ASSESSING THE QUALITY OF HIV TESTING IN THE MIDDLE EAST & NORTH AFRICA REGION

TOWARDS THE INCLUSION OF LGBTQI COMMUNITIES

2018
ACRONYMS AND KEYWORDS

AIDS: Acquired immune deficiency syndrome or acquired immunodeficiency syndrome

ART: Antiretroviral therapy

CD4: Cluster of differentiation 4; CD4 counts are used to assess the level of immune system functioning

CSO: Civil society organization

HIV: Human immunodeficiency virus

KEY POPULATION/ KEY AFFECTED POPULATIONS: referring to people who inject drugs, men who have sex with men, transgender persons and sex workers

LGBTQI: Lesbian Gay Bisexual Transgender Queer Intersex

MENA: Middle East and North Africa

MSM: Men who have sex with men

PeP: HIV Post-exposure Prophylaxis

PLHIV/PLWHIV: People/Person living with HIV

PreP: Pre-Exposure Prophylaxis

Trans*: Transgender, non-binary, and gender nonconforming identities, including transmen and transwomen

VCT: Voluntary counseling and testing

WSW: Women who have sex with women
BACKGROUND

According to the most recent data analysis produced by UNAIDS, the Middle East and North Africa Region (MENA) is witnessing an increase in HIV/AIDS prevalence rates, in sharp contrast to the rest of the world. One major rationale assumes this change to be due to an increase in HIV/AIDS prevalence among key affected populations. As a response, a growing body of epidemiological and prevention efforts has been evidenced throughout the region. But while programs may provide testing and medical services, others fall short of focusing on the needs of key affected populations. In addition, these initiatives have been operating with little information on existing needs, as not enough data is currently available to document national or regional trends.

Apart from rare success stories in Lebanon and Morocco, there is a general paucity of centers that provide specialized sexual health services, including services related to HIV testing, treatment and psychosocial support. Even when such services are available, little is known as to whether they adequately respond to the specialized needs of key populations or whether international guidelines or evidence-based quality programming are properly followed. In addition, given that social norms within the MENA region increasingly discriminate against people with alternative sexualities and people living with HIV, the HIV response remains a low priority of political agendas of health actors from governmental and non-governmental institutions. As such, little local efforts have been exerted to better understand the magnitude and impact of the HIV epidemic on PLHIV, let alone examine specialized treatment, care and support needs for key populations.

Within this framework, the following report is the result of a study conducted by M-coalition in an aim to better understand and evaluate the magnitude and impact of the HIV response in the MENA region in order to facilitate access to health. The objective is to assess the quality of HIV testing services and the range of services offered by VCT centers as a response to the HIV epidemic in the region. The merit of this study thus

-2 Spratt K., HIV/AIDS and Sexually Transmitted Infections (STIs) in the West Bank and Gaza; USAID, February 2000.
lies in addressing the lack of information and evidence on the number, types and quality of HIV-related services provided in the MENA region and to highlight the crucial areas for the response, with a focus on the specific needs of MSM communities. In light of the produced evidence, M-coalition proposes to start regional efforts by building the capacities of local actors to better advocate for quality HIV services as well as the needs of PLHIV. In doing so, M-coalition supports local communities from key affected populations and relevant stakeholders, to become more proactive in leading a quality HIV response on organizational and national levels.

THE STUDY

The present study represents the first multi-country mapping and evaluation of HIV-related services in the MENA region thereby producing the much-needed knowledge to better understand the types of treatment, care and support for HIV key affected populations. Six countries of focus are surveyed: Lebanon, Jordan, Morocco, Algeria, Tunisia, and Yemen. While M-Coalition connects advocates, service providers, and beneficiaries throughout the MENA region, these six countries were chosen based on the manageable level of risk that data collectors and responding centers may be exposed to. In fact, safety concerns have been raised in a number of other contexts where the social and political situation was not permitting for data collection to take place. Existing organizations and healthcare providers are reluctant to report whether they were LGBT friendly or whether they provided condoms, for fear of severe repercussions such as the forced closing of the center or the danger posed on its beneficiaries. Unfortunately, this is still the case in the large majority of the MENA region, which renders any such research effort highly risky.

