ability to protect themselves from HIV infection. As long as women have no negotiating power when it comes to having safe sex, and are deprived of their human rights and social status, it will not be possible to halt and reverse the spread of the epidemic.

Sex work, injecting drug use and men who have sex with men are socially condemned, driving these practices underground and increasing the potential for considerable rise in HIV-infection among these populations. Harmful traditional practices like female genital mutilation (FG) in the Nile Valley as well as in Somalia and Djibouti, ritual group male circumcision, wife-inheritance, and other practices contribute to the spread of HIV/AIDS.
Poor health and medical services including unclean syringes, surgical equipment and unsafe blood transfusion have a great impact on the spread of HIV/AIDS in the region. Development factors also play a fundamental role in the epidemic. Issues of mobility, poverty, education and access to basic support services also contribute to a high-risk environment.

Meeting these challenges requires a new direction that must be pursued with a sense of urgency if countries in the Arab region are to avoid the massive, detrimental economic and social impact that HIV/AIDS has caused in other regions and especially in neighboring Sub-Saharan Africa. According to a recent World Bank study\(^2\), the average growth rate of potential GDP in nine Arab countries could be reduced by 30-40% of their current levels if the response to the epidemic is not taken seriously enough and interventions launched immediately.

"My mother is afraid to have me in her house...now she does not even want to see my daughter, her own grand daughter because this innocent girl is also HIV positive. I feel estranged and neglected by all. But among you I feel accepted. I feel I have a message. Your understanding and support is vital to me and to all of us who have to live with this virus. Participating in this meeting and seeing what has happened here is an answer to my prayers. I want to thank you all because now I have hope. Now I can hope to see the attitudes in our region change. My own attitude, my daughter’s and our friends who have the same condition can now be changed thanks to you and your courageous stance."

F.N. (a woman living with HIV, from Tunisia addressing the Cairo Colloquium of Religious Leaders, December 2004).

UNDP’S RESPONSE TO HIV/AIDS: LEADERSHIP FOR RESULTS

“Strong leadership at all levels of society is essential for an effective response to the epidemic. Leadership involves personal commitment and concrete action.”


The sixth MDG put forth by the UN in 2000 aims to halt the spread of HIV/AIDS and reverse its course by the year 2015, together with fighting malaria and tuberculosis. To reach this goal, in June 2001, the UN General Assembly Special Session (UNGASS) called for an unprecedented response to the HIV/AIDS epidemic at national, regional and global levels in the UNGASS ‘Declaration of Commitment.’ UNGASS provided a new framework for action asking for the increased involvement of governments as active partners in designing a strategic response to HIV/AIDS. With governments, UNDP aims to create a positive policy and resource rich environment to achieve the MDGs and UNGASS goals through its governance mandate, institutional capacity development and ability to mobilize a wide range of stakeholders.

In order for these unique mandates to be fulfilled, an enabling environment must be created for people at all levels of society to respond to the challenges of HIV/AIDS. Behind this enabling environment is the concept that the answer lies within individual people, local communities, organizations and governments. By asking a wide range of stakeholders to examine the root causes of HIV/AIDS, they are also asked to examine answers that lie within their own values, perceptions and personally held beliefs. This approach encourages individuals to address HIV/AIDS not as an issue for someone or somewhere else. Instead individuals address HIV/AIDS as a personal responsibility that can then transform behaviors, relationships, families, communities and countries. This is the first step towards transforming a culture of silence to one that speaks-out about HIV/AIDS. Realistic dialog, effective AIDS education, accurate reporting, accessible information and compassionate care can then be promoted and sustained. UNDP’s unique approach taps into the collective potential of the Arab region, where ordinary individuals have made extraordinary efforts to work together in the movement against the negative impacts of HIV/AIDS. These responses have been part of the transformational approach to which the UNDP has committed itself, through an energetic application of the Leadership for Results programme.
The Leadership for Results programme is thus a strategy used to help build capacities for effective leadership, strategic planning and implementation, programme management and coalition building in the response to HIV/AIDS. It has been introduced in over 26 countries world-wide with significant results both in the Arab region and elsewhere. Leadership for Results is designed to create an enabling policy and social environment to achieve measurable, sustainable results through core interventions that create breakthrough initiatives for concrete action. Through its core interventions - Leadership Development Programme, Community Capacity Enhancement, Development Planning and Implementation, and Arts and Media - Leadership for Results addresses the underlying social, cultural, political and economic factors that fuel the epidemic and supports the goals set by UNGASS and the MDGs. To do this, Leadership for Results brings together the UNDP’s service lines on HIV/AIDS - leadership and capacity development, planning and implementation and advocacy and communication. Leadership for Results promotes partnerships. These partnerships have been made in the Arab region with leaders, governments, UN agencies, Community Based Organizations (CBOs), Faith Based Organizations (FBOs), the private sector, with artists, the media and People Living with HIV/AIDS (PLWHA). This approach ensures a truly multi-sectoral response from every segment of society that can respond to this epidemic and its surrounding phenomena in ways that address its root causes.

“Prevention efforts cannot achieve their goals if they do not take into account the socio-cultural environment linked to religion, traditions, beliefs and family standards. HIV/AIDS is more than a medical or educational problem; it is a complex societal, economical and cultural problem... We need to assume a courageous and responsible stance, not to evade facing reality. And take the firm and essential measures in both the field of treatment and of prevention of HIV/AIDS. Social taboos linked to the alleged stigmatizing nature of the disease should be challenged. We cannot call a certain disease shameful. There are no shameful diseases and non-shameful ones and there are no shameful deaths and non shameful ones. There is a danger that threatens the whole society, and the whole society should be recruited to face it and overcome it.”

President Abdel Azeez Bouteflika, Algeria, January 12, 2003.
Leadership for Results promotes partnerships. These partnerships have been made in the Arab region with leaders, governments, UN agencies, Community Based Organizations (CBOs), Faith Based Organizations (FBOs), the private sector, with artists, the media and People Living with HIV/AIDS (PLWHA). This approach ensures a truly multi-sectoral response from every segment of society that can respond to this epidemic and its surrounding phenomena in ways that address its root causes.

Through the application of the Leadership for Results methodology, nothing short of a complete paradigm shift has been unfolding in the Arab region. At all levels, a new, more positive spirit is taking the place of old prejudices and mindsets. For example, among key Muslim and Christian religious leaders, there has been a significant shift in perceptions and attitudes towards HIV/AIDS. At the end of a historic 3-day gathering in Cairo in December 2004, more than 80 religious leaders came together for the first time and signed the Cairo Declaration. This exhibited a major transformation from traditional views that HIV/AIDS was a punishment from God to a far more compassionate stance advocating for more care, support and treatment for PLWHA.

Applying the very same Leadership for Results methodology, in late 2002, Arab Non-Governmental Organization (NGO) leaders established a regional coalition of NGOs to combat HIV/AIDS. This growing coalition aims to share cross-border experiences to strengthen national responses. Seven national NGO networks have emerged since then and have begun implementation of energetic strategies in response to HIV/AIDS. Arab governments are increasingly breaking long-standing taboos and taking more concerted action to step up prevention and care efforts in their countries. Arts and media practitioners and celebrities are also now trained to use Leadership for Results in their respective fields, speaking out in extraordinary ways to break the silence among the mass audiences they reach in the region.

“Now is the time for our movement to turn up the heat, roll up our sleeves and deliver for our respective constituencies. That’s our promise. That’s the promise we will keep and it is not negotiable.”
Walid Badawi, Regional Programme Advisor, Regional Bureau for Arab States.

