The 21st International AIDS Conference
Durban, South Africa
July 18 – 22, 2016

**Event Report:**
Satellite Session on
“HIV in Conservative Social Settings: Promoting a Rights-Based Approach to HIV”

Symposia Session on
“Vulnerable Populations and HIV/AIDS in Islamic Communities”

Networking Session on
“Developing Networks Among MENA & Central Asian Countries”
The 21st International AIDS Conference ("AIDS 2016") was held July 18 – 22 2016. The Global Institute for Health and Human Rights (GIHHR), based at the University at Albany, State University of New York, in collaboration with the International AIDS Society (IAS) and OPEC Fund for International Development (OFID), sponsored a delegation of 15 key individuals to attend the conference, and chaired and organized three events at the conference: a satellite session titled “HIV in Conservative Social Settings: Promoting A Rights-Based Approach to HIV,” symposia session titled “Vulnerable Populations and HIV/AIDS in Islamic Communities,” and networking session titled “Developing Networks Among MENA and Central Asian Countries.” In total, ten countries were represented in the GIHHR delegation to AIDS 2016 including: Azerbaijan, Jordan, Kazakhstan, Lebanon, Malaysia, Morocco, Pakistan, Syria, Tajikistan, and Tunisia. The GIHHR organized delegation and events at AIDS 2016 aimed to build on the work resulting from the previous conference, the Second High Level Consultation Meeting on HIV in Conservative Social Settings ("Second Meeting"), hosted in Istanbul, Turkey in January 2016.
BACKGROUND

The Second High Level Consultation Meeting on HIV in Conservative Social Settings, Promoting A More Inclusive Approach to HIV: Inclusion and Support brought together governmental officials, healthcare professionals, scholars, religious leaders, and civil society representatives from 15 Islamic majority countries. The meeting focused on the importance of addressing broad health issues of key populations (people who inject drugs, men who have sex with men, sex workers, and transgender people), and ultimately aimed to strengthen dialogue and inspire action among key stakeholders; promote polices which respects and protects the rights of people living with HIV and key populations; and improve regional and international collaboration. The two-day meeting consisted of lectures by experts and break-out sessions to share challenges and discuss potential solutions. The Second Meeting concluded with participants producing recommendations, and establishing networks for future collaborations. Among plans for future collaboration included an international delegation to attend the AIDS 2016 conference.

Planning for the AIDS 2016 international delegation began immediately following the Second Meeting. Following the Second Meeting, GIHHR conducted outreach to attendees of the Second Meeting, inviting them to join the delegation to Durban to continue collaboration. The GIHHR contacted various non-government organization representatives, healthcare professionals, religious leaders, academics, and representatives from ministries of health who are working in the field of HIV/AIDS, as well as people living with HIV who are active in organizations to decrease stigma and discrimination. These invitees were from selected countries that met the criteria of conservative social settings. In total, 15 key individuals from 10 countries joined the delegation to Durban. Six of the delegates were attendees of the Second Meeting.
The satellite session reported on the findings and results of the discussing The Second High Level Consultation Meeting on HIV in Conservative Social Settings: Promoting A More Inclusive Approach to HIV that occurred in Istanbul, Turkey on January 30th-31st, 2016. Printouts of Second Meeting final reports were distributed to satellite attendees. Participants from the Second Meeting gave lectures, as well as representatives from UNAIDS and OFID. Panelists represented a range of backgrounds and expertise, including key stakeholders, religious leaders, and health leaders from the Middle East, Far East, North Africa, and Eastern Europe-Central Asia. Lectures covered topics such as the role of religion and culture on treating HIV, best treatment options, and vulnerable populations like People Living With HIV/AIDS, People Who Use Drugs, Men Who Have Sex With Men, Sex Workers, and Women in conservative social settings in the aforementioned regions.

PANELISTS:

Yamina Chakkar, UNAIDS…………………………...“An Overview of HIV/AIDS and Key Populations in the MENA Region”
Mohammad Abou Zeid, Lebanon…………………………………………………………………………………………...“Islam and HIV/AIDS”
Aziza Benani, Morocco…………………………………………………………………………………………………..“Human Rights and HIV/AIDS”
Yasin E., Positive Life Organization……………………..........................“Perspectives of HIV/AIDS from Key Populations”
Adeeba Kamarulzaman, IAS Governing Council…………………………………………………………..“Islam & Harm Reduction”
Shirin Hashemzadeh, OFID…………………………...“OFID’s Contributions and Future Plans Concerning Combatting HIV/AIDS”
SPEAKER HIGHLIGHTS:

**An Overview of HIV/AIDS and Key Populations in the MENA Region**

Yamina Chakkar, UNAIDS

**Islam and HIV/AIDS**

Shaikh Mohammad Abou Zeid, Lebanon

Waving a condom in his hand from behind the podium, Shaikh Abou Zeid encouraged people to use condoms and defended the right of all people to access condoms. A controversial sight – he explained that in his home country of Lebanon, you will never find a priest holding a condom in his hand. However, religious leaders need to talk about these issues. He stressed the importance of religious leaders providing support and stopping stigma towards PLWH and LGBTQ communities, and ensuring that they are treated equally, in terms of both access to service and moral support.

