RIGHTS TO EQUALITY IN THE MIDDLE EAST AND NORTH AFRICA

HUMAN RIGHTS PROGRAMMING IN THE CONTEXT OF HIV IN LEBANON
RIGHTS TO EQUALITY IN THE MIDDLE EAST AND NORTH AFRICA

HUMAN RIGHTS PROGRAMMING IN THE CONTEXT OF HIV IN LEBANON
**AIDSFree**

The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project is a five-year cooperative agreement funded by the U.S. President’s Emergency Plan for AIDS Relief with the United States Agency for International Development under Cooperative Agreement AID-OAA-A-14-00046. AIDSFree is implemented by JSI Research & Training Institute, Inc. with partners Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH. AIDSFree supports and advances implementation of the U.S. President’s Emergency Plan for AIDS Relief by providing capacity development and technical support to USAID missions, host-country governments, and HIV implementers at local, regional, and national levels.

**The International HIV/AIDS Alliance**

We are an innovative alliance of nationally based, independent, civil society organizations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national, and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

**Recommended Citation**

## CONTENTS

Acronyms ......................................................................................................................................................... vii
Introduction ...................................................................................................................................................... 1
Methods ............................................................................................................................................................. 3
   Scope of Research ........................................................................................................................................ 3
   Definitions of Key Terms............................................................................................................................... 4
HIV Response and Context in Lebanon...................................................................................................... 7
   HIV Epidemiology in Lebanon................................................................................................................... 7
   Key Populations Affected by the HIV Epidemic in Lebanon ................................................................ 8
   HIV Response in Lebanon........................................................................................................................... 9
Barriers to HIV Services in Lebanon........................................................................................................ 11
   Barriers Related to HIV-Related Laws and Policies ................................................................................. 11
   Barriers Related to Stigma and Discrimination ...................................................................................... 12
   Barriers Related to Fulfillment of Human Rights within the Health Care System ............................ 13
   Barriers Related to Knowledge, Attitudes, and Practices of Lawmakers and Law Enforcement
   Agents............................................................................................................................................................... 14
   Barriers Related to Availability and Accessibility of HIV-Related Legal Services .............................. 14
   Barriers Related to HIV-Related Gender Norms and Vulnerabilities .................................................... 14
HIV-Related Human Rights Programming in Lebanon ........................................................................ 17
   Programs to Reduce Stigma and Discrimination ................................................................................. 19
   Training for Health Care Workers on Human Rights Related to HIV .............................................. 21
   Programs to Sensitize Lawmakers and Law Enforcement Agents ..................................................... 22
   Programs to Promote Legal Literacy ......................................................................................................... 22
   Legal Services Related to HIV ................................................................................................................ 23
   Programs to Monitor and Reform Laws and Policies Related to HIV ................................................ 23
   Programs to Reduce Discrimination against Women in the Context of HIV ...................................... 24
Conclusion ...................................................................................................................................................... 27
Recommendations ......................................................................................................................................... 29
References ....................................................................................................................................................... 31
ACRONYMS

<table>
<thead>
<tr>
<th>AFE</th>
<th>Arab Foundation for Freedom and Equality</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJEM</td>
<td>Association Justice et Miséricorde</td>
</tr>
<tr>
<td>CLDH</td>
<td>Centre Libanais des Droits Humains (Lebanese Center for Human Rights)</td>
</tr>
<tr>
<td>CSO</td>
<td>civil society organization</td>
</tr>
<tr>
<td>GSRC</td>
<td>The Gender and Sexuality Resource Center</td>
</tr>
<tr>
<td>IDLO</td>
<td>International Development Law Organization</td>
</tr>
<tr>
<td>IHAA</td>
<td>International HIV/AIDS Alliance</td>
</tr>
<tr>
<td>JCD</td>
<td>Jeunesse Contre la Drogue</td>
</tr>
<tr>
<td>KABP</td>
<td>knowledge, attitude, behavior, and practice</td>
</tr>
<tr>
<td>LebMASH</td>
<td>Lebanese Medical Association for Sexual Health</td>
</tr>
<tr>
<td>LGBTI</td>
<td>lesbians, gays, bisexual, transgender, and intersex</td>
</tr>
<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
</tr>
<tr>
<td>MENAHRA</td>
<td>Middle East and North Africa Harm Reduction Association</td>
</tr>
<tr>
<td>MOPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>NAP</td>
<td>National AIDS Control Program</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
</tr>
<tr>
<td>OHCHR</td>
<td>United Nations Human Rights Office of the High Commissioner</td>
</tr>
<tr>
<td>SIDC</td>
<td>Soins Infirmiers et Développement Communautaire</td>
</tr>
<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Program on HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Populations Fund</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>VCT</td>
<td>voluntary counseling and testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
INTRODUCTION

Human rights are fundamental to an effective and sustainable HIV response (OHCHR, 2018). The promotion and protection of human rights for people living with HIV and key populations at risk of contracting the disease address HIV-related discrimination, stigmatization and violence and enhance access to justice regarding HIV services (UNDP, UNAIDS, and the Global Fund, 2010). Where notions and actions are rooted in a respect for human rights, there can be the greatest advances in an HIV response (UNAIDS, 2016a). Hence, the implementation and respect for human rights by key stakeholders in the HIV response, including governments, international organizations, nongovernmental organizations (NGOs) and civil society, is of utmost importance to successfully contain the HIV epidemic and ensure people can live fulfilled and rich lives (OHCHR, 2018).

In Lebanon, people living with HIV and key populations, including lesbians, gays, bisexual, transgender, and intersex (LGBTI) individuals, other men who have sex with men, vulnerable women, people who inject drugs, and refugees/migrants, are disproportionately disadvantaged and face human rights violations (Sigrist & Fergus, 2017). The social, legal, and policy context does not provide sufficient support for HIV-affected individuals and fundamental barriers exist to the enjoyment of equal rights and equal access to services. Stigma, discrimination, and unequal treatment often result in health disparities, work-related unfairness, and social exclusion (Kaplan, et al., 2015). People living with HIV are more likely to experience mental health problems and often have a lower quality of life (Abboud, Noureddine, Huijer, DeJong, & Mokhbat, 2010). Human rights violations occur in diverse contexts, within the community, by family and friends, at the workplace, health care and governmental settings (Hammad, Doumit, & Khalaf, 2017). These violations range from neglect, stigmatization, blaming and labeling to maltreatment, breach of confidentiality, invasion of privacy and denial of access to services (Hammad, Doumit, & Khalaf, 2017).

To address social and systemic inequalities and insufficiencies within the Lebanese HIV response, an increased understanding of existing evidence-informed good practices in human rights programming in the context of HIV is needed. Therefore, this study identifies key human rights related barriers to health services, describes existing programs to reduce such barriers, and recommends what a comprehensive response to present barriers would comprise.
METHODS

This desk review is informed by a search of available peer-reviewed and grey literature, reports and web-based information relevant to human rights programming in the context of HIV in Lebanon. Main documents were identified by searching specific keywords (Table 1), supplemented by an additional search on websites of key stakeholders in the Lebanese HIV response, such as the Ministry of Public Health (MOPH), the World Health Organization (WHO), NGOs, and civil society organizations (CSOs). The final list of publications that informed this study was refined based on the actual relevance of each document to the topic.