“We need to move from the domain of commitment to the domain of action. We must look at our leadership capacities- the part in ourselves that can make a difference. And together through our collective efforts, institutions and organizations we will respond. We need to make a choice between where we are, and breaking the silence… .”
Dr. Monica Sharma, Bahrain, June 2004.
Along with the many stakeholders that have joined in the multi-sectoral response to HIV/AIDS in the region, UNDP has anchored its support to respond directly to the needs of Arab governments within an agreed UN framework for action firmly rooted in the activities of UNDP country offices. In designing its regional HIV/AIDS strategy for the Arab states, UNDP also worked very closely with other UNAIDS co-sponsors and the UNAIDS Secretariat in particular, represented by the UNAIDS Inter-Country Team based in Cairo. Indeed the inspiration for HARPAS came at the 'Regional Meeting of UNAIDS Co-sponsors and Other Key Partners on HIV/AIDS in the Middle East and North Africa' organized by the UNAIDS Secretariat in November 2001 in Cairo. The meeting was attended by national and international stakeholders including governments, UN agencies, donors and NGOs. These stakeholders identified key priorities for the region and established a coordinated framework for action. UNDP matched these priorities to its mandate and comparative advantage and subsequently formulated its regional strategy.

In September 2002, UNDP brought together government representatives, UN Resident Representatives from 17 countries along with HIV/AIDS programme staff in a Leadership for Results workshop. This workshop provided the space for participants to openly share their personal concerns regarding HIV/AIDS and its potential impact on the region. Together participants explored the socio-cultural norms that drive the epidemic, from personal beliefs to broader social consciousness, and the need for a coordinated response among stakeholders. The workshop set the tone for the regional response emphasizing breaking the silence surrounding HIV/AIDS. Another main objective focused on the importance of moving from purely health centered responses to powerful national HIV/AIDS strategies that are multi-sectoral, results-oriented, target-based, fundable and coordinated at the highest level of government. Together participants made a commitment to increase HIV/AIDS awareness and support concerted action in their respective countries.

“In 2010, HIV/AIDS becomes a mantra for Arab unity. This has become a region wide movement representing a deepening of the new Arab social contract. The main features of this social contract include political, social and personal transformation based on solidarity, compassion, urgency and transparency. These transformations are reflected in high-level political declarations signed by Arab leaders, increased national multi-sectoral budget allocations for caring social services and education, vibrant public debate on success and failure of national HIV/AIDS campaigns in the media and a new generation of individually committed citizens able to offer People Living with HIV/AIDS a caring community.”

Continued strengthening of UNDP staff capacity at the country level to ensure effective follow-up and synergy between regional and national partners, has also been a key priority for the Regional Programme. In February 2004, HIV/AIDS Focal Points from UNDP country offices in the region met again in Khartoum, Sudan to address the wider social dimensions of HIV/AIDS. There, participants discussed ways to mainstream HIV/AIDS into the broader network of UNDP policies, programmes, and activities.

Several meetings of UNAIDS co-sponsors have also been organized to allow for regular reviews and progress reports on implementation of UN agency strategies. Through the annual Unified Budget and Work Plan (UBW) meetings, UN agencies were able to jointly plan and develop programmes and activities that responded to emerging priorities and allocate resources accordingly.

The collective commitment generated from these events led to shared awareness of the challenge of HIV/AIDS in the Arab states. It also reconfirmed the important contribution of UNDP’s transformational Leadership for Results methodology in energizing the regional response to the epidemic.

**Scenarios for the Future**

UNDP facilitated a meeting of Arab HIV/AIDS experts from Egypt, Tunisia, Morocco, Libya and Sudan in April 2004 to enrich and complete the ‘AIDS in Africa, Scenarios for the Future’ project coordinated by UNAIDS. The participants included representatives from the League of Arab States, journalists, lawyers and directors of National AIDS Programmes (NAPs).

‘Scenarios for the Future’ used scenario-based engagement to focus on the impact of, and response to, the HIV/AIDS epidemic in Africa including addressing the diversity and shared struggles of these North African countries. These scenarios related to HIV/AIDS risk factors including social development, poverty reduction, economic growth and political stability. Using a 20-year time frame, this project focused on key questions concerning the epidemic's impact. For example, how will AIDS affect different generations over the next 20 years, including the generation already infected and affected? The scenario-building project aimed to thwart a worsening crisis by fostering a shared, deeper understanding of the drivers, impacts and consequences of the HIV/AIDS epidemic in Africa among a newly allied group of stakeholders. Participants shared AIDS related experiences and predicted future scenarios regarding the possible impact of AIDS in North-African countries over the next 20 years.

The ‘scenario for the future’ exercise proved to be an effective tool for engaging key leaders who developed insight into the seriousness of the HIV/AIDS epidemic. It also empowered these leaders to envision a clear sense of direction on how to address HIV/AIDS in their respective countries. Involving leaders also gave them ownership of a powerful conceptual tool that will be passed on to help other leaders develop strong action plans in their national responses to the epidemic.

“Participating in the Scenarios for the Future workshop was an eye-opener. After this workshop our organization surveyed 5,000 university students in Upper Egypt about their HIV/AIDS knowledge. Ninety-percent of them felt it was a ‘western problem’- the results as a whole were alarming. We also mainstreamed HIV/AIDS in our youth initiatives. Ten thousand volunteers were mobilized, led by 150 facilitators in eight governorates; they engaged their peers in breaking the silence and cutting through denial. Young people are designing programmes on their own and amazing responses have been produced.” - Hisham El Rooby, Leader of an Egyptian NGO.
CONNECTING NON-GOVERNMENTAL ORGANIZATIONS: THE REGIONAL ARAB NETWORK AGAINST AIDS (RANAA)

With the support of UNDP and the UNAIDS Inter Country Team for the Middle East and North Africa (UNAIDS ICT MENA), 51 representatives of NGOs from 14 Arab countries, came together in Tunis, Tunisia in December 2002, to form the Regional Arab Network Against AIDS (RANAA).

During the meeting, representatives from these NGOs were exposed to UNDP’s Leadership for Results methodology and were inspired through carefully planned exercises based on these leadership methods. Results from this meeting included the adoption of the ‘Tunis Declaration’ by participants who committed themselves to establishing viable national NGO networks among other concrete actions to scale-up the HIV/AIDS response. In the declaration, participants agreed to the following:

“[To] re-affirm...our joint commitment for reducing the spread of HIV/AIDS by mobilizing all necessary institutional, human, programmatic and financial means...announce the creation of an Arab civil society organizations network in order to coordinate...efforts in the fight and prevention of STIs and HIV/AIDS...ask the international organizations having put their priorities in the fight against the diseases, especially STIs/HIV/AIDS, to fully consider this Network as their partner and to support its development...commit ourselves to work at all levels to create a supportive environment for people infected or affected by HIV/AIDS and in turn, to promote and preserve their rights and to firmly combat all forms of discrimination and stigma.”
Tunis Declaration of Commitment, December 2002, First Annual RANNA Meeting.

As a direct result of the establishment of RANAA, national NGO HIV/AIDS networks have emerged in Algeria, Djibouti, Egypt, Lebanon and Tunisia, joining national networks already established in Mauritania and Sudan. These national and regional networks have created new community based efforts that share information, experience and hope. For example, today young people are joining network initiatives, designing programmes to facilitate HIV/AIDS awareness among their peers in Egypt. There is new outreach and education for commercial sex workers in Morocco. Prisoners living with HIV/AIDS in Lebanon are regularly visited, receiving counseling and support that restores a sense of hope and dignity. PLWHA in Tunisia are being educated about their rights and are empowered to publicly acknowledge their HIV-status. All these breakthrough initiatives have shown results, and these extraordinary efforts have been duplicated in different countries.

In March 2004, representatives of these organizations met again, along with HIV/AIDS experts and PLWHA in Beirut. They developed a plan of action based on the commitments expressed by the RANAA participants the previous year. The way forward was reached in Beirut, where participants celebrated the establishment of seven national HIV/AIDS NGO networks. They also reviewed an ambitious Strategic Action Plan that aimed to strengthen NGO responses to HIV/AIDS. A Board of Directors for RANAA was also elected with representation of PLWHA. Guidelines for strengthening the country networking process were also discussed and shared widely among the group.
NGOs in the Arab region assumed principal responsibility for their own development agenda in response to HIV/AIDS. The networking bodies they created regionally and nationally meant a greater inclusion of all beneficiaries and stakeholders. Creation of regional and national networks of NGOs involves initiatives from civil society and co-operation from government authorities, and this means greater involvement and ownership. Grassroots NGOs as well as governmental and civil society leadership structures are devoting more human and physical resources to achieve the 6th Millennium Development Goal - to halt and reverse the spread of HIV/AIDS.

