

**AIDS 2022 Conference, July 30 Symposium Session, Community Interventions,
Impacts of Conflicts and Climate Distress**

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PLHIV and vulnerable population in the MENA region are living in a constant state of intersecting crises. Everyone unable to access HIV/Hepatitis/Sexual & Reproductive Health services becomes a member of vulnerable populations.

Across MENA people are living under tremendous political turmoil, coups d'état, and economic inflation. This is not the only crisis we face in our region. We are witnessing armed conflicts, internal migration within the region as well as external migration, with 16 million forcibly displaced and stateless people in the region at the end of 2021. And of course there is the impact of the COVID-19 pandemic.

MENA is also among [the most vulnerable](#) places in the world to climate change. We face a devastating toll on the region's water supplies and food production systems.¹

All these crises have impacted on health care and drastically affected our priorities. We are stuck in a survival mode. Yes, our mental health is suffering and our priority for the day is to provide food for ourselves and our family.

I want to talk about some of the main impacts of these intersecting crises on people living with HIV and key populations.

Impact on care and treatment:

Recurrent shortages of ARVs due to conflict and turmoil in our countries are reported by PLHIV. Continuum of HIV care will become hazardous.

With our instinct of relocation and survival, many find themselves out of treatment (whether because of stock shortage, difficulty of delivery to remote centers or simply because of depression). Lack of continuity of HIV care and interruptions to treatment can lead to virological failure (HIV, Hepatitis, etc.), hazardous co-morbidities, and higher risks of babies being born with HIV. Mental health services may be unavailable: people with untreated depression report worse

¹ Alaaldin, R. (2022) Climate change may devastate the Middle East. Here's how governments should tackle it. Brookings Institute. Available at: <https://www.brookings.edu/blog/planetpolicy/2022/03/14/climate-change-may-devastate-the-middle-east-heres-how-governments-should-tackle-it/>

quality of life than those taking antidepressants. For people living with HIV who need them, antidepressants improve treatment adherence and overall health outcomes.

Unfortunately, in fragile and conflict-affected states in the MENA region there is scant up-to-date data about PLHIV/WLHIV, and the treatment cascade (HIV diagnosis, retention in care and viral suppression). Many governments deny and hide the reality for fear of spoiling/flawing their image.

Impact on preventative health:

The COVID pandemic has had a huge impact on all our lives. Health services fear that they have lost touch with some patients and may not have spotted new health issues in others.

In emergency times, governments are deprioritizing and shedding Key Populations, thus undermining public health, including a backslide in vaccinations (HPV, Hepatitis B, etc.).

Impact on HIV testing:

There are grave concerns about a drop in HIV testing in the current crises. This will lead to fewer HIV diagnoses, and more advanced newly diagnosed cases, with lower CD4 counts at diagnosis and higher proportions of people diagnosed with an AIDS-defining condition. No evidence-based study has been promoted for the uptake of research findings, and hence to reduce inappropriate testing and care.

Impact on innovations and improvements:

Any claimed new/innovative/improved intervention is interrupted (evidence-based, media technology, etc.):

- Only one MENA country, Morocco, offers PrEP. It is being piloted in Lebanon and is part of some national plans. There are reports that “wild PrEP” – informal PrEP outside the health system – is used in some parts of the region. The main barriers to PrEP implementation and scale up in the region include political instability, lack of financial resources and disruptions caused by responses to COVID-19.
- The disruption to the use of digital technologies to access HIV/SRH services and information, particularly by adolescents and youth has left many excluded: Youth advocates reveal that organizations and models based on digital technology are effective in disseminating information, but often inaccessible, particularly for refugees and migrants.
- The discriminatory environment and the absence of friendly key population centers will certainly keep inadequately served populations from accessing their health services.

The concept of palliative care is not even muttered any longer as there is no more squeaky wheel of activism on palliative care. The rare services recognizing the precarious existence of the elderly and their declining quality of life are simply overlooked and neglected. With the improvement of treatment efficacy, PLHIV are living longer and their needs, especially when they are getting older, require specific attention. Sex life doesn't stop at the age of 60. Chronic diseases happen a bit earlier with PLHIV, thus continuous care should be sustainable for their well-being.

Impact on women:

Women make up the majority of the global health workforce, yet often face significant barriers at work, including a lack of decent working conditions, sexual harassment and discrimination, occupational segregation, and a gender pay gap. In the MENA region, women often have limited mobility in the public sphere due to financial and socio-cultural constraints. During emergency crises and in the absence of the man who is often the breadwinner, women have to ensure the family's day-to-day survival. They often have to travel distances to find water, food, medicines and other necessities, thereby putting at risk their own physical safety. Women in wartime have shown tremendous courage and resilience as survivors and as heads of households - a role for which many of them have had no preparation and which is made more difficult by the social constraints often imposed on them.

