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PLHIV Leaders Emerge in MENA

First PLHIV leadership trainings in the Middle East & North Africa foster engagement, give hope



PHOTO CREDIT : AMY KAY

Trainer trains other Arab PLHIV on human rights during the sub-regional workshop, Amman, Jordan, June 8–12, 2008

USAID | Health Policy Initiative, Task Order I
<http://www.healthpolicyinitiative.com>

August 2008

HIV has spread rapidly and silently in the Middle East and North Africa (MENA) Region, fueled by high levels of stigma and discrimination, low levels of public awareness, and the limited availability of HIV-related information in Arabic. There is a real, but closing window of opportunity to stem the spread of HIV in the region. However, doing so requires active involvement and leadership of people living with HIV (PLHIV). PLHIV engagement can raise awareness of HIV, reduce stigma, and improve the quality of HIV interventions. Unfortunately, stigma and discrimination discourage HIV-positive individuals from disclosing their status and hinder their engagement in prevention efforts. While PLHIV networks in other regions have grown in size and strength, PLHIV in MENA have remained isolated and disengaged.

To help remedy this situation, Task Order I of the USAID | Health Policy Initiative and its predecessor—the POLICY Project—organized a series of groundbreaking workshops to foster PLHIV leadership in the region.

In 2006, POLICY held the first leadership and networking workshop solely for Arab PLHIV. Many participants had never before knowingly met other PLHIV or had the opportunity to disclose their status in a safe space.

In 2008, the Health Policy Initiative built on this success through a series of workshops designed to develop a strong core group of PLHIV leaders able to foster national and regional support networks, address challenges within their countries, and support and educate other PLHIV.

First, a training-of-trainers workshop equipped 12 participants with the ability to design and implement future trainings. The following week, participants applied their new skills by leading a sub-regional training for 25 PLHIV from Bahrain, Egypt, Jordan, Lebanon, Libya, Oman, and Yemen, which resulted in the creation of a regional PLHIV network. This was the region's first workshop ever conducted entirely by and for Arab PLHIV. It marked an important shift in the role of Arab PLHIV—from beneficiaries and recipients of

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"I feel very proud to be surrounded by strong women who really want to do something... We are breaking the wall of silence."

PLHIV workshop participant

knowledge to empowered experts themselves teaching and supporting others living with HIV. The regional network has set up an online chat room that meets with a facilitator every two weeks at a designated time to share information, answer questions, and offer support. Treatment access and advocacy are two of the most popular discussion topics. The group shares scientific articles, translating them into Arabic to give all members access to the information, and discusses ideas to improve access to treatment in the MENA region.

Finally, the Health Policy Initiative awarded small grants to support participants affiliated with in-country NGOs to carry out activities designed, implemented, and managed by PLHIV. This is the first time PLHIV in MENA have received funding to manage HIV activities. The grants will support awareness raising, education, communication, and outreach activities designed by PLHIV for PLHIV.

While challenges remain, these are crucial opening steps toward active, sustained PLHIV engagement in an effective and inclusive regional HIV response. More important, individual participants gained new hope and confidence. One of the participants said, "I feel strength I didn't have before... I was shy—I didn't know how to speak. But after this training, I'm strong."