“UNDP had a strong impact on my NGO which reaches out to thousands of people each year. Our participation in the work of UNDP has put us in touch with religious leaders and media and art celebrities. The whole experience was a validation of our humanitarian view of life... our Tunisian and Arab network is in debt to UNDP for its great work, without which both networks would not have existed.” Dr. Ridha Kamoun, Head of Tunisian HIV/AIDS Network.

“More rigorous evaluation measures are still needed, but the numbers of people reached by one NGO is estimated to be 60,000 per year. With 360 NGOs affiliated with RANAA today, NGOs in RANAA scaling-up response could potentially touch the lives of 21 million people per year.”

Dr. Sany Kozman, RANAA Secretariat.

One of the members of RANAA lived with HIV/AIDS for many years. A prominent activist, he openly shared his story with thousands of people. Anti-retroviral (ARV) therapy is only available to a very fortunate minority in his country. He was offered the opportunity to be one of those with access to ARVs. In solidarity with the many people in his country deprived of access to the medication, he refused to receive the ARV drugs. He continued in his courageous efforts to help People Living with HIV/AIDS and raise awareness of the disease. Sadly, he died in the summer of 2004.

But because of RANAA and the support of the broader community responding to HIV/AIDS his words, work and life will continue to inspire many beyond the borders of his country and in all Arab countries. His legacy will help transform the region, a dream he lived and died for.

“Nobody in the area I lived in would accept to say prayers over people who died of AIDS; they went without receiving religious rites. I was the only Imam around who offered these prayers. Now as a result of UNDP’s initiative, I am sure more People Living with HIV/AIDS will not have to face death without the assurance of being appropriately prayed for. They will leave with the dignity they deserve.” Sheikh Mohamed Hashim Hakim, Religious Leader participating in the Damascus and Cairo Meetings.
ENROLLING ARTS AND MEDIA:
TRANSFORMATION THROUGH CREATIVITY

Arts & Media (A&M) leaders are powerful forces for social transformation. Because of UNDP’s partnership with A&M leaders, people now have access to new hopeful messages about HIV/AIDS through their radios, Internet, newspapers and television viewed in living rooms across the region. This proliferation of A&M messages, stories and creative communication promotes a more open dialog about the realities of HIV/AIDS from multiple perspectives. UNDP promotes collaboration with artists and media professionals as a specific strategy to address the underlying causes of HIV/AIDS, change social perceptions towards people affected by the epidemic, and position HIV/AIDS as a human development issue. Recruiting A&M leaders to transform norms, increase awareness and support grassroots initiatives is crucial if an HIV/AIDS epidemic is to be averted in the Arab world.

In early March 2003 in Cairo, an A&M panel composed of leading Egyptian artists and media professionals discussed their potential responses to HIV/AIDS in the region. This first A&M meeting paved the way for a regional breakthrough in the same city only a few short months later. Building on commitments made in March in July 2003, UNDP organized the first regional ‘HIV/AIDS workshop for Arts and Media Professionals.’ Over 130 prominent A&M professionals from 13 Arab countries participated in this milestone meeting, committing themselves to a number of far-reaching initiatives. This included initiatives featuring HIV/AIDS as a regular talk show topic on satellite TV, producing songs, promoting lectures and discussions at schools and universities to raise awareness among younger audiences, increasing press coverage, and donating proceeds from music concerts to local HIV/AIDS organizations. Raw footage from the first-ever documentary dealing with HIV/AIDS in the region was also screened at the Cairo A&M conference.

‘Breaking the Silence’ Screened as First Documentary on HIV/AIDS in the Arab Region

Breaking the Silence is the first regional documentary to be made about the story of HIV/AIDS in the Arab world. The 18 minute documentary features the personal testimony of one Algerian woman courageously living with HIV/AIDS by breaking her own silence and telling her personal story about living with HIV/AIDS. Exclusive interviews feature Amre Moussa, the Secretary General of the Arab League in addition to leaders from the religious community, United Nations, PLWHA and famous artists and media professionals present at the UNDP A&M meetings. “Artists have an obligation to break this deadly barrier of silence in the Arab world,” said UNDP Goodwill Ambassador, Hussein Fahmy, interviewed in the film. The documentary has reached a wide audience by being broadcast in Arabic and English on region-wide networks such as Al-Jazeera, Future TV, Nile TV and other channels in the region. The film has been produced in multiple formats (Videocassettes, DVDs, and CD ROMs) and has been circulated to a wide range of audiences around the region. The documentary will be used for raising awareness and inspiring action and compassion, by putting a human face to the story of HIV/AIDS in the Arab world.
“This was a fine meeting but now we need to do something. These meetings are useless if we do not take action and take action now. It is your responsibility and mine to act. Let us sing, produce movies, write plays and break the silence in our region.”

Hakeem, famous Egyptian singer at the Cairo A&M meeting.

Participants attending the Cairo A&M workshop came from non-Francophone Arab countries. After the success of the Cairo A&M meeting, another workshop for Francophone countries followed, creating another opportunity to reach the masses in those countries of the region where French is widely spoken. The Francophone A&M workshop took place in September 2004 in Agadir, Morocco. Thirty-eight key artists and journalists from Algeria, Djibouti, Morocco and Tunisia took part in the workshop. These A&M leaders explored different ways their creativity could be used to develop new icons and metaphors in society to address underlying cultural factors fueling the epidemic. This included discussions about the common representations of HIV/AIDS in mass media and ways to ‘think outside the box’ of stereotypes and dehumanizing images. These conversations also included discussing new ways to raise awareness about prevention, treatment, human rights and HIV/AIDS as a development issue. As in the pioneering Cairo A&M meetings, artists and media professionals in Agadir committed themselves to producing films, poems, paintings, drawings and stories about HIV/AIDS that have new depth. They agreed to fight AIDS discrimination and misinformation with sensitive, balanced and accurate reporting and to produce art in words, images and song that challenges the discursive foundations of social reality in the region related to misperceptions of HIV/AIDS.

The ripple effect of these two workshops has already radiated out to reach hundreds of thousands of people in the region. On the second day of the workshop, well known Tunisian cartoonist Lofti Ben Sassi, published the first HIV/AIDS cartoon to be published in a daily newspaper in the region - the widely read “La Presse.” This newspaper is read by an estimated 750,000 people.

One week later, journalist Donia Chaouch presented a prime-time live radio programme about her participation in the workshop. The programme was a major success with a record audience of about 100,000 people tuning in to listen-in and join in a new public dialog about HIV/AIDS. It was the first time in the history of the radio station that issues like sex education and condoms were discussed freely.

Two weeks after the workshop famous film producer Salma Baccar and three journalists were already creating their own A&M HIV/AIDS NGO named ‘MEDIAIDS.’ Shortly after that, TV presenter Awaït Safirouni was preparing a TV programme on HIV/AIDS in the Maghreb region, collaborating with producers in Algeria and Morocco.
These diverse approaches prove that the complexity of the HIV/AIDS phenomenon must be addressed from every sector of society, using the most creative tools available to fight the spread of the disease and its surrounding stigma and silence. Through A&M efforts, momentum has been created for shared understanding and HIV/AIDS awareness on a mass scale, generating a new public discourse that can only be created through the conduit of art, media and public dialog.

**Some Closing Ceremony Commitments from the Arab A&M Workshops**

**Habib Belaid:** “I commit myself to fight against silence, taboos, stigmatization, discrimination, censorship and self censorship and to respect People Living with HIV/AIDS because they have the right to be respected, rather than tolerated.”

**Fawaz Ben Tmasak:** “You made us face our responsibilities. We are trapped; we can never stay passive in the face of what’s happening. To eradicate AIDS, fight it, struggle against it, I commit myself solely in front of you to never forget this commitment.”