Table 1. Keywords on Human Rights Programming in the Context of HIV in Lebanon

<table>
<thead>
<tr>
<th>Keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon AND (HIV OR AIDS) AND Human Rights Programming</td>
</tr>
<tr>
<td>Lebanon AND (HIV OR AIDS) AND Human Rights AND Key Populations</td>
</tr>
<tr>
<td>Lebanon AND (HIV OR AIDS) AND Human Rights AND Men Who Have Sex With Men</td>
</tr>
<tr>
<td>Lebanon AND (HIV OR AIDS) AND Human Rights AND People Living with HIV</td>
</tr>
<tr>
<td>Lebanon AND (HIV OR AIDS) AND Human Rights AND sex workers</td>
</tr>
<tr>
<td>Lebanon AND (HIV OR AIDS) AND Human Rights AND LGBT</td>
</tr>
<tr>
<td>Lebanon AND (HIV OR AIDS) AND Human Rights AND refugees</td>
</tr>
</tbody>
</table>

Scope of Research

This study focuses on governmental and nongovernmental human rights programming in the context of HIV, excluding largely activities implemented purely by international organizations, United Nations (UN) agencies, regional networks (e.g., the Middle East and North Africa Harm Reduction Association [MENAHRA] and the Regional/Arab Network against AIDS) and academia. Programs implemented in collaboration with the Lebanese government or NGOs/CSOs are, however, included in this review. NGOs/CSOs that work on human rights-related issues, but do not explicitly include HIV in their programs, were disregarded. Figure 1 illustrates the NGO/CSO landscape in Lebanon with its cross-cutting elements regarding human rights programming in the context of HIV. It is worth noting that, given this applied methodology and scope of research, certain relevant programs might have been missed due to the choice of keywords or the platforms where the search was carried out.
Definitions of Key Terms

Human rights programming responses in the context of HIV were defined as programming for HIV that is based on a human rights-based approach, meaning that it a) enforces human rights norms, b) implements commitments to HIV based on human rights, and c) applies human rights principles related to HIV (IHAA, 2014). In 2016 and aligned to these global human rights commitments by the UN General Assembly, UNAIDS and WHO released strategic and technical guidance that emphasizes the need to respond to social and structural barriers that perpetuate HIV vulnerabilities and block access to services (UNAIDS, 2016; WHO, 2017). In 2017, UNAIDS in collaboration with the Global Fund released the global blueprint for human rights programming within the HIV response, recommending seven key human rights programming interventions to accompany and/or be integrated into all HIV-related services (UNAIDS, 2017). These human rights programming interventions include: stigma and discrimination reduction programs; HIV-related legal services; monitoring and reforming laws, regulation and policies that prohibit discrimination and support access to HIV services; legal literacy programs (Know Your Rights); sensitization of lawmakers and law enforcements agents; training health care workers on human rights and medical ethics; and reducing discrimination and gender inequality against women in the context of HIV.

Human rights related to HIV include, but are not limited to, the right to health, the right to privacy, the right to freedom, and the right to nondiscrimination (OHCHR, 2018). To end the HIV epidemic and leave no one behind, key populations are critical in the HIV response (The Global Fund, 2016). For this review, key populations include the following subgroups: LGBTI, gay men and other men who have sex with men, vulnerable women (lesbian, bisexual, trans, intersex, queer, female sex workers, women who use/inject drugs, refugees/migrants, women living with HIV), people who inject drugs and
refugees/migrants. Key populations are at an increased risk of contracting HIV (The Global Fund, 2016). HIV-affected individuals are referred to when discussing both people living with HIV from the general population and from key populations.
HIV RESPONSE AND CONTEXT IN LEBANON

The HIV epidemic and corresponding responses in Lebanon have been shaped by demographic, historical, political, and social developments. HIV-related human rights issues have thereby posed a continued challenge to people living with and affected by HIV including key populations. To understand the HIV context in Lebanon, it is important to shed light on the epidemiological, historical, and legal aspects of HIV.

In the aftermath of the civil war in Lebanon, the Lebanese health care system developed itself into a pluralistic system, which is characterized until today by a mixture of public and private health care providers who play both an important role in the provision of health care services (Idries, 2016). Through the implementation of several health sector reforms, the MOPH was able to regain its stewardship function and progress was made in the overall health care system performance (Idries, 2016). As a middle-income country, Lebanon has seen great improvements in major health outcomes in the country, including HIV (World Bank, 2018). Lebanese citizens, Palestinian refugees, and registered Syrian refugees living with HIV in Lebanon have free access to antiretroviral therapy (MOPH, 2018). However, the health care system is constrained by an increase in the population mainly due to the influx of refugees, who overstretch the capacities of health care service providers at all levels (Idries, 2016). These challenges also affect HIV service provision and result in shortage of available HIV medication. Particularly those with a low socioeconomic status face difficulties accessing health care services, including refugees (ALEF, 2018). Low HIV testing rates are likely to occur due to the broader structural and health care challenges in Lebanon (Clark, et al., 2017). Out-of-pocket payments reached more than 50 percent, which is considered as very high by WHO standards (El-Jardali, Bou-Karroum, Ataya, El-Ghali, & Hammoud, 2014). HIV-positive people are often uninsured due to discrimination by private insurance companies and face more costs in receiving services. Overall allocated funds to health care at the governmental level are minimal (ALEF, 2018).

HIV Epidemiology in Lebanon

In 1984, the first case of acquired immunodeficiency syndrome (AIDS) was diagnosed in Lebanon (WHO, 2018); since then, as shown in Figure 2, the number of HIV cases has been slowly but steadily increasing, reaching 2,200 estimated cases of people living with HIV in 2016 (UNAIDS, 2016b). Latest statistics from the National AIDS Control Program (NAP) in Lebanon showed an incidence of 205 cases of HIV in 2017 (MOPH, 2018). Compared to other countries, the number of PLHIV and incidence in Lebanon are still considered as low; however, existing data is said to suffer from underreporting due to gaps in the monitoring system and issues related to stigma regarding HIV-positive people (Idries, 2016).
Key Populations Affected by the HIV Epidemic in Lebanon