**Human Rights and HIV/AIDS**

Aziza Bennani, Morocco

**Perspectives of HIV/AIDS from Key Populations**

Yasin E., Positive Life Organization

**Islam and Harm Reduction**

Adeeba Kamarulzaman, IAS Governing Council

Religiosity can largely influence health, either in positive or negative ways. Seeking to utilize religiosity to yield positive health effects, she sought the support of Islamic scholars, to support implementation of harm reduction and condom distribution programs. With the collaboration of religious leaders, legal maxims of Islam – such as the priority of public good over private good, the permission of a small harm in order to prevent a larger harm, etc. – were cited to promote harm reduction and condom distribution programs. Religious leaders in Malaysia played a large role in advocacy for PLWH and key populations, and trained others to be advocates. Their efforts focused on advocating for the right of drug users to access service. As a result of these efforts, 75,000 Muslim Malaysians have received methadone treatment, 40,000 Muslim Malaysians have utilized needle and syringe exchange programs, and it is estimated that the program prevented 14-15,000 people in Malaysia from contracting HIV. These efforts have led to a significant decrease in prevalence in HIV among drug users, and drug use is no longer the leading cause of HIV in Malaysia.

**OFID’s Contributions and Future Plans Concerning Combatting HIV/AIDS**

Shirin Hashemzadeh, OFID

People in conservative social settings will more readily seek out the advice and care they need if healthcare services are integrated and there is less likelihood of them being judged. Integrated approaches can have positive impacts on stigma and discrimination, factors that continue to impede access to prevention, testing, and treatment of HIV in certain cultural settings. OFID is adjusting its programs to accommodate new trends and challenges. This is our responsibility as a development organization, and this is why we are pursuing new pathways that consider utilizing available HIV/AIDS infrastructure as a gateway to effective case finding and management of non-communicable diseases and hepatitis B and C.
SYMPOSIA SESSION:
“Vulnerable Populations and HIV/AIDS in Islamic Communities”

The symposia session targeted healthcare workers, program implementers, community workers, and other individuals working among challenges faced by vulnerable populations in Islamic communities. Focused on the growing rate of HIV/AIDS which is not properly addressed at comprehensive epidemiological and service-based levels in many Islamic communities, this session explored concerns of vulnerable populations. Speakers focused on key issues within their respective countries, calling attention to cultural, social, and political barriers faced by vulnerable populations which influence access to acceptable HIV/AIDS services, and the exacerbation of health concerns among refugees, migrants, and vulnerable populations due to the numbers of wars occurring in the Middle East.

PANELISTS:

Arash Alaei on behalf of Serhat Unal, Hacettepe University..........................”MSM and HIV/AIDS in Turkey”

Alaa Eddin Alhamwi, Islamic University of Umdorman-Damascus........................................................”The Perspective of Religious Leaders on Vulnerable Populations and HIV/AIDS”

Jacques Mokhbat, Lebanese AIDS Society...............................”HIV/AIDS in Refugee and Immigrant Populations in Lebanon”

Wafaa Jlassi, L’Association Tunisienne de Lutte........................................................”Perspectives of HIV/AIDS from Key Populations in Tunisia”

Rita Wahab, Vivre Positif...........................................”The Stigmatization of Women and HIV/AIDS in Egypt and MENA”
Men who have sex with men (MSM) and sex workers are among the most at-risk key populations in Turkey. In Turkey, same-sex relations are not criminalized. While the LGBTQ population has social networks and community centers, social stigma surrounds the population outside of these spheres. Commercial sex workers (CSW) receive a degree of protection under the law as well, as sex workers can apply for certificates to practice legally in Turkey. However, many CSW – both Turkish people and migrants – practice illegally, and therefore have challenges accessing services. Overall, MSM often do not feel comfortable seeking services due to social and cultural stigma. This stigma has yielded grave consequences. In recent years (2011-2015), heterosexual transmission decreased year to year due to increasing availability and acceptability of services. However, as acceptability has not improved for MSM populations, homosexual transmission is increasing every year.

There are four main reasons why religious leaders must be involved in the fight against AIDS: (1) Religious leaders are messengers of the mercy of Allah; (2) religious leaders are important leaders in society; (3) religious leaders are obligated to be honest, courageous, and helpers to the people; and (4) religious leaders are recognized in the global community. He, like many others in the Muslim and Arab world, did not believe that AIDS afflicted his communities. However, he and other religious leaders became moved when he met with PLWH. In collaboration with other leaders, he began a series of trainings for religious leaders to work to advocate for and protect the rights of PLWH. Since the creation of these trainings, he and his colleagues have involved over 2,000 religious leaders – both Muslim and Christian – in helping PLWH. PLWH can be supported by religious leaders in the simplest humanities: by eating with them, living among them, and supporting them in the media.