**Touria Maaraf:** “I promise to start by taking an HIV test myself, as change always comes from one’s self.”

**Salma Baccar:** “Because I have a little grandson who actually is everything in my life, because I want to protect him, I commit myself to protect the future generations!”

**Dr. Redha Relahi:** “I’m sero-negative physically but psychologically I’m sero-positive as HIV is on my mind now.”

---

**An Algerian radio director led a group in a creative exercise regarding AIDS education. They produced The Ten Commandments of Sex:**

1. You shall make love eternally!
2. You shall choose your partner liberally!
3. You shall play the erotic game cautiously!
4. You shall protect your life and hers carefully!
5. You shall wear your condom strictly!
6. If it tears under the tension of desire, you shall provide another immediately!
7. And when you find the woman of your dreams, finally
8. You shall live with her faithfully!
9. But as long as falls may happen, you shall wear your condom occasionally!
10. Then you shall be surrounded by love eternally!”
RALLYING RELIGIOUS LEADERS
IN THE RESPONSE: COMPASSION
IN ACTION

It was once thought that it would be very difficult to mobilize religious leaders to speak out about HIV/AIDS. It is a tribute to the Arab region that Muslim and Christian leaders have now joined hands and responded to the epidemic in ways that are virtually unprecedented. They have opened their minds and spoken out with compassion about issues that in some parts of the world are still considered ‘taboo.’

Religious leaders, both Muslim and Christian, from across the Arab world came together on two separate occasions in 2004. In Damascus and Cairo these leaders collectively declared their commitment and defined ways for their urgent engagement in the HIV/AIDS response. The two meetings were organized by UNDP in collaboration with UNAIDS and FHI Impact. The Colloquium in Cairo was held under the auspices of the League of Arab States.

A preliminary meeting was held in June 2004 in Damascus, Syria. The Damascus meeting brought together 30 religious leaders to design a strategy for the initiative’s first crucial steps in reaching out to the broader religious leadership community. Participants at the Damascus meeting developed region specific HIV/AIDS and Religious Leader’s Educational Kits for both Muslim and Christian leaders. These user-friendly tools extract relevant verses and statements from religious texts that offer positive lessons ready to be applied by local religious leaders in mosques, churches and religious schools. These messages will also be used along with media efforts to dispel stigma, break the silence and create awareness about HIV/AIDS in a highly compassionate manner. At the conclusion of the Damascus meeting, all participants signed and adopted the ‘Damascus Preliminary Consensus’ of religious leaders. They also established a standing religious leaders’ expert panel, which later orchestrated the endorsement of the Religious Leaders Initiative by hundreds of other religious leaders from the region.

Notable amongst supporters of this initiative is the Sheikh of Al Azhar, the Coptic Pope, the Mufti of the Republic of Egypt, the top leadership from Zeitouna University in Tunisia and the director of Ullamas in Sudan. These leaders among many others paved the way for the Cairo Colloquium. This historic meeting culminated in the endorsement of the ‘Cairo Declaration’ signed by more than 80 key religious figures from 18 Arab countries in December 2004.
The true success of both the Damascus and Cairo events will be measured by the genuine commitment to change prevailing attitudes towards the disease on the part of the participants themselves. Religious leaders gained a better understanding of the reality of HIV/AIDS in the region and its complex dynamics. They experienced first-hand the Leadership Development Programme (LDP) in action where they collectively analyzed group and individual norms, attitudes and behaviors. These leaders then discussed underlying causes that fuel the spread of HIV/AIDS in Arab society. Through testimonials from PLWHA and experiential exercises, such as ‘What If you were HIV+’ and the ‘LOSS Exercise,’ participants came to realize what it meant to be living with HIV. The exercises were real ‘eye-openers’ and allowed participants to explore their own assumptions and fears related to HIV/AIDS.

“We religious leaders were not here just to shake hands, be polite and go back home with nothing changed. We rolled up our sleeves and ‘sweated it out.’ Tough problems were addressed realistically; the most uncomfortable questions were asked, debated and explored. At the end, a real transformation took place because we set self aside and put our heart into the mission. We committed ourselves because we have a love for all people in our congregations and communities. We chose not to condemn, but to act with real compassion.” Dr. Ehab El Kharrat from the Presbyterian Protestant Church and Freedom Programme, Egypt.

Another accompanying objective of the Religious Leaders Initiative was to encourage others in society to play a more active role in the response to HIV/AIDS. Many sectors of society have avoided dealing with essential issues such as sex and sexuality, promoting harm reduction strategies including condom use, reducing stigma and discrimination against PLWHA, and addressing problems of vulnerable groups and risk behavior. This avoidance is steeped in the fear that addressing such issues might evoke the ire of the religious establishment. Therefore, in many ways efforts to encourage prevention, treatment and care have tended to be self-censored. This fear is now giving way to hope, compassion and courage. Muslim and Christian religious leaders are rising to the challenge, exhibiting not only a healthy sense of responsibility, but one of innovation and creativity. Strong initiatives from FBOs all over the Arab region are now thriving. The creativity and spiritual wealth of the region has now been mobilized to effectively address HIV/AIDS. A healthy dialogue among policy makers in the region and in some donor capitals, as well as a strong sense of inter-faith solidarity have been welcome by-products of this process.
"Due to our realization of the value of every human being, and our awareness of God's glorification of all human beings— notwithstanding their situation, background or medical condition— we, as religious leaders, face the imminent danger of the HIV/AIDS epidemic and have a great responsibility and duty that demands urgent action.... We emphasize the need to break the silence, doing so from the pulpits of our mosques, churches, educational institutions, and all the venues in which we may be called to speak. We need to address the ways to deal with the HIV/AIDS epidemic based upon our genuine spiritual principles and our creativity, and armed with scientific knowledge, aiming at the innovation of new approaches to deal with this dangerous challenge."


"After my participation in Damascus I immediately started to contact Muslim Imams and Ullama, and formed 'rings' to train them on HIV/AIDS work. Each ring has 10 major leaders. I have already formed three rings in three different counties of Morocco. We intend to extend the work to cover all 14 counties of the country. Tens of thousands listen to the messages of these leaders each week. We faced difficulties; leaders were hesitant to speak about these issues. They thought we should not discuss these things in public. Inspired by what happened in Damascus, we started to support our position and used references from the Quran and Hadith and gradually the silence is breaking down and the leaders are catching the vision. This was the best workshop I have ever attended."

Sheikh Tuhamy Ragy, Senior Muslim Religious Leader in Morocco and participant in the Damascus and Cairo Meetings.

"We worked with injecting drug users [IDUs] in the streets of Cairo, to help prevent HIV/AIDS among them. The epidemic struck other nations through IDUs. Now, because of UNDP's work we are exchanging our experience with brothers and sisters in other Arab countries. We are confident they will start their own initiatives as a result. Because of our involvement with UNDP we are more determined to accomplish our mission in Cairo and now we feel responsible to do something in the rest of our region. We will not allow HIV/AIDS to strike our countries through our IDU friends— not on my watch."

A Participant at the Religious Leaders meeting in Damascus.
ADOPTING A HUMAN RIGHTS BASED APPROACH
A REVIEW OF NATIONAL LEGISLATION

“Safeguarding the rights of others is the most noble and beautiful end of a human being.” Gibran Khalil Gibran

The purpose of a human rights based approach to UNDP’s work in the region is to generate an understanding of the close relation between human rights and the spread of HIV/AIDS. To ensure that the rights of those infected and affected by the epidemic are protected, there is an urgent need to harmonize national legislation with international instruments of human rights including the UNGASS ‘Declaration of Commitment.’

“We don’t need to simply create more rights for individuals. We do need to inform them about their human rights and the laws that affect and protect them...this knowledge is the best way to defend individuals from any risks of violations.”

Dr. Khadija T. Moalla, HARPAS Regional Programme Coordinator.