Individuals in the age group 30-49 years account for 46.8 percent of all reported cases of HIV (MOPH, 2018). Recently, more and more young people also have been reported to be HIV positive (UNFPA & UNICEF, 2016). Men are disproportionately affected by HIV compared to women, accounting for 94.1 percent of newly reported cases in 2017 (MOPH, 2018). However, women are considered to be a vulnerable group due to high levels of stigma and discrimination, and thus cases of HIV-positive women are likely to be underreported (Kaplan, El Khoury, Field, & Mokhbat, 2016). HIV testing tends to be done at a later stage of infection, increasing the risk for spreading the disease (Al Kattar & Dosh, 2018). While vertical transmission of HIV (since 2009) or unsafe blood transfusion (since 1993) remains limited in Lebanon, unsafe sexual practices are currently the most common mode of HIV transmission (MOPH, 2018). The homosexual transmission mode is more dominant (34.5 percent) than the heterosexual transmission mode (15.0 percent) (Idries, 2016). Data on key populations, who are at higher risk of contracting HIV, is incomplete. However, estimations indicate an HIV prevalence of 0.9 percent among people who inject drugs and 27.5 percent among gay men and other men who have sex with men (UNAIDS, 2017). These two groups are considered to be the main key affected populations in Lebanon, followed by female sex workers, prisoners and refugees (Idries, 2016). Refugees in Lebanon also have a considerable vulnerability to HIV due to multiple risk factors (Karamouzian, Madani, Doroudi, & Haghdost, 2017). Risk factors include, but are not limited to, increased poverty, less access to health and social services, social exclusion and changing sexual behaviors (Idries, 2016). Non-Lebanese individuals account for a large percentage of key populations; for example, 80 percent of female sex workers and 29 percent of gay men and other men who have sex with men are reported to not have a Lebanese origin (Idries, 2016).
HIV Response in Lebanon

To address the HIV epidemic in Lebanon, the MOPH established the NAP in 1989 in collaboration with the WHO (WHO, 2018). The aim of the NAP is “to limit the HIV epidemic, gather statistics on reported cases of HIV, coordinate with NGOs, ministries, media, religious leaders, UN agencies and other key stakeholders and improve the situation of people living with HIV and limit its spread in Lebanon” (MOPH, 2018). Several activities have been implemented by the NAP, including voluntary counseling and testing (VCT), a knowledge, attitude, behavior and practice (KABP) survey, a center for the distribution of HIV medications, a drop-in center, guidelines on opiate substitution therapy, participation in international and regional workshops, a national strategic plan, and awareness sessions (MOPH, 2018).

Besides governmental commitment, NGOs/CSOs play a key role in the HIV response in Lebanon, particularly regarding the inclusion of key populations (Jonassen Bittman & Couffignal, 2017). Many CSOs and NGOs are founded and run by individuals from key population communities. Their engagement in advocacy and awareness raising, promotion of nondiscrimination, and advancement of quality of life for HIV affected individuals, among other activities, is essential to increase the access to services and to advance human rights. More than 110 VCT centers are run by NGOs all over Lebanon (MOPH & WHO, 2015). Collaborations between the NAP and NGOs have become frequent and have shown positive outcomes through combined efforts in HIV prevention, HIV testing, and stigma reduction (Idries, 2016). Al Kattar & Dosh (2018) also point out that the media influences HIV awareness in Lebanon and has been able, particularly among youth, to spread knowledge about HIV prevention, testing, and treatment.

The latest National HIV/AIDS Strategic Plan for the period 2016-2020 was a joint effort between key stakeholders in the HIV response (Idries, 2016). Idries elaborates that the plan emphasizes the needs of key populations, such as gay men and other men who have sex with men and prisoners. Six strategic directions are outlined in line with the WHO 2020 vision in addition to giving attention to the refugee crisis. Moreover, the plan includes monitoring and evaluation activities to track impact.

Particular attention to people living with HIV is also given in other important governmental policy documents. The Lebanon Crisis Response Plan 2017-2020 mentions people living with HIV within its planned outcome to improve the access to comprehensive primary health care (Government of Lebanon & UN, 2017). The plan states that, chronic disease medications are accessible for free to Syrian refugees in around 410 health care facilities, out of which 187 are primary health care centers accredited by the MOPH. To ensure the availability of chronic disease medication, the MOPH operates in collaboration with the Young Men’s Christian Association (YMCA), which requires a patient’s enrolment in the YMCA system. Besides, the Mental Health and Substance Use Strategy for Lebanon 2015–2020 acknowledges people living with HIV and key populations as being vulnerable to mental health and substance use disorders (MOPH, 2015). These groups are more likely to suffer from psychological distress, depression, and suicide than the general population (Kaplan, et al., 2015; Kaplan, El Khoury, Field, & Mokhbat, 2016).
BARRIERS TO HIV SERVICES IN LEBANON

Barriers to access, uptake, and retention in HIV services are multifold in the Lebanese context and result from the complex historical, cultural, social, and political conditions of the country. The challenging internal security situation, resistance toward diversity in sexual orientation and gender identity within the society, among religious leaders, policy makers and law enforcement personnel embedded within a criminalizing legal framework in addition to lack of funding and skilled personnel hinder the implementation of effective HIV interventions (UNAIDS, 2014).

Barriers Related to HIV-Related Laws and Policies

There are no laws in Lebanon that specifically protect the rights of people living with HIV (El-Jardali & El Bawab, 2015). The right to health is not enshrined in the Lebanese Constitution; however, as a signatory of the International Covenant on Economic, Social and Cultural Rights, which stipulates in Article 12 to recognize the right of everyone to enjoy the highest attainable standard of physical and mental health, Lebanon has a duty to protect and provide the right to health (ALEF, 2018). Moreover, Lebanon has committed to the Declaration of Commitment to HIV/AIDS in 2001 and the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 set in 2016 by the UN General Assembly (El Nakib, 2003; UN General Assembly, 2016). The Lebanese Constitution enshrines equality for all Lebanese in Article 7 and states that they shall “equally enjoy civil and political rights,” but it does not explicitly mention the right to privacy, life, and dignity, nor the right to nondiscrimination (Government of Lebanon, 1926). Yet, in Article 8 and 13, the Constitution ensures the right to personal freedom and the right to freedom of expression (Government of Lebanon, 1926).