The approach in data collection ensured the involvement and consultation of local communities through civil society organizations
operating in each context. A standardized assessment and quality evaluation tool was developed with the assistance of a specialized consultant and in accordance with the recommendations of key stakeholders. This survey tool was then used by local HIV groups and researchers for data gathering in their respective countries. Formal partnerships with in-country CSOs were established to ensure data collection according to the core standards of the research. Enumerators from each country were trained, either online or face-to-face, on how to administer the survey to the different centers. The survey was made available through an online survey platform (surveymonkey.com) for real-time monitoring of data entry and progress. Data collection was done by phone or through visits to the centers, while M-Coalition provided day-to-day support and technical assistance when needed. In all, a total of 40 persons contributed to the completion of this database of centers in 6 countries. In a second instance, responses were pooled into aggregate ratings that provided a score for each center on key dimensions, namely: privacy, cleanliness, sustainability of services, gender sensitivity, and sexual awareness services.

The following report thus provides a brief summary of the HIV-related healthcare services offered in the MENA region, and discusses the existing resources in light of their level of adaptation to key populations’ needs. The findings highlight the crucial areas for work in terms of the HIV response in general, with a particular focus on the importance of a tailored response for MSM communities. The main priorities that this project proposes to address are the need for information and evidence to guide programming within the HIV response, as well as the necessity for community-centered approaches that engage individuals from key affected communities in the planning and development of strategic interventions. Additionally, the long-term vision of this action also
envisions reducing the level and impact of stigma experienced by MSM communities in access to health-related services, through community-based collaborations with local governments and health care enablers. In the MENA region where HIV/AIDS programs are still nascent, M-coalition believes that the majority of efforts need to be directed to strengthening the capacity of local activists working on HIV, primarily through evidence-based knowledge.
KEY FINDINGS

In this mapping, data was obtained for 155 of the centers surveyed, divided between Lebanon (25), Jordan (5), Morocco (15), Algeria (65), Tunisia (26), and Yemen (19). The types of centers were largely governmental primary healthcare centers and governmental voluntary counseling and testing (VCT) centers, in addition to some non-governmental VCT centers and private hospitals. All centers had been open for more than three years and %35 reported working in collaboration with other CSOs involved in human rights. Centers varied in the services they provided clients with. For instance, while some centers (68%) reported testing for sexually transmitted infections, half did not provide rapid tests for Hepatitis C or Hepatitis B. The large majority (77%) focused on educational objectives in relation to sexual health and safer sex. The chart below is an overview of the number of centers, out of 155, providing each service.
INCLUSION POLICIES

In service provision for sexual health, inclusion policies constitute an essential condition for an effective reach of key populations. In general, the large majority of centers espoused progressive anti-violence policies (83%), anti-discrimination policies (86%), and anti-harassment policies (83%). Still, inclusion did not extend to hiring practices, as 68% of centers reported that sexual minorities, gender, ethnic minorities were largely underrepresented among staff, and almost half (49%) had not employed members of the LGBTQI community. Only 5% of centers had a PLHIV among their staff. 86% of centers did not have measures of accessibility for individuals with physical disabilities. On the other hand, most centers reported their staff to be LGBTQI friendly (93%), while 4 centers declined, and 3 were unsure.