A key component of any response to the HIV/AIDS epidemic is the adoption of legal reforms and formulation of anti-discrimination legislation to protect the rights of PLWHA. In partnership with UNICEF, the International Labor Organization (ILO), the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Arab Institute for Human Rights, UNDP aims to advocate for the adoption of anti-discriminatory legislation for PLWHA, and promote appropriate prevention strategies. This requires the preliminary step of researching existing laws and legal structures and examining alternatives for change. Supporting women’s rights to reduce their vulnerability to HIV infection and HIV/AIDS stigma and discrimination in the Arab region are of particular concern. UNDP is partnering with United Nations Fund for Women (UNIFEM) and other agencies in special initiatives to advocate for women’s rights and HIV/AIDS.

The challenge for legal experts in the region committed to legislative reform is to develop a model of legislation compatible with international instruments of human rights. This model of legislation will be used for advocacy and to inspire countries from the region to join the way forward in reforming their national legislation, policies, jurisprudence and doctrines, and will affect the broader public response to the epidemic.

UNDP and its partners will convene a group of legal experts from almost all Arab countries in March 2005 to review legislation related to those infected and affected by HIV/AIDS as well as vulnerable groups including children, women, IDUs, men who have sex with men and commercial sex workers. National HIV/AIDS human rights task forces will be established to review international instruments ratified by each country and will, in turn, propose a model of legislation to be adopted and promulgated by each Arab country. This model will also serve as an advocacy tool for future activities in the region.
The foundation for a human rights approach to HIV/AIDS in the region has already been set. At UNGASS in 2001 the heads of states of all UN member states, including all Arab states, agreed on Point 58 of the ‘Declaration of Commitment’ asserting that states should:

by 2003, enact, strengthen or enforce, as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by People Living with HIV/AIDS and members, in particular to ensure their access to, inter alia, education inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic.


ADVANCING WOMEN’S RIGHTS

Because women are particularly vulnerable to HIV/AIDS, UNDP is committed to promoting gender equality and addressing issues that relate to women, girls and HIV/AIDS. Power relations between women and men often leave women vulnerable to HIV infection and HIV/AIDS stigma and discrimination. Women’s vulnerability to HIV infection is often due to inadequate knowledge regarding the virus, lack of access to proper health and education resources, inability to negotiate safer sex, and lack of female-controlled HIV prevention methods, such as female condoms and microbicides. Women and girls are often powerless to abtain from sex or to insist that their partner uses a condom. Many women are also coerced into unprotected sex, leaving them at risk for infection by husbands in societies where it is common for men to have more than one partner. Most HIV infections in females occur either inside marriage or in relationships women believe to be monogamous. In much of the developing world, the majority of women will be married by the age of 20. These women will have higher rates of HIV infection than women of the same age, unmarried and sexually active but not threatened by limited choices affecting the lives they want to live. This is often due to the fact that husbands of married women have multiple partners, of whose existence their wives are unaware3

“We should free the woman, so that her children won’t grow up to become slaves. And we should remove the veil of illusions from her eyes, so that by looking into them, her husband, brother and son will discover that there is a great meaning in life.” May Zayadeh

UNDP is partnering with UNIFEM, UNAIDS, the World Bank, the Center for Arab Women Training and Research (CAWTAR), the Ford Foundation and OHCHR to Arabize UNIFEM’S booklet, ‘Turning the Tide, CEDAW and the Gender Dimensions of the HIV/AIDS Pandemic.’ The initiative aims to raise awareness among women’s human rights activists and urge NGOs working on gender issues to mainstream HIV/AIDS awareness into their activities.

Translation of the document in Arabic is currently underway and a workshop will be held in 2005. This workshop will be attended by representatives from women’s rights NGOs in 22 Arab countries to approve the final Arab region version of ‘Turning the Tide’ and to forge new alliances with women’s groups in the region. Women’s NGOs equipped with the appropriate tools, strengthened capacities and enhanced leadership skills will be able to transform the response of their societies to HIV/AIDS using a gender sensitive approach.

“We have to stop repeating the world-wide slogan of asking women to negotiate safe sex while assuming they have the means to do so. In HARPAS we are committing ourselves to creating an enabling environment to empower women in the region to have better living conditions and more negotiating power in their relationships.” Dr. Khadija T. Moalla, HARPAS Regional Coordinator, June 2004.

Turning the Tide will be Arabized to reach Arab women with examples and tools relevant to their lives and HIV/AIDS.
YOUNG PEOPLE, HUMAN RIGHTS AND HIV/AIDS

Today, more than half of all new HIV infections strike people under the age of 25. Girls are hit harder and younger than boys. Infant and child death rates have risen sharply in recent years due to HIV/AIDS, and 14 million children world-wide are now orphans because of the disease.\(^4\)

It may seem inconceivable that the AIDS epidemic could leave an orphaned generation in the Arab world. But this has already happened in other neighboring regions where, like the MENA region, family is also central in society. High-risk factors including high-risk behaviors, lack of adequate AIDS education and closed public dialog can sabotage our children’s future. The Arab region has one of its greatest challenges and brightest hopes in addressing the special needs and promise of young people in the region. UNDP and other organizations concerned with youth and AIDS prevention efforts can move in especially powerful ways through programmes that act now to educate and mobilize youth in the fight to protect their own lives and the future of the world they will inherit. The response to the epidemic today is crucial to protecting their lives tomorrow. This response must include a willingness to be open, honest and supportive with a particular concern for youth in HIV/AIDS prevention and education efforts.

In January 2003, UNDP in collaboration with UNESCO’s Regional Office for Education in the Arab States and UNAIDS, launched an initiative to Arabize an existing UNAIDS/UNESCO Kit on ‘HIV/AIDS, Human Rights and Young People.’ The Arabization of the kit ensured the inclusion of region specific examples of some of the human rights implications of HIV/AIDS related to PLWHA in the Arab region. The kit, which will be co-signed by the Executive Heads of UNDP, UNESCO and UNAIDS should be ready for region-wide distribution in 2005.

The preliminary version of the kit was used to educate and sensitize Arab youth about HIV/AIDS in a joint UNDP/UNESCO/UNAIDS Regional Workshop on human rights and HIV/AIDS held in Berhesaf, Lebanon in June 2003. The workshop brought together youth leaders and trainers from 11 Arab countries and representatives from international and regional NGOs active in the field of HIV/AIDS and human rights. Youth leaders and activists were trained on the use of the adapted Arabic version of the human rights kit.

The workshop succeeded in empowering young people and their organizations to adopt a rights-based approach to address HIV/AIDS in their communities focusing primarily on knowledge and skills building. The outcome of the workshop included setting up a basic platform for participants to formulate HIV/AIDS and human rights based plans of action for their respective countries and local communities.

UNDP in partnership with UNICEF, UNAIDS and the Gulf Cooperation Council (GCC) organized a ‘Multi-Sectoral Workshop on Leadership for an Early Response to HIV/AIDS in the Gulf Countries.’ The workshop was held in June 2004 in Manama, Bahrain. Representatives of various government ministries along with NAP managers and representatives of civil society attended. In total, 79 participants attended representing the seven Gulf countries of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE and Yemen.

The objective of the meeting was to expand the Gulf countries HIV/AIDS response to be more inclusive of other development sectors including education, agriculture, social affairs and others, and to highlight the urgency for preventative measures in the sub-region.

At the meeting, participants agreed on several key recommendations for change to be presented to decision-makers in the Gulf states. These included:

- Addressing HIV/AIDS via the Health Ministers’ Council’s Executive Board for GCC states
- Establishing a specialized committee in the Gulf region responsible for developing strategies and work plans, as well as indicators for follow-up on the execution of these plans
- Establishing national committees for preventing and responding to AIDS (including government and other national authorities)
- Formulating national HIV/AIDS strategies in different countries
- Allocating specific resources for HIV/AIDS programmes from national budgets
- Developing HIV/AIDS awareness programmes targeting women as one of the major stakeholders in the national strategy in cooperation with women’s organizations
- Promoting awareness programmes related to abolishing stigma and discrimination against PLHWA

The transformation of norms and attitudes displayed by those who participated in these workshops means that the impact of their work will now be sustained through the commitments they made and the detailed plans they put forward. Before the workshop, action against HIV/AIDS in the Gulf countries was burdened by denial, silence and a misperceived minimization of the threat.
A bold set of recommendations and detailed action plans were put forward and endorsed by senior government officials as well as key leaders of civil society soon after the workshop. This clearly represented an important step towards breaking the silence and initiating a comprehensive response that will lead to halting the spread of HIV/AIDS in the region by 2015.