The Lebanese legal framework creates barriers for key populations to access HIV-related services and support (Mohamed, 2015). LGBTI individuals are often arrested on the basis of the interpretation of the Lebanese Penal Code Article 534, which criminalizes sexual relations that “contradict the laws of nature” (Naber & Zaatari, 2014). Although Article 534 does not explicitly criminalize homosexuality and few court rulings have declared that it does not provide ground to convict homosexuals, the law continues to be used against LGBTI people and rising numbers of arrests, detention and use of violence against LGBTI have been noted (Helem, 2017). The disapproval of homosexuality is present in the social and political context, mainly influenced by the confessional system that strongly opposes non-heterosexuality (Nagle, 2018). The confessional system is built up of all religious sects in Lebanon and aims to balance the power between all groups. Any major reform in laws and practices would have to receive support from all religious communities (Meem, 2010). Therefore, LGBTI continue to face discrimination within their communities and arrestments, detainments, and torture by Lebanese security forces (GSRC, 2015).
Article 534 of the Penal Code also impedes the formalization of human rights organizations that are seeking to advocate for LGBTI person’s rights (Nagle, 2018). Nagle (2018) argues further that the LGBTI community in Lebanon lacks solidarity to be able to successfully demand recognition of their rights. For example, Kaplan et al. (2015) interviewed transgender women who rarely mentioned supportive behaviors within their community, such as logistical and functional assistance. Aunon et al. (2015) also point to the heterogeneity within the group of male sex workers in Lebanon and the need to provide appropriate interventions for sex workers from different socioeconomic backgrounds. Many gay men and women, who are of middle or high socioeconomic status, are not encouraged to claim their rights because they are often able to use their means and resources to live a more fulfilled, yet discrete life, which in turn results in less vulnerability to arrests or harassments. However, LGBTI people who have a dual legal constraint, meaning that they face a double risk to be marginalized, are more visible (Nagle, 2018). This duality originates from having a sexual orientation or gender identity that may not conform with laws in Lebanon in combination with belonging simultaneously to another key population subgroup, such as sex workers, drug users or Syrian refugees (Hammad, Doumit, & Khalaf, 2017).

The sale of sex is criminalized under the Article 523 of the Lebanese penal code, pushing those engaged in sex work into vulnerable positions and at risk of abuse, exploitation and unprotected sex (Jabbour, 2014). Drug use is criminalized by Lebanese law, but the country has an established substance use response and is advanced regarding the implementation of harm reduction services for people who use drugs (MENAHRA, 2018). Nonregistered Syrian refugees, who belong to the LGBTI community or are involved in sex work or drug use, are particularly vulnerable (Idries, 2016).

Barriers Related to Stigma and Discrimination

Stigma and discrimination against key populations and people living with HIV is widespread in Lebanon and requires critical attention in all HIV programming (LebMASH, 2016). Stigma and discrimination create a significant barrier for key populations to receive sexual education, access HIV prevention services and to access protective measures, such as using condoms or going to medical check-ups (Jonassen Bittman & Couffignal, 2017). People living with HIV often experience difficulties to accessing HIV services, and often suffer from social exclusion and work-related discrimination (Kaplan, et al., 2015); they exhibit a poorer quality of life than people who are not living with HIV (Abboud, Noureddine, Huijer, DeJong, & Mokhbat, 2010).

HIV-related stigma is mostly rooted in the association of HIV with behaviors that are considered to be taboo, sinful and risky, such as sex outside of marriage, homosexuality and drug use (Remien, Chowdhury, & El-Sadr, 2009). Lack of sexual education and spread of inaccurate information about HIV/AIDS and how it is transmitted foster misinformation and irrational beliefs (LebMASH, 2016). Knowledge about sexual health is low among the Lebanese population and sexual health in the national school curriculum is missing (Clark, et al., 2017). Stigma against people living with HIV results often in discrimination, lack of support and exclusion by family and friends (Hammad, Doumit, & Khalaf, 2017).
Moreover, stigma is not only existent among the general public in Lebanon, but also among health care professionals (Clark, et al., 2017). There are health care workers who discriminate against people living with HIV, refuse to provide them with treatment services, break their confidentiality, or treat them carelessly with no concerns for their wellbeing (LebMASH, 2016).

Another prominent issue in Lebanon regarding HIV-related discrimination is the double marginalization against people living with HIV who are from key populations, such as LGBTI individuals, sex workers, and drug users (Hammad, Doumit, & Khalaf, 2017). The LGBTI community in Lebanon is prone to discrimination based on sexual orientation and/or HIV status (ALEF, 2018). Also, refugees living with HIV are at high risk of experiencing human rights violations due to the lack of protective legal regulations, such as those ensuring access to health care services (ALEF, 2018).

**Barriers Related to Fulfillment of Human Rights within the Health Care System**

Human rights violations in the health care setting mainly refer to violations of patients’ rights, including the right to privacy, confidentiality, and equal access to care (Hammad, Doumit, & Khalaf, 2017). People living with HIV and key populations are often ill-treated and experience stigmatization and discrimination by doctors, nurses, administrative staff and pharmacists. The breach of confidentiality and violation of privacy of a patient result in openly naming and shaming HIV-affected individuals. In some cases, HIV-positive people are denied access to health care services and information about HIV.

Human rights violations within the health care system against people living with HIV and key populations have major negative consequences (Hammad, Doumit, & Khalaf, 2017). Accessing HIV treatment is low among people living with HIV, with even lower uptake among key populations living with HIV, due to social and structural factors, including stigma, legal issues, and poverty (Aunon, et al., 2015). Safer sex choices and health seeking behaviors are affected by individual’s level of knowledge about the risks associated with HIV transmission as well as the extent to which individuals experience self-stigma and are able to access social support to meet their associated HIV-related needs (Aunon, et al., 2015). The breach of confidentiality and violation of privacy can result in people being openly blamed and shamed, with the effect that they may lose their job, not being covered by insurance and can then also not afford health care services—a vicious cycle. Often employers will require employees to take a pre-employment HIV test, and use a seropositive result to deny individuals employment, or to justify discriminatory practices against them (Hammad, Doumit, & Khalaf, 2017). Kaplan et al. (2015) describe that adverse health behavior and access to health care for trans women is linked to safety, ranging from social/emotional, physical, and sexual to financial safety. Trans women who feel safe, receive emotional or financial support and do not fear abuse or exploitation, are less likely to live a “hidden” life, engage in unsafe sexual and health behavior and experience violence (Kaplan, et al., 2015).
Barriers Related to Knowledge, Attitudes, and Practices of Lawmakers and Law Enforcement Agents

The Lebanese legal framework that criminalizes “unnatural sexual relations” increases the vulnerability of key populations and people living with HIV to experiencing human rights violations perpetrated by lawmakers and law enforcement agents. Many LGBTI individuals are arrested, prosecuted, or threatened with prosecution (Kisserli, Likhite, & Couffignal, 2017). Internal security forces and police mistreat people living with HIV and tend not to respect their rights to privacy, nor right to nondiscrimination (Hammad, Doumit, & Khalaf, 2017). Sex workers, LGBTI individuals, and people who use drugs experience harassment, violence and humiliation by law enforcement personnel (Global Network of Sex Work Projects, 2015).

Barriers Related to Availability and Accessibility of HIV-Related Legal Services

Key populations who are in detention have the right to legal aid; however, many of them suffer from mistreatment and denial of services in prison (CLDH, 2017). Although access to legal aid is not guaranteed for everyone, people living with HIV and key populations who have been arbitrarily detained may be able to access legal aid according to the provision of the law. Gaps exist particularly with respect to the lack of standardized monitoring and follow-up mechanisms and human resource management for the delivery of legal aid. Legal services for people who use/inject drugs are difficult to access because they are not widely available (IDLO, 2017). The Addiction Committee, treatment centers and most of the NGOs/CSOs are located in Beirut and Mount Lebanon, not accessible for those living in the north, south, or east of the country.