Lebanon has been faced with an influx of more than 1.5 million both legal and illegal refugees. With most refugees hosted among the poorest communities in the country, Syrian refugees – both male and female – are initiating sex work after arriving in Lebanon. This rise in commercial sex among refugee populations is attributed to economic hardship, coercion, and hardships resulting from war (rape, orphans, etc.). Studies have found that FSW, MSW, and MSM are aware of services, however Syrian refugees who belong to these groups seek testing less than their Lebanese counterparts. As members of these groups, especially refugees, face social humiliation from the general community, and from service providers, they ultimately are deterred from seeking service.

Across the MENA region, existing inequalities are exacerbated by migration, refugees, and armed conflict, placing women and girls at increased risk of physical and emotional abuse. Women cannot be marginalized and invisible in the AIDS response. Women’s leadership is the key to changing the AIDS response. Some positive steps have been taken to include women leaders in the response, including the MENA meeting in Algeria, which called for advancing gender equality and women’s empowerment, and universal access to HIV treatment and prevention. Further steps are needed to decrease stigma among healthcare workers, media, and religious leaders; engage donors and governments to invest in HIV prevention; increase comprehensive package of treatment, care, and support; and increase advocacy with key decision makers at country and inter-state forums.
NET WORKING SESSION:  
“Developing Networks Among MENA & Central Asian Countries”

The networking session discussed issues which have contributed to rising trend of HIV in the Middle East, North Africa, and Central Asia, despite the decreasing trend in other parts of the world. Delegates from the mentioned regions and from multidisciplinary fields – health care, policy, civil society, NGOs, key populations, and other key groups – were welcomed, shared their experiences, and worked to develop networks and action plans in the target regions.

SESSION OUTCOMES:

Participants agreed to increase collaboration and share experiences to deliver a webinar series in countries in the Middle East and Central Asia, with the collaboration of UNAIDS. Participants organized four sub-committees: (1) religious leaders, (2) academic scientists, (3) NGOs, and (4) ministries of health. Each sub-committee committed to inviting at least one key individual from the respective field to join the committee, and produce and deliver at least two webinars by December 2016. Additionally, the Director of the MENA Region of UNAIDS committed to sending messages to country offices to advocate and recruit audience for the webinar series and facilitate the delivery. To gather the expertise of diverse experts and to expand the reach of the webinar series, lecturers can deliver recordings in their native languages and the webinar will be translated into local languages of the countries where the recordings are delivered.
**CONCLUSION**

Overall, the 21st International AIDS Conference – including GIHHR’s delegation and events – was highly productive and successful. The GIHHR received positive feedback from attendees of all three events, as well as positive feedback from the delegates.

Following the conference, the GIHHR facilitated and maintained connection between the full delegation in order to move forward with the collaborations brainstormed during the conference. Development of the webinar series for the Middle East and Central Asia began immediately following the conference. The sub-committees approached individuals in the target fields to give lectures for the series, and thus far, 54 people have been confirmed to give lectures for the series. Altogether, the 54 lecturers represent the following countries: Jordan, Lebanon, Syria, Saudi Arabia, Iraq, Iran, Morocco, Egypt, Tunisia, Kazakhstan, Turkey, Tajikistan, Kazakhstan, Kyrgyzstan, Pakistan, and Malaysia.
CONFERENCE DELEGATES

Mohamad Abouzeid | Saida Islamic Sunni Court & Jinan University | Lebanon

Ismayil Namiq Oglu Afandiyev | Azerbaijan Medical University & Hospital #1 of the Ministry of Health of Azerbaijan | Azerbaijan

Alaa Eddin Alhamwi | Islamic University of Umdorman | Syria

Iskandar Azwa | University of Malaya | Malaysia

Aziza Bennani | Ministry of Health of Morocco | Morocco

Wafa Djelassi Ep Jamour | GS ++ | Tunisia

Hayet Hamdouni | Ministry of Health of Tunisia | Tunisia

Thuria Mustafa Abdullah Ibrahim | Y-PEER International Network | Jordan

Abdulnaser Kaadan | International AIDS Society / Previously: Aleppo University | Syria

Adeeba Kamarulzaman | International AIDS Society | Malaysia

Sayfudin Karimov | Ministry of Health of Tajikistan | Tajikistan

Zhamilya Nugmanova | Kazakh National Medical University | Kazakhstan

Rano Rahimova | Ministry of Health and Social Protection of Population of the Republic of Tajikistan | Tajikistan

Nesrine Rizk | American University of Beirut | Lebanon

Quaid Saeed | Ministry of National Health Services | Pakistan