“This was the first workshop of its kind in the Gulf region; it is an excellent first step. My participation in it led to initiatives of strategic significance. One of them was the link with women's groups, which we forged partnerships with after this meeting. Forty-two NGOs joined in, mobilizing over 4,000 volunteers. A peer education plan was also immediately implemented. Each trainee trains 10 others; each in turn will train 10 more and so on. Thousands of women have already been reached and the plan is becoming stronger. Tens of thousands of women can be reached each year.”


COPING WITH MOBILITY IN THE HORN OF AFRICA AND COUNTRIES BORDERING THE SAHARA

Population mobility and HIV/AIDS-related vulnerability has been widely recognized by national and international partners as a priority area of work for the HIV/AIDS response in the Arab region. While available data does not provide concise evaluation of the full extent of the epidemic, high prevalence rates have been reported in many localities where there are increases in population mobility. This includes border areas in those countries affected by population movement- in particular the Horn of Africa and countries bordering the Sahara.

While there is no direct causal link between population movement and HIV/AIDS, it is often the unsafe process of migration that creates conditions of vulnerability. Mobile populations including refugee and migrant populations, face hostile environments exacerbated by separation from families and social support systems along with lacking access to needed information and state services. These factors may result in social and sexual practices that increase their vulnerability to HIV infection.
UNDP is committed to responding to the specific challenges posed by mobile populations vulnerable to HIV/AIDS through its sub-regional initiatives. UNDP and UNAIDS have earmarked resources to conduct research, provide policy advice and promote partnerships to address the most pressing challenges of mobility in the region. This includes mapping out the HIV/AIDS situation in higher risk areas by identifying inter-country and inter-governmental agreements and conventions related to mobility. Mapping also includes measuring the comparative advantages of existing institutions in terms of human and technical capacities to address HIV/AIDS needs among mobile populations. UNDP and UNAIDS have also promoted policy dialogue on cross-border issues with regards to migration and HIV/AIDS.

For example, UNDP’s commitment to cross-border issues in the Horn of Africa (HOA) came out of active participation in the multi-stakeholder consultation held in Sana’a, Yemen, in May, 2004 and organized by the UNAIDS Inter-Country Team for the MENA region. This consultation was a crucial first step towards developing a broader sub-regional initiative to provide a common strategic framework, pool resources and enhance coordination in the HIV/AIDS response. As a result of the consultation, the Partnership on the HIV/AIDS Response in the Horn of Africa was formed. This initiative focuses on reducing risks and vulnerability to HIV/AIDS in HOA countries in post-conflict situations. The countries involved in this sub-regional intervention include Djibouti, Eritrea, Ethiopia, Somalia, Sudan, as well as Yemen. Many of these countries are among the poorest in the region and are currently facing humanitarian crises coupled with high HIV prevalence rates.

The Countries Bordering the Sahara Initiative also addresses cross-border issues in the region bringing together partners in Algeria, Libya, Mali, Mauritania, Morocco, Niger and Tunisia. Due to their location as a gate-way to Europe, these countries experience a higher population influx and thus many are vulnerable to HIV infection. The initiative focuses on mobility to and from these countries, with the overall goal of reducing vulnerability and increased STIs and HIV/AIDS among its mobile populations.

UNDP’s ultimate goal in these two sub-regions is to minimize the spread of HIV/AIDS by working on the ground with those populations who are the most difficult to reach. Through a multi-agency coordinating mechanism and with UNDP’s country office coverage in each of the countries, UNDP will ensure regular follow-up and information-sharing among partners while documenting the progress of these initiatives.
For over two decades, civil war and perpetual conflict have devastated economic and social development in Sudan, creating a high-risk environment for the spread of HIV/AIDS. An estimated four million people have been internally displaced while leaving at least two million dead in the war-torn country. Countless Sudanese people have been forced from their homes to live in neighboring countries as refugees. As with the recent humanitarian crisis in the Darfur region, women and girls are often the targets of sexual exploitation and abuse during conflict, putting them at higher risk for HIV infection.

Sudan currently has the largest number of PLWHAs in the region. An estimated 300,000 people are living with HIV/AIDS in Sudan accounting for more than half of all infections in the Arab states region. UNAIDS, 2004 Report on the Global AIDS Epidemic, UNAIDS, Geneva, 2004, p.203. Against this challenging backdrop in February 2004, UNDP and UNAIDS initiated a joint programme on ‘HIV/AIDS Partnership and Leadership’ at the national, state and community levels, to support the response in both North and South Sudan. This programme included two components, the Leadership Development Programme (LDP) and the Community Capacity Enhancement Programme (CCE).

**Leadership Development Programme in Sudan**

The Leadership Development Programme is a nine-month programme that fosters transformative leadership and partnerships among different social sectors to effectively respond to the epidemic. Participants apply the concepts and practices learned in three separate sessions to design and implement ‘breakthrough initiatives.’ Approximately 20 potential change agents are identified to ensure sustainability of these initiatives after the life of the programme. These sessions held in Khartoum were attended by 250 participants representing 20 domestic states from key ministries, NGOs, CBOs, FBOs, associations of PLWHAs and UN agencies. A special leadership programme was held to support the implementation of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) as well as to scale up the WHO 3 by 5 Initiative. Over half of all participants were from the federal and state health sector working with HIV/AIDS along with tuberculosis and malaria staff and GFATM country coordinating mechanism members.

For the first time in Sudan, the Leadership Development Programme brought together people from different sectors including government, NGOs and religious leaders to talk about HIV/AIDS. Participants were provided with a safe space where they could engage in meaningful dialogue on issues such as stigma, discrimination, gendered power-relations, taboos and fears.
By the end of the workshop new partnerships were formed, private sector companies came together with research institutes and UN agencies collaborated with NGOs for the common goal of advancing Sudan’s response to the epidemic. For many participants it was the first opportunity to meet someone living with HIV/AIDS and listen to their experiences. For PLWHA, this experience ended a long period of isolation providing them an opportunity to share what it means to live with HIV in Sudan. This new sense of shared understanding also empowered people to form breakthrough initiatives. Participants agreed to open more Voluntary Counseling and Testing Centers (at the community level, only three such centers exist in the whole of Sudan), to go for testing themselves and to form coalitions to address stigma and discrimination.

Participants developed 25 breakthrough initiatives as a result of the Leadership Development Programme. These initiatives covered areas of prevention, care and support, as well as reducing stigma and discrimination. For example:

- The Sudan National AIDS Programme (federal level), Women Center for Peace & Development, and the Ministry of Finance developed a breakthrough initiative to form the National Sudanese Women AIDS Network (NSWAN), which will be a coalition of organizations working with women’s issues brought together to address the HIV/AIDS epidemic at a federal level. It is aimed at having nationwide coverage.

- A group from Ahfad Health Center and University Group developed an initiative which focuses on the 3 by 5 Campaign and aims to raise awareness of HIV/AIDS amongst Sudanese people, through mass communication tools and health education programmes. The group drafted 45 short text messages to be disseminated to cell phone subscribers. Currently there are over a million cellular phone subscribers in Sudan. The group intends to utilize Mobitel and Sudatel, two major telecom companies, to distribute recorded health messages. The group envisages involving television programmers and newspaper journalists in their health campaign.

UN agencies including UNDP, UNAIDS, UNFPA, WHO, UNHCR, WFP and FAO, created a special World AIDS Day (WAD) breakthrough initiative. The Agencies sponsored a WAD Caravan to address stigma and discrimination against those infected and affected by HIV/AIDS, focusing on women and girls. The WAD Caravan will go to Kassala city, a region with an estimated HIV prevalence rate of 4% and characterized by high mobility, a high concentration of internally displaced people (IDP) and refugees. The meeting of this group is already a breakthrough because individuals overcame formerly entrenched institutional barriers to work together in the HIV/AIDS response.
Other breakthrough initiatives include raising awareness about HIV/AIDS among the armed forces and university students, providing care for orphaned children and PLWHA, and establishing Voluntary Counseling and Testing Centers within universities and more community locales. All these initiatives have potentially great reach across the country to form a significant component of Sudan’s national response to HIV/AIDS.