Barriers Related to HIV-Related Gender Norms and Vulnerabilities

People living with HIV who have nonconforming sexual orientations and gender identities from the point of view of society or law suffer from human rights violations (The A Project, Center for Reproductive Rights & the Sexual Rights Initiative, 2015). Personal status law, which applies, for example, to the treatment of civil matters including marriage, divorce, child custody, and inheritance, is controlled separately by religious groups allowing for the oppression of women and sexual minorities (Nagle, 2018). The personal status laws set up by each religious community often discriminate against women purely based on their gender when, for example, wanting to keep a child’s custody, to end an abusive marriage, or to claim compensation from their husband who contracted HIV (Geagea, Fakih, & Makhlouf, 2015). In most cases, women forfeit their rights or are found partially responsible, even if, for instance, the case is about them being beaten by their husband (Geagea, Fakih, & Makhlouf, 2015). Besides, severe stigma is faced by women living with HIV (Kaplan, El Khoury, Field, & Mokhbat, 2016).
study by Clark et al. (2017) identified barriers to HIV testing for women at the sociocultural, policy, interpersonal health care provider, and intrapersonal level. Premarital sex being widely a taboo in Lebanese communities creates a strong barrier for women to accessing and willing to be tested for HIV. The assumption that HIV is mostly restricted to gay men and other men who have sex with men represents a growing risk to women to be left behind in HIV programming (The A Project, Center for Reproductive Rights & the Sexual Rights Initiative, 2015).
HIV-RELATED HUMAN RIGHTS PROGRAMMING IN LEBANON

Human rights programming can contribute greatly to the removal of barriers to HIV services. The analysis of existing interventions, ongoing gaps, and insufficiencies of HIV-related human rights programming in Lebanon is important to improve such programming. Table 2 identifies the NGOs/CSOs that informed this review.

Table 2. List of NGOs/CSOs Included in the Review on Human Rights Programming in the Context of HIV in Lebanon

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Description of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALEF</td>
<td>An NGO that seeks to strengthen the respect and fulfillment of human rights (ALEF, 2018).</td>
</tr>
<tr>
<td>Anwar Al Mahabba Association</td>
<td>An NGO that helps those suffering from incurable diseases such as HIV (Anwar Al Mahabba, 2006). Anwar Al Mahabba mostly targets minors and impoverished people, such as beggars and the homeless and abandoned persons. Services include financial and moral support, awareness campaigns, trainings and workshops, health and social services. Anwar Al Mahabba receives donations, sponsorships, membership fees, and annual contributions from other institutions, companies, and friends. Awareness campaigns are assisted by hundreds of volunteers.</td>
</tr>
<tr>
<td>Association Justice et Miséricorde (AJEM) Lebanon</td>
<td>An NGO that defends and protects human rights by aiding in different domains such as health, social, psychology, research, and education (AJEM, 2017). AJEM offers legal services, including legal counseling/advice and follow-up of legal cases. AJEM supports the most disadvantaged, prisoners, drug users, foreigners, the sick, HIV-positive individuals, and prisoners on death row as well as their families.</td>
</tr>
<tr>
<td>Arab Foundation for Freedom and Equality</td>
<td>An NGO that focuses on supporting sexuality, gender, and bodily rights’ movements in the Middles East and North Africa (MENA) region (AFE, 2018). AFE’s four programs include capacity building, gender and sexuality resource center, security, and sexual health. The mission of AFE is to encourage and support sexuality, gender, and bodily rights’ movements in the MENA region through capacity building, knowledge production, exchange, and security and emergency response.</td>
</tr>
<tr>
<td>Helem</td>
<td>An NGO that aims to end stigma and discrimination toward LGBTI individuals (Helem, n.d.). Via partnering with other human rights organizations, Helem advocates for decriminalizing homosexuality and advancing human rights in Lebanon. Helem is also very active in combating the AIDS epidemic while advocating for people living with HIV.</td>
</tr>
<tr>
<td>Jeunesse Contre la Drogue (JCD)</td>
<td>An NGO that advocates and lobbies in order to develop and improve the laws regarding social perils especially issues related to drugs and tobacco use (JCD, 2010).</td>
</tr>
<tr>
<td>Name of Organization</td>
<td>Description of Organization</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lebanese Medical Association for Sexual Health (LebMash)</td>
<td>An NGO established in 2012 (LebMASH, 2017). Their primary focus is LGBTI and KPs, but LebMash also aims to advance sexual and reproductive health for everyone (LebMash, n.d.). LebMash carries out awareness campaigns, influences and changes policies and legislations in professional organizations, conducts research, and supports NGOs that offer health care services to LGBTI individuals (LebMash, n.d.). LebMash states in their annual reports about their source of funding. LebMASH has an objective to influence and change policies and legislations in professional organizations including schools, hospitals, and governmental agencies to protect the health rights and wellbeing of LGBTI individuals and sexual health in Lebanon.</td>
</tr>
<tr>
<td>The Lebanese AIDS Society</td>
<td>An NGO that works on education about HIV and prevention of HIV infections through provision of treatment and awareness (The Lebanese AIDS Society, 2018).</td>
</tr>
<tr>
<td>The Lebanese Center for Human Rights (CLDH)</td>
<td>An organization that regularly organizes press conferences, workshops and advocacy meetings on human rights issues in Lebanon and collects, records and documents human rights abuses in reports and press releases (CLDH, 2012). In addition, it offers legal counseling to vulnerable individuals and promotes a culture of human rights in Lebanon.</td>
</tr>
<tr>
<td>The Legal Agenda</td>
<td>An NGO that addresses the issues of marginalized groups such as refugees, detainees, workers, handicapped persons, women, and homosexuals and their basic rights and freedoms (The Legal Agenda, 2016).</td>
</tr>
<tr>
<td>Marsa</td>
<td>An NGO-led center that provides sexual and reproductive health services to the general population, with a particular focus on LGBTI individuals (Marsa, 2018). Services are provided in a confidential and anonymous environment free from stigma and discrimination. The center operates since 2011 in Beirut. Marsa is supported by the WHO, the Arab Foundation for Freedom and Equality, and Medico. They are also in constant partnership with the National AIDS Program.</td>
</tr>
<tr>
<td>M-Coalition</td>
<td>An NGO that targets men who have sex with men, this NGO fights for their health and human rights (M-Coalition, 2017). M-Coalition is also active in helping with the HIV epidemic with special focus on men who have sex with men living with HIV. They aim to do so through advocacy, information exchange, knowledge production, networking, and capacity-building activities.</td>
</tr>
<tr>
<td>Nasawiya</td>
<td>An NGO of young feminists that stands and defends the rights of not only women but also refugees, the disabled, sex workers, migrant workers, people of nonconforming gender identities and nonconforming sexualities (Nasawiya, n.d.).</td>
</tr>
<tr>
<td>Oui Pour La Vie</td>
<td>An NGO established in 2008, which provides humanitarian and social services to local communities, including vulnerable populations. The organization mainly does referrals to the appropriate organization for those in need (Oui Pour La Vie, 2014). Oui Pour la Vie also organizes educational programs to raise awareness among the young.</td>
</tr>
<tr>
<td>Proud Lebanon</td>
<td>An organization that aims to promote sustainable social and economic development, it also works on protecting, empowering, and gaining equality for key populations through community service activities (Proud Lebanon, 2018). Proud</td>
</tr>
<tr>
<td>Name of Organization</td>
<td>Description of Organization</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Lebanon</td>
<td>Offers many services including psychological support, medical support, HIV support, and capacity building.</td>
</tr>
<tr>
<td>Skoun</td>
<td>An NGO that mainly offers prevention and treatment to drug users. Skoun also provides HIV services that are anonymous and free-of-charge. (Skoun, 2015)</td>
</tr>
<tr>
<td>Soins Infirmiers et Development Communautaire (SIDC)</td>
<td>An NGO that provides equitable access to health care for key populations and people living with HIV (SIDC, n.d.). SIDC also aim to improve key populations’ quality of life by providing many services such as: harm reduction, health services, advocacy, networking, and capacity building. The NGO has four main programs which are: sexual and reproductive health and rights, HIV/STIs, human and gender rights, and harm reduction services. SIDC’s main donors include USAID, MEPI, GILEAD, MACAIDSFUND, the International HIV/AIDS Alliance, UNICEF, and MENAHRA.</td>
</tr>
<tr>
<td>Think Positive</td>
<td>An NGO that mainly provides medical care to HIV-positive people, but also psychosocial support, awareness campaigns, workshops, and free consultations (NAM Publications, 2018).</td>
</tr>
<tr>
<td>Vivre Positif</td>
<td>A CSO that was launched within SIDC and with the support from international CSOs to encourage positive living (NAM Publications, 2018). Vivre Positif works on diverse advocacy and awareness projects and also provides trainings and legal support.</td>
</tr>
</tbody>
</table>