Impact on sexual and reproductive health and rights:

In crisis situations, a reversion to early age marriage, rise in sexual and gender-based violence, increase in care burden at the household level are realities for women and girls. Key SRHR services – contraceptives, safe abortion services, maternal health and delivery services, comprehensive sexuality education – are largely missing in crisis response, environment and climate discourses. The gender-specific needs of women and young people in all our diversities to adapt and build resilience to crises are not prioritised.²

Marginalized girls and women are especially affected by any emergency crisis. Many youth advocates highlight how during — and even prior to the Covid pandemic — stigma and

² ARROW (2022) ARROW and partners statement at the CSW66 general discussion. Available at: <https://arrow.org.my/arrow-and-partners-oral-statement-at-the-csw66-general-discussion/>

discrimination prevented adolescents and youth from seeking the SRH services and information they needed, and stigma & discrimination in healthcare settings prevent girls and women getting tested for HIV.

For the majority, safe sex measures are not respected – opening the door wide to a rise in STIs.

Impact on GBV:

Youth advocates emphasize how pre-existing harmful social norms and gender inequalities, economic and social stress induced by the COVID-19 pandemic, and restricted movement and social isolation measures, led to an increase in GBV. Yet pandemic restrictions severely limited GBV services.

Increase in unintended pregnancies:

Many youth advocates shared that since the start of Covid, there has been an increase in unintended pregnancies in their communities owing to difficulties accessing and purchasing SRH services and contraception, respectively. Family planning services are commonly cut during emergency crises.

Restrictions on NGO work:

Displacement increased in the Middle East and North Africa in 2021, with a total of 16 million forcibly displaced and stateless people at year end.

Unfortunately, scant data exist from fragile and conflict-affected states. No exact up-to-date data exist about PLHIV/WLHIV, the treatment cascade (HIV diagnosis, retention in care and viral suppression) for all countries of the MENA region. Many governments deny and hide reality for fear of spoiling/flawing their image.

In some countries, NGOs have been barred or restricted. This has affected the sexual health services provided by NGOs; thus endangering the life of inadequately served population. Activists and advocates need to voice the needs of the community and interfere during these “difficult” times in order to secure the resilience of the communities they represent.

Funding for community priorities:

After 40 years of HIV, funders manifest “HIV fatigue”. While strategic investments in biomedical approaches continue, psychosocial programs and complementary community initiatives remain under-resourced. Funders follow their own agenda, and they don’t necessarily respond to the KPs needs. This is where activists and advocates have a vital role to play. It is also painful to say that no domestic resource mobilization is noticeable in the MENA region. To add to this sad situation,

the region will soon witness the withdrawal of the Global Fund. If our own governments don't take necessary and swift actions for the sustainability of treatment and care services, otherwise under-resourced health systems will be hard hit.

The importance of local CSOs:

Youth advocates highlight that local civil society organizations (CSOs) are essential to advocating for SRH and holding governments accountable because of their deep understanding of local needs and realities. Unlike international NGOs and donors, they do not move on when global priorities shift – they are rooted in their communities and accountable to them. During crisis situations, it is often local CSOs that step up to provide support, distribute food, medicines and hygiene supplies to their communities, respond to GBV, and otherwise fill the gaps in ways that are relevant, survivor-centred and trauma-aware. It is absolutely vital that they are recognized, supported and funded.

RECOMMENDATIONS:

All people living with HIV must have access to life-saving medication that can turn HIV into a manageable chronic condition. ART is central to the Sustainable Development Goal (SDG) of ending AIDS by 2030.

1. Increase and maintain strong political and financial support for civil society partners who provide vital support in communities. Give them space to act as a strong representative voice in decision-making for action on health, HIV, and rights of women, girls, gender-diverse people and key populations. Make states/governments and international donors accountable for commitments made during the HLM 2021.
2. Parliamentarians must play their role in overcoming the pandemic, and ending inequalities to end HIV
3. Bring services closer to the patient, to ensure patients who have dropped out of care are re-engaged.
4. Ensure the financing and delivery of comprehensive, integrated, and survivor-centered gender-based violence prevention and response services for girls and women, in all their intersecting identities, as well as education and awareness on post-traumatic stress disorder since symptoms like anxiety and depression can threaten treatment adherence.
5. Maintain adolescent and youth-friendly sexual health services, particularly in emergency contexts, in order to ensure continued access for those who face multiple barriers.

6. Ensure mental health services to all since antidepressants are proved to increase HIV treatment adherence and decrease anxiety and suicidal attempts, thus improving health outcomes.
7. Widen access to digital technologies to disseminate and distribute health care services, information, and products.
8. Ensure uninterrupted access to sexual and reproductive health (SRH) and family planning services during health emergencies.
9. Examine intersections with climate change and take an intersectoral approach to health systems strengthening and related-policies: climate change must become more central, and governments and the WHO should recognize and respond to the impacts of climate change on health infrastructure and service delivery, and on the health and well-being and SRHR of all people, especially girls, women, and gender-diverse individuals. Health systems have an important role to play in adapting to and mitigating climate change, and are critical to supporting resilience.

“Il y a plus inconnu que le soldat inconnu, c’est sa femme” : There is more unknown than the unknown soldier / unsung hero, that is his wife.