**COMMUNITY CAPACITY ENHANCEMENT PROGRAMME**

The Community Capacity Enhancement Programme recognizes that communities have the capacity to care, change and sustain hope in the midst of the HIV/AIDS epidemic. It is well-established that local responses to HIV/AIDS need to be based on the ground-truth of existing social dynamics and the real concerns of local communities. Community Capacity Enhancement provides the forum for communities to talk openly about HIV/AIDS and thus better define their needs and priorities to create effective responses. This core intervention of the Leadership for Results programme focuses on community dialog as the basis for developing local responses to HIV/AIDS. These conversations bring together entire communities to create a safe space for reflecting on key issues that drive HIV/AIDS stigma and increased infection. Thirty-five resource people from government, NGOs, CBOs, FBOs and the uniformed services have attended the Community Capacity Enhancement training in Sudan. These trainers are currently training 145 facilitators to deliver Community Capacity Enhancement in communities in Juba, Kassala, Khartoum and West Kordofan States.

Participants in the programme acknowledged the relevance of the Community Capacity Enhancement approach to their work. For some it was the first time they openly shared about factors that make them personally vulnerable to HIV-infection and the need to address these concerns. Counseling was highlighted by participants as one of the most urgent needs in the HIV/AIDS response. They recognized the relevance of the Community Capacity Enhancement programme’s innovative methodology and its usefulness in creating an enabling environment to address issues that are taboo within their families and communities. This initiative also brought local organizations together to train AIDS education facilitators. Four states will continue to be covered through this programme including Khartoum, Bar el Jabal, Kassala and South Kordofan.
“The Leadership Development Programme and Community Capacity Enhancement Programme complimented each other in their impact on me and my work. Community Capacity Enhancement allowed us to understand and apply the Leadership Development Programme principles. I am going to review all HIV/AIDS programmes critically. With the second round of Leadership Development Programme training our direction became clearer. We are arranging educational and care programmes in tens of villages in East and South Sudan. Our transformed views and approaches will positively affect hundreds of thousands...” Lino Baba, Leader of a Faith Based Organization active in HIV/AIDS in Sudan.

COUNTRIES IN FOCUS

UNDP’s efforts at the regional level have been designed with a view to pave the way for country level follow-up. Over the past two years the ripple effect generated at national levels have been impressive. All UNDP country offices in the region, in close cooperation with their government counterparts, UNAIDS co-sponsors through the UN HIV/AIDS theme groups, and civil society partners, can boast a serious increase in HIV/AIDS activities at the national level. The identification of HIV/AIDS Focal Points in all UNDP offices in the region has propelled the national response forward. The following highlights illustrate some of the pioneering country efforts being spearheaded in the region.

“[T]he one really high profile issue we are associated with positively in the Arab region as the UN is HIV/AIDS…. I take the lesson to be that years of campaigning linked to programming has positive dividends…. .” Mark Malloch Brown, UNDP Administrator, September 2004 (referring to the results of an independent poll on Arab attitudes towards the UN conducted by Zogby International, an international polling organization).

Bahrain- Major HIV/AIDS Research and Awareness Project Funded
In late 2004, UNDP Bahrain signed a three year HIV/AIDS project with the Bahrain Ministry of Health, with a budget of approximately US$300,000 funded primarily through government cost-sharing. Project activities include a series of field surveys to assess the level of HIV/AIDS awareness and related community beliefs and behaviors. After this research, a series of awareness raising meetings, workshops and seminars for different sectors of health care personnel, related sectors and media campaigns will be organized. Furthermore, at the request of UNDP, a UNAIDS mission was conducted in November 2004 to assist in the development of a work plan to fully involve all government sectors, civil society and the private sector in the Bahrain HIV/AIDS response.
Djibouti- Home to UNDP’s Regional Programme from 2002-2003
Before moving to Egypt in December 2003, UNDP Djibouti hosted the Regional Programme in its office in Djibouti Ville. The selection of Djibouti as the seat of the Regional Programme stemmed from the high HIV/AIDS prevalence rate in the country and the need for UNDP’s dedicated and urgent attention to spur national efforts. During the course of the year, UNDP supported the establishment of the Djibouti National NGO HIV/AIDS Network, organized a national A&M workshop and launched a national round table discussion on HIV/AIDS and religious leaders.

Jordan- Marathon to Break the Silence Leads Nation-Wide HIV/AIDS Awareness Campaign
Through a series of HIV/AIDS briefings the UNDP country office was sensitized to the potential regional and national threats of the HIV/AIDS epidemic. A full session on HIV/AIDS was included as part of the learning plan for the country office. In addition, the office of the UN Resident Coordinator and UNDP co-sponsored an advocacy campaign to ‘break the silence’. The ‘Run To The Lowest Point On Earth’ marathon organized with The Society for Care of Neurological Patients in cooperation with The Jordan Athletic Federation and Amman Road Runners provided runners with bags carrying the UNDP developed slogan: ‘Low Prevalence Does Not Mean We are Immune from HIV/AIDS.’ Five-hundred children participated in the Marathon.

Egypt- Arts & Media Campaign, NGO Initiative and ‘We Care’ Programme Spearheaded in Cairo
UNDP Egypt has played host to several Regional Programme initiatives. These initiatives have spurred national efforts with local A&M personalities including major A&M events that have generated significant media coverage in national and regional newspapers, magazines and television programmes. Following up on the regional NGOs initiative, UNDP Egypt in close collaboration with members of the Expanded Theme Group (UNICEF, UNAIDS and other NGOs) provided technical and financial support to create a national network of NGOs working on HIV/AIDS issues. The network continues to function effectively, coordinating the efforts of more than 20 NGOs. Furthermore, UNDP Egypt was the first office in the region to implement the ‘We Care’ programme. ‘We Care,’ is UNDP’s internal HIV/AIDS programme for its staff. The objective of the programme is to stimulate reflection and discussion on the HIV/AIDS epidemic and its underlying causes, thus generating appropriate action and enhancing the capacity of UN Country Teams to support staff members and dependents. The underlying principle of the ‘We Care’ initiative is the application of a human rights-based approach to HIV/AIDS in the workplace and to provide a supportive work environment free from denial, discrimination and stigmatization. The programme was launched in Egypt among the first 10 countries globally and is currently being expanded to Sudan.
Libya- Alliance Against AIDS Formed/ IDU Research to be Conducted
Following a request from the Libyan Government and the National AIDS Programme (NAP), a Theme Group, ‘Alliance Against AIDS’ (AAA) was formed to stimulate the national HIV/AIDS response, reducing stigma, and increasing access to care, treatment and support. UNDP actively participates in this forum and has organized a number of workshops to raise awareness about HIV/AIDS in Libya, including workshops for UN staff, government and the media. The participants greatly appreciated these events and expressed their keen interest in future cooperation to achieve the MDGs. In addition, UNDP has been supporting other UN organizations including the UNODC to pilot a survey to assess the situation of high risk groups—particularly drug users and rehabilitation patients.

Morocco- National Plans Support HIV/AIDS Response/ Francophone Artists Meet
Following the Yemen workshop in 2002, UNDP Morocco mobilized national policymakers to address HIV/AIDS in Morocco. This was the first step in creating an enabling environment for inclusion of HIV/AIDS issues in the 2002-2004 National Strategic Plan. UNDP has also been supporting the decentralized implementation of the National Strategic Plan in three regions. As a result, UNDP has developed an HIV/AIDS Programme for the Moroccan Parliament. In addition to hosting the regional workshop for Francophone A&M personalities, the country office organized a national workshop on media and AIDS for Arabic and French speaking journalists. A network of key arts and media personalities was created and is actively raising awareness about HIV/AIDS in Morocco. The Country Office is also experimenting with mainstreaming HIV/AIDS into different UNDP programmes.