**Programs to Reduce Stigma and Discrimination**

The NAP calls attention to the issue of stigma and discrimination against people living with HIV and key populations at risk of contracting HIV (MOPH, 2018). Awareness sessions and lectures, particularly provided to youth, aim at “increasing awareness within the community while decreasing HIV-related stigma and discrimination, and improving the rights of people living with HIV” (WHO, 2018). Since 2009, an independent center for the distribution of HIV medications ensures availability and accessibility of treatment for people living with HIV without being stigmatized or discriminated against (WHO, 2018). In addition to the collaborative effort by the MOPH and WHO, a number of organizations advocate against and raise awareness about stigma and discrimination against people living with HIV and key populations:

- ALEF has published on many cross-cutting issues regarding human rights issues and HIV, including the right to health, stigmatization, and maltreatment of key populations at risk to contract HIV (ALEF, 2018).
- Anwar Al Mahabba organizes many activities to reduce stigma and discrimination against people living with HIV, including awareness raising via media outlets, distributing brochures at schools, universities, places of worship, fundraising events, training workshops related to HIV and sexually transmitted infections (STIs), plays, and painting exhibitions. Anwar Al Mahabba allows AIDS patients to come forward and share their experiences and testimonials. (Anwar Al Mahabba, 2006)
- Helem provides a helpline for people living with HIV and anyone who requires information or assistance regarding an HIV-related issue (Helem, n.d.). Seen as the first LGBTI social movement in
the MENA region, Helem emerged in 2002 to advocate for sexual minorities in Lebanon (Nagle, 2018). Helem is a primary source of support to LGBTI in Lebanon by being strong in advocacy and awareness raising about LGBTI rights, including the right to nondiscrimination (Aunon, et al., 2015). Using a peer education approach, Helem promotes healthy sexual behavior, distributes condoms, and refers people at risk or living with HIV to testing and treatment.

- The International HIV/AIDS Alliance (IHAA) in collaboration with local Lebanese CSOs implemented the MENA program funded by USAID, which is a community-based outreach program for MSM in Algeria, Lebanon, Morocco, and Tunisia (IHAA, 2016). The program comprises a range of different interventions, including activities to strengthen civil society and increase the engagement of key populations, to provide support in community outreach, resource mobilization and fostering an enabling environment, to establish peer education face-to-face and online (Jonassen Bittman & Couffignal, 2017). A human rights-based approach is fundamental to the MENA program and includes the aim to reduce stigma and discrimination.

- JCD aims to change social discrimination against people who use drugs, including those living with HIV, and calls for the decriminalization of drug use (JCD, 2010).

- The Lebanese AIDS Society disseminates information about HIV to the public and encourages clinical and scientific research related to HIV (The Lebanese AIDS Society, 2018). Although no specific referral to stigmatization and discrimination against people living with HIV is made, awareness raising about a key population group, i.e. refugees, is done (NAM Publications, 2018).

- The Legal Agenda advocates for fundamental human rights and freedoms of key populations and tackles thereby issues related to stigma embedded within the Lebanese society (The Legal Agenda, 2016).

- Marsa does not only provide consultations for people living with HIV, but also conducts awareness campaigns to ensure the availability and accessibility of information and services to those in need. Marsa stresses the respect for the right to privacy and nondiscrimination. (Marsa, 2018)

- The M-Coalition advocates for the rights for all to access health services and provides capacity-building activities to ensure an effective response to the HIV epidemic among gay men and other men who have sex with men. Gay men and other men who have sex with men and those living with HIV are involved at all levels of the provided programs. A human rights based approach is taken in all activities (M-Coalition, 2017).

- Oui Pour la Vie (OPV) conducts outreach activities and participates in trainings on social and behavioral change communication in order to develop stronger programs; however, they do not specifically state to target stigma and discrimination (OPV, 2014).

- SIDC offers capacity building workshops to a range of key stakeholders in the HIV response, including health care providers, religious leaders, law enforcement bodies, policymakers and the media, to decrease stigma and discrimination related to social taboos, such as HIV and STIs (SIDC, n.d.). A peer education approach is used in all programs to encourage HIV-affected individuals to become involved in awareness raising and provision of preventive measures. SIDC holds a “Zero
Discrimination Day” on March 1st every year to raise awareness about the need to put an end to stigma and discrimination against people living with HIV and key populations. Several educational materials are available, such as a booklet for families of LGBTI individuals (Kisserli, Likhite, & Couffignal, 2017). SIDC conducts trainings with media representatives to impact HIV-related stigma and discrimination in the Lebanese society by transforming stigmatizing language into positive messaging.