QUALITY OF SERVICE AND PRIVACY

The centers surveyed operated with generally high standards of care. Services were administered by certified personnel, medical professionals as well as employees especially trained for HIV testing (94%). Testing and medical examinations were generally conducted with privacy, yet it is to be noted that 8% of HIV testing services and 5% of medical examinations were not performed in a private room. 9 asked for the client’s ID upon admission to the center, 15 keep a record of the name of the client, and 5 still do not provide a codified ID for incoming clients. Health information management systems were generally used to keep track of client data and services (89%). The health data obtained was shared with the respective national AIDS program (68% of centers), as well as the ministry of health (10%). For the most part, the reported data was the number of cases, segregated by gender and by HIV status. On the other hand, once HIV status was known, 39 of centers did not recommend informing partners of the results.
Most health-related information was relayed during pre-test counseling (%83) and post-test counseling (%69). In part due to social constraints as well as security concerns, 15 centers had no resources such as brochures, posters, and flyers about health promotion and safer sex, 108 centers did not have any condom dispensers, and 70 did not provide condoms and lube when needed. In fact, almost half reported difficulties in accessing health promotion material at the center, and more than half did not distribute any health promotion material to clients. In addition, apart from providing information on sexual health and HIV, far fewer centers provided their clients with the related sexual health skills (%46).
Half of the centers surveyed were not aware of the specificities of service provision for LGBTQI populations, while %68 did not offer any specific services for the MSM community and an even larger number of centers (%73) did not cater services to the WSW community. Most Trans*-specific services included blood tests and referrals to physicians. Only 5 centers provided legal guidance for Trans* individuals, and only one out of the 155 provided hormonal treatment. None provided surgical procedures.

During VCT, centers mostly reported that they did not routinely ask about gender identity (%52) or sex at birth (%62) or Trans* specific medical health (%59), while %38 did not ask about sexual identity. However, most centers did ask about sexual practices/behaviors and about substance use (%77). On the whole, a small number of centers provided mental health support for PLHIV (%35) and even less hosted support groups for PLHIV (%17).

Most centers had no subsidies for follow-up tests such as CD4 (%67)) and did not refer clients to the necessary ART course (%48), while both PeP and PreP were largely missing from the health services offered (%11 and %8 respectively). Finally, 113 of 155 centers were not trained for clinical management of rape.
In a second phase, responses were pooled into an overall score for each center, based on key dimensions, namely: privacy, cleanliness, sustainability of services, gender sensitivity, and sexual awareness services. The score for Privacy was calculated over 10, through the responses to 4 questions: (1) the presence of a specialized HIV testing room (score=3), a medical examinations room (score=2), a counseling room (score=3-), and a common waiting room (score=2). The average overall score on this subscale was 10/7.2 for the centers surveyed in this study.

The score for Cleanliness was calculated in 6 questions, with each scoring over 2 points: (1) wearing gloves, (2) alcohol swabs, (3) changing needles, (4) using a needle pen, (5) using a needle prick, and (6) using district garbage disposal units. On average, the overall score for cleanliness in this sample was high, at 9.1.

Sustainability was an important dimension to evaluate the ability of the centers to ensure a high level of qualifications for human resources and staffing needs, and to assess the extent to which they would be capable of maintaining a high quality for their services. The score for sustainability was thus composed of 6 questions, rated over 10: trained employees for HIV testing (score=2), employees with relevant certifications (score=2), medical background requirement for employees (score=2), regular assessments (score=2), volunteers (score=1), and whether employees introduced themselves at the beginning of each session (score=1). The overall sustainability score was 10/7.5.

Gender sensitivity of services was computed by pooling specialized services and awareness of special needs of key populations at each center. The subscale was rated over a total of 14 points, namely LGBTQI friendliness (score=2), knowledge of LGBTQI needs (score=2), knowledge of WSW needs (score=2), specialized services for LGBTQI (score=2), whether the center asks about gender identity (score=2), whether it asks about sex at birth (score=2), and
whether LGBTQI are represented among staff (score=2). The score for gender sensitivity was sharply the lowest on average across the sample, at 14/6.8, indicating a high need for more awareness of the specificity of needs for the LGBTQI community in sexual health. The last dimension of the subscale is sexual awareness, conceptualized over a total score of 14, as per the following questionnaire items: asking about (1) sexual behaviors/practices (score=2), (2) type of sexual intercourse (score=3), (2) last sexual encounter with risk (score=4), (2) number of sexual partners (score=5), (2) gender identity of sexual partners (score=6), (2) unwanted/unplanned pregnancies (score=2), and (7) type of birth control used (score=2). This dimension had an overall average score of 14/10.5.
RECOMMENDATIONS

In light of the evidence generated by this study, and with the consultation of key regional actors and organizations working on HIV in the MENA region, the following recommendations were proposed to push forward the HIV response.