Tunisia- Workshop on Sports and HIV/AIDS Planned for 2005
UNDP Tunisia responded promptly to replicate what UNDP has been implementing at the regional level by mobilizing national stakeholders including government, PLWHA, A&M personalities, religious leaders, and the NGO community. Through a series of separate national dialogues and workshops with each of these constituencies coupled with a strong follow-up mechanism, UNDP Tunisia was able to effectively translate regional benefits into national action. A thriving NGO network currently exists, A&M celebrities are publishing articles and creating TV programmes, and religious leaders are following through on the commitments they made at the Cairo meeting. UNDP Tunisia has brought all these networks together to unanimously recommend a regional workshop on Sports and HIV/AIDS in 2005 (during the International Year of Sports and Physical Education) to potentially be held in Tunis. An HIV/AIDS Technical Working Group is also in the works, comprising of religious leaders and A&M representatives that attended the Agadir workshop.
**United Arab Emirates- National AIDS Committee Re-energized**

UNDP officers in the UAE have held a series of meetings with Ministry of Health officials in the country and have managed to reactivate the National AIDS Committee as well as several specific HIV/AIDS awareness campaigns. These HIV/AIDS awareness raising activities and leadership networking started in 2004 and will continue through 2005 in collaboration with the Red Crescent Society.

**Programme of Assistance to the Palestinian People**

Despite occupation and a severe humanitarian situation on the ground, UNDP’s Programme of Assistance to the Palestinian People (PAPP) has led efforts to re-energize the UN theme group on HIV/AIDS for the West Bank and Gaza. The office prepared a paper entitled ‘Moving Beyond Denial- Breaking the Silence around HIV/AIDS in Palestine.’ Furthermore, UNDP-PAPP has supported the reporting of HIV/AIDS vis-à-vis the Millennium Development Goals Report, mobilized seed funding for a joint UN HIV/AIDS work-plan and supported capacity building efforts through funding exposure visits of key officials to regional workshops.

**Saudi Arabia- Breaking the Silence**

In November 2004, the Ministry of Health in partnership with UNDP organized a workshop as a follow-up to the Gulf Cooperation Council meeting. During the meeting, UNDP reinforced the development aspect of the HIV/AIDS response. Furthermore, the country office drafted a paper and organized a brainstorming session to launch a discussion on HIV/AIDS and human rights within the context of Saudi Arabia. The winds of change have started to blow in this country of long-standing traditions. Members of the Royal family are more openly discussing HIV/AIDS issues in the country. UN agencies through the Theme Group are gearing up for more concerted action.

**Yemen- Large Grant for National AIDS Programme (NAP) to Promote Policy Change and Scale-up the Response**

In September 2004, UNDP Yemen signed an agreement to contribute US$320,000 for building the capacity of the Yemeni NAP. The UNDP-supported project mirrors the Regional Programme. It will enhance national capacity in responding to HIV/AIDS by mainstreaming HIV/AIDS issues into national policies/strategies through piloting combined HIV/AIDS and national interventions and sharing lessons with other stakeholders. It will also review HIV/AIDS and human rights-related legislation, policies and practices and will conduct appropriate advocacy. Recognizing the cross-sectoral nature of HIV/AIDS, the project aims to integrate HIV/AIDS interventions into the scaled-up national efforts to develop the second Poverty Reduction Strategy Paper aligned with achieving the MDGs.
THE WAY FORWARD

Arab government representatives and UNDP Staff met together early on when the HIV/AIDS Regional Programme was launched. Together they envisioned an AIDS free generation and committed themselves to achieving this goal ‘on the ground.’ Indeed much has happened since then. The silence has been broken and increasingly more government sectors beyond health ministries are engaging in the response. UNDP in partnership with others must now continue to strengthen national capacities and utilize transformational leadership development methodologies in scaling up the response in the region. UNDP County Offices, with the support of the Regional Programme, will work closely with national counterparts in this direction. It is hoped that Country Offices in the region will continue to mainstream HIV/AIDS into other programmes and that an increasing number of offices will reflect HIV/AIDS awareness in country programme documents and develop dedicated HIV/AIDS programmes at the national level.

The Regional Arab Network Against AIDS (RANAA) was established in late 2002. One of its greatest achievements was to expand its reach and to spur the formation of national NGO networks in the region. As a relatively new structure, RANAA has not yet been able to effectively leverage the collective strength of its membership to exert the expected influence at the national, regional and global levels. In the period ahead, RANAA, with the support of UNDP and others will need to examine ways to energize its members to interact more frequently and effectively. As an incentive, UNDP will make available small grants to support creative NGO initiatives developed through RANAA. Programmes working in response to HIV/AIDS have already started all over the Arab World. These initiatives are bound to multiply, unleashing the potential of a civil society that is now beginning to grasp the magnitude of HIV/AIDS in the region.

More than 80 religious leaders have already signed the historic Cairo Declaration, committing to a more proactive, compassionate response to HIV/AIDS. These key religious figures are now moving to engage others in their plight, spreading messages of hope and compassion to their respective congregations and communities. UNDP along with other partners will ensure that these leaders have the necessary tools, skills and capacity to effectively deliver on their promises.

Arts and media professionals are already responding across the region with an accelerating pace proving the powerful potential of creativity and media to reach the masses in new and innovative ways. The number of newspaper articles, TV shows, concerts, plays, stories and poems emerging in the region that address the realities of HIV/AIDS outstrips UNDP’s current capacity to adequately respond to the various demands now being generated.
UNDP will develop a mechanism to link up the arts and media community from both the Maghreb and the Mashrek to create a powerful regional voice to ensure that the silence surrounding HIV/AIDS continues to be broken. Furthermore, UNDP will provide seed funds to support arts and media professionals who develop strategic, high-impact media products to scale-up prevention responses.

Issues of population mobility can create conditions of vulnerability to HIV/AIDS. UNDP has already strengthened its capacity to address mobility in the Horn of Africa sub-region and the Maghreb sub-region. Jointly with UNAIDS, UNDP will lead a coordinated UN agency response in these two sub-regions to reduce vulnerability resulting from population mobility.

UNDP is currently planning a number of initiatives with other UN agencies that will ensure the adoption of a human rights-based approach to HIV/AIDS. The review of Arab legislation jointly being undertaken with UNICEF, OHCHR, ILO and the Arab Institute for Human Rights will propose a model of legislation that respects the rights of people infected and affected by HIV/AIDS. UNDP along with its partners will work to ensure that this proposed legislation will be promulgated into law in Arab countries. This and other initiatives ensuring the protection of women’s rights related to HIV/AIDS will be pursued with increased vigor.

Over the past two years, UNDP has worked tirelessly to break the silence in the region, laying the foundation and creating an enabling environment conducive to the formulation of effective national policies that address the HIV/AIDS concerns of the region. The success of this first phase necessitates that UNDP take a different approach for the future. While UNDP will continue to consolidate and deepen the gains made in the first phase of the programme, UNDP will also focus more attention on supporting national efforts developing strategic planning and policy formulation. Through creative regional and national interventions, UNDP will link various networks of stakeholders (government, religious leaders, arts and media, NGOs, etc.) that have now been mobilized to join in the formulation and implementation of powerful national strategic plans to meet the goal of ‘breaking the silence,’ ending AIDS stigma, and preventing any new HIV infections in the region by 2015.

“At the beginning I felt rejected and was ashamed of my disease. Now I have a cause to live for. I am not ashamed even to reveal my identity. I appreciate the chance you gave me to promote this cause. I feel empowered by your commitment and I know that now we have a chance to win.” M.O. (A gentleman living with HIV from Sudan, commenting on Religious Leaders Initiative).
LIST OF SOURCES


Leadership for Results: Breakthrough Initiatives from Around the World. UNDP, 2005.

Leadership for Results Catalogue. UNDP, 2005.


We Care: Communication Package. UNDP, 2004.


www.promed.com.tn/rana/eng/leading (RANAA website)
www.unaids.org
www.undp.org
www.unifem.org
www.unicef.org