- Think Positive organizes awareness campaigns through media and has a program on communicating human rights in the context of HIV (NAM Publications, 2018).
- Sensitization on HIV and other issues related to reproductive health for youth is done by UNFPA in collaboration with the NAP by integrating HIV services within the Youth Friendly Service package and (UNFPA, 2014). UNFPA in collaboration with WHO and UNICEF conducted the KABP survey 2010-2011, generating important evidence about HIV-related issues for decision-makers (UNFPA, 2014). In addition, educational material was prepared, such as a handbook on HIV prevention and a documentary.

Programs to reduce stigma and discrimination against HIV-affected individuals in Lebanon are numerous and target a wide range of audience, including the general public, religious leaders, health care professionals and policy makers. Many programs take a participatory approach to include people living with HIV in their program design and implementation. Important advocacy and awareness raising is carried out to reduce HIV-related barriers due to stigma and discrimination. Thereby, enhancing the availability of information about HIV and reducing the fear of acquiring HIV through everyday contact with people living with HIV are in focus. While it is fundamental to raise awareness about the disease, its etiology and pathology, it is necessary to also discuss the roots and consequences of stigma and discrimination against HIV. To strengthen implemented and future programs, monitoring and evaluation activities would be helpful to further assess strengths and weaknesses of current programs.

Training for Health Care Workers on Human Rights Related to HIV

With the support of UN agencies, the NAP team conducts capacity-building workshops to train health care workers and nurses from health care centers, clinics and NGOs on VCT service delivery (MOPH, 2018). So far, three waves of workshops for 550 health care workers from 110 health care centers have been done. The workshops provide information and brochures about HIV and other STIs, train health care workers on pre-test counseling, testing and post-test counseling in a private anonymous setting, and explain referral mechanisms to the needed health care and social services. Furthermore, HIV specialists and health care workers are trained on the effect of stigma on persons living with HIV under the umbrella of the Mental Health and Substance Use Strategy 2015-2020 (MOPH, 2015). Identified capacity building sessions and trainings on HIV-related topics provided by NGOs/CSOs include the following:
• Anwar Al Mahabba organizes training workshops on STIs and HIV, but fails to mention who they are specifically serving. These workshops are usually conducted by trained lecturers in the field of AIDS and related prevention and are held at educational establishments, parishes, and other locations (Anwar Al Mahabba, 2006).

• To respond to HIV-related human rights barriers, IHAA established the Rights-Evidence-Action (REAct) system, which is an IT-based monitoring and response system for human rights (Sigrist & Fergus, 2017). This system has been implemented in 19 countries worldwide, including Lebanon. In Lebanon, REAct is run by organizations of people living with HIV and those supporting migrant populations. In 2016 and 2017, SIDC, Vivre Positif, and a coalition of 15 other NGOs used REAct to advocate for the implementation of regulations regarding breach of confidentiality and ethical practices at governmental health institutions (Sigrist & Fergus, 2017).

• The Lebanese AIDS Society provides education to health care workers (The Lebanese AIDS Society, 2018). Unfortunately, it is not specified whether the education includes human rights in the context of HIV.

• Vivre Positif has a mission to conduct and support awareness campaigns on HIV for health care providers.

Programs to Sensitize Lawmakers and Law Enforcement Agents

While the NAP does not include programs to sensitize lawmakers or law enforcement agents, some programs exist that comprise sensitization of law personnel conducted by other organizations. An intensive police experience exchange course provided by the UN Interim Force in Lebanon for 20 Internal Security Forces personnel in 2017 included the issue of human rights and HIV awareness among a range of other topics (O’Sullivan, 2017). In 2015, a training of police officers’ trainers was given by Helem and OPV on HIV, other STIs, and related stigma and discrimination to give the police a better understanding of the lives of people living with HIV (Kisserli, Likhite, & Couffignal, 2017). In order to sensitive religious leaders, SIDC initiated dialogue on tolerance and HIV-related stigma and discrimination (Kisserli, Likhite, & Couffignal, 2017). Although not directly representing a sensitization program, to protect volunteers from the LGBTI community in outreach activities, official identity cards were produced to protect peer educators, which showed decreasing numbers of arrests and interrogations from the police (Kisserli, Likhite, & Couffignal, 2017). Given the scarce evidence on programs to sensitize law personnel, these programs seem to lack widely in the Lebanese context.

Programs to Promote Legal Literacy

The NAP does not have a specific program on legal literacy; however, the NAP encourages people living with HIV to be aware of their rights through the promotion of the publication “I live my rights, I respect other people’s rights – Access for all to HIV prevention, treatment and care is a critical part of human rights” from 2010 by UNAIDS and WHO (MOPH, 2018). This publication shows how human rights are
fundamental to accessing HIV services and what a human rights approach to HIV testing entails (UNAIDS & WHO, 2010). Beyond the NAP, legal literacy programs for people living with HIV were also hardly identified within the Lebanese context. Skoun provides “know your rights” information online and has several publications on human rights, law procedures and Lebanese laws related to drug use (Skoun, 2015). In 2013, Skoun had a campaign for people who use drugs as a response to human rights violations by law enforcement personnel. Skoun declares that knowing your rights is “the first step toward empowerment” (Skoun, 2015). Programs on legal literacy are nonexistent at the governmental level and few at the nongovernmental level.

Legal Services Related to HIV

Legal services are not part of the NAP activities; however, there are some nongovernmental entities which provide legal aid to people living with HIV and key populations. The Bar Associations of Beirut and Tripoli and lawyers from the Lebanese Center for Human Rights (CLDH) assist people in detention of any nationality, gender and sexual orientation; therefore, they provide legal aid to people living with HIV and key populations in prisons (CLDH, 2017). These lawyers act as the “guarantors of a fair treatment and management of their beneficiaries’ cases” (CLDH, 2017). They prepare the defense for their beneficiaries, attend the trial sessions and ensure correct administrative procedures. With the support from the IDLO, the Skoun Lebanese Addictions Center developed a model defense brief for courts to refer drug offenders to rehabilitation rather than prison (IDLO, 2017). As a consequence, the highest judicial authority in Lebanon ruled that the referral to treatment must always be an option in drug use cases. Helem works together with lawyers that are willing to provide services for free or for a small fee to support gay men and other men who have sex with men who have problems with the law that criminalizes homosexuality (Kisserli, Likhite, & Couffignal, 2017). Proud Lebanon and AJEM offer legal support to the LGBTI population and Vivre Positif offers such legal services to people living with HIV (AJEM, 2017, Proud Lebanon, 2018, NAM Publications, 2018. OPV has set up a referral system that refers key populations and people living with HIV to suitable NGOs or associations to assist with their cases (OPV, 2014). As for SIDC, they document human rights violations and abuse, offer legal support, and have a referral and reporting system for people living with HIV and key populations (SIDC, n.d.). In light of the frequent ambiguous arrests and detention of people living with HIV and key populations in Lebanon, the legal aid response is insufficient and lacks funding and human capital to provide nationwide coverage for all people in need of legal services. Mohamed (2015) argues that despite available legal services, the access to such services depends highly on nationality, ethnicity and socioeconomic status of the person.