- Use evidence from this study at national level to come up with country-specific recommendations to ensure the quality of services in VCT centers, whether provided by the community or the government.

- Advocate with national stakeholders for the development and implementation of rights-based and gender-sensitive national testing and treatment targets, and hold them accountable for its implementation.

- Scale up successful approaches such as those in Lebanon and Morocco, where specialized sexual health services are provided for replication in other countries through exchange programs.

- Increase partnership and coordination among community actors at national level to avoid gaps in coverage and referrals and build networks of mental health care providers sensitive to the needs of key populations.

- Promote the development of country-specific awareness material and brochures to be utilized throughout the community and public centres, with the joint support of a national network of CSOs and the National AIDS program.

- Focus on expertise of service providers and community health workers through trainings and regular follow-up, to ensure the quality of service of VCT centers. In particular, the development
of a toolkit for quality management tailored to the context of the MENA region.

- Train and build the capacity of community health workers and service providers on sexuality awareness, the specific needs of the LGBTQI community, and countering stigma and discrimination.

- Enhance the role and inclusion of Key Populations and PLHIV in community, public and private healthcare centers, especially within human resources as staff or volunteers, and promoting the task shifting approach in care provision and psychosocial support.

- Train community actors on World Health Organization’s guidance on partner notification.

- Advocate for the implementation of innovative and diversified community testing approaches in reaching Key Populations, including self-testing, the use of information technology, and decentralization plans which can reduce the level of stigma and discrimination in the testing process.
ABOUT M-COALITION

M-Coalition is the first and only HIV/AIDS network in the MENA region specifically devoted to the needs of MSM to which current local HIV/AIDS strategies do not adequately respond. M-Coalition is governed by a steering committee of regionally recognized gender and sexuality advocates and HIV/AIDS professionals drawn from multiple countries in the MENA region. At its core, M-Coalition is community-led and involves MSM and MSM living with HIV at all levels of its strategy, policy development and implementation, and internal governing processes. In recent years, and based on rising needs and concerns of the community in the MENA region, M-Coalition expanded the scope of work, initially to cover all aspects of health of MSM and eventually the health needs of the LGBT community in the MENA region with 3 programs: Gay and Bisexual Men’s Health, Lesbian and Bisexual Women’s Health and Trans community health. This in turn facilitates M-Coalition’s access to local communities within these respective countries. Given its structure and its affiliation to the Arab Foundation for Freedoms and Equality based in Beirut, Lebanon, M-coalition is able to act safely and efficiently in throughout the MENA region.

Based on the results of this mapping study, M-Coalition used the data in order to facilitate access to services throughout the 6 countries surveyed. As such, with the scoring system on key dimensions, an application, named “SANADI”, was created.

«SANADI» is a web-app that aims to help locate and access centers that provide HIV testing and other services in the Middle East and North Africa. «Sanadi» locates services and HIV testing centers nearby through map search or by name, services provided, or LGBTQI friendliness and gender sensitivity. «Sanadi» helps identify services provided by VCT centers and locates specific services for LGBT individuals and Key Affected populations. Sanadi’s objective is to promote HIV testing and limit stigma and discrimination to
ensure access to services to as many beneficiaries as possible.

Sanadi’s geo coverage is Lebanon, Yemen, Jordan, Tunis, Algeria and Morocco.
Visit: www.sanadi.org  or  www.m-coalition.org
ABOUT THE AUTHOR

Nour Nasr is a researcher, trainer, and activist based in Beirut. Her work has primarily centered on issues of gender and sexuality in the Middle East and North Africa region, with a particular focus on vulnerable communities. She has worked as a research fellow and consultant for both international and local not-for-profit organizations and institutions such as the American University of Beirut, the British Council, Right to Play, and Oxfam. Other publications by her include the first national survey on attitudes towards alternative sexualities and gender identities in Lebanon (http://afemena.org/04/12/2015/as-long-as-a-stay-away-exploring-lebanese-attitudes-towards-sexualities/).

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