Programs to Monitor and Reform Laws and Policies Related to HIV

UNAIDS established the National Commitments and Policies Instrument (NCPI) for countries to measure progress in developing and implementing HIV policies, strategies and laws, which was submitted by
Lebanon late in 2014 for the years 2012-2013 (UNAIDS, 2018). The NCPI report from Lebanon stated that a review of national policies and laws related to HIV and KPs was conducted to determine inconsistencies between national policies and laws and the NAP (Nakib, 2013). The review revealed barriers that included legal, social and sometimes financial, which showed to be dependent on the concerned population, social status, age and gender. In light of the findings, the Lebanese government is working on a law intended to promote HIV and key populations’ rights and obligations.

As for NGOs/CSOs, SIDC, Vivre Positif, M-Coalition, Helem, and AJEM are all involved in monitoring and reforming laws. SIDC has a human and gender rights protection program, where documentation of human rights violations and abuse is tracked (SIDC, n.d.). In addition, they conduct research and work in the field of policy development and law reform. SIDC also advocates for the protection of confidential and anonymous information regarding people living with HIV and key populations, whereas Vivre Positif works as part of SIDC. SIDC and Vivre Positif, conducted a study in 2016, entitled “Speak Up for the Rights of People Living with HIV.” The aim of this study was to enable a safe environment for people living with HIV through advocating for system changes and law reforms. This study was able to identify violation patterns such as unethical medical practices, pre-employment HIV testing, denial of access to private insurance for people living with HIV, expulsion from work, and denial of access to work. The results gathered from the study helped provide context on what violation should be considered priority and devised a strategic plan to tackle the issues. M-Coalition suggests policy reforms regarding men who have sex with men. Helem lobbies with other human rights NGOs to decriminalize homosexuality and work on the advancement of human rights and personal freedoms. AJEM also lobbies and initiates movements and demonstrations in order to amend laws and legal texts in the country.

Monitoring and evaluation remains weak in Lebanon, and efforts need to be made in order to improve and strengthen this aspect. Although the government conducted a national review of the policies and laws, no action was taken to amend or reform those that posed a barrier to HIV programs and services. Key populations, particularly those living with HIV, continue to lack antidiscrimination laws or regulations that could provide protection. Unfortunately, the small number of NGOs that are directly involved in monitoring and reforming laws, policies, and regulations are not insufficient to enforce a change. Governmental support and collaboration is needed in advocating for change and promoting reform.

Programs to Reduce Discrimination against Women in the Context of HIV

The NAP does not have activities which target specifically the reduction of discrimination against women. Yet, multiple NGOs exist that defend and fight for women’s rights in Lebanon. Nasawiya, KAFA, ABAAD, Justice without Frontiers, and The Committee for the Follow-Up on Women’s Issues are just a small number of all NGOs that aim to establish gender equality and a country free of sexism,
oppression, and discrimination against women. However, few NGOs directly target gender issues within their HIV programs in Lebanon.

The Arab Foundation for Freedom and Equality’s (AFE) provides capacity building services that target gender expression, sexualities, social justice, and sexual education (AFE, 2018). In addition, AFE provides capacity building on advocacy and lobbying techniques, and online security. AFE also manages, in collaboration with ABAAD, an online gender and sexuality resource center that addresses gaps while collecting resources on gender and sexuality MENA region. This resource center offers an online database and documentation forum, a history of gender and sexuality in the MENA, resource mapping and gap analysis, trainings and seminars, and guiding research. Vivre Positif is another NGO that has set as part of their mission to empower women with HIV (NAM Publications, 2018). Moreover, SIDC began the Knowledge is Power program to protect and fight for human and gender rights (SIDC, n.d.). This program includes documenting violations, advocating to eliminate any stigma or discrimination, and conducting research along with policy development and law reform (SIDC, n.d.).
CONCLUSION

Although there are entry points for human rights programming in the context of HIV in Lebanon, the country lacks a supportive social and legal environment. Key stakeholders involved in delivering HIV-related services to people living with HIV and key populations recognize that the advancement of human rights is a fundamental component of an effective HIV response. However, there are no signs of substantial changes in laws and regulations, which continue to create a barrier to the full enjoyment of human rights by people living with HIV and key populations. An important step toward successful human rights programming for HIV are the number of existing NGOs/CSOs that engage in the advocacy, awareness raising and training provision on HIV-related human rights issues. The activism behind these organizations often led by people living with HIV and key populations themselves has given favorable room to establish strong human rights programming in the context of HIV. Still, a large number of people are in need of health and social services and do not have access to legal protection. A scale-up of health and social services is crucial to succeed in reaching also the most vulnerable and marginalized individuals and the dialogue with decision-makers, religious and political leaders, has to continue to foster development toward positive change in the social and legal environment regarding sexual orientation and gender identities in Lebanon.
RECOMMENDATIONS

- Despite progress at the governmental level to promote and protect human rights of people living with HIV and key populations, NGOs/CSOs fill essential gaps that exist due to the absence of a protective legal framework for HIV-affected individuals in Lebanon. Human rights programming in the context of HIV in Lebanon is largely driven by NGOs/CSOs that are active in advocacy, awareness raising, and provision of legal services for key populations. While it is important to continue the support to NGOs/CSOs to ensure financial and human resource capacities, in the long-run there is the need to establish a legal framework that includes all HIV-related human rights without exception. The protection of human rights should become fundamental to the HIV response in Lebanon.

- Fundamental to an effective and sustainable HIV response in Lebanon are knowledgeable and empowered communities free from stigma and discrimination against people living with HIV and key populations. Community mobilization through meetings, collective activities, and events can stimulate sensitization and change harmful attitudes and behaviors. Human rights programming in the context of HIV should build health and legal literacy for both HIV-affected individuals, their families, friends and communities. Information about HIV, its etiology and transmission is increasingly distributed; however, education about human rights issues in the context of HIV needs to be extended. Sexual and life skills education, including HIV prevention, are especially important for adolescent and youth programming. Interactive interventions in school about HIV-related human rights issues aiming at more equitable attitudes and norms should be implemented.

- Human rights programming in the context of HIV in Lebanon is well-established regarding advocacy and awareness-raising activities on the issues of stigmatization and discrimination against people living with HIV and key populations. Yet, there are gaps concerning training and sensitization of health care professionals, lawmakers, law enforcement agents, religious and political leaders. HIV-related human rights programming in Lebanon should be extended regarding these key personnel who come in contact with both people living with HIV and key populations. Targeting key personnel who engage with the HIV-affected individual can significantly reduce violence and discrimination and enhance access to justice and fair treatment because often these key personnel are discriminating against HIV-affected individuals themselves.

- Existing health and social services for people living with HIV and key populations are rarely available and accessible all over Lebanon, and thus human rights programming in the context of HIV fails to reach everyone in need. HIV-related human rights programming should be broadened and must find innovative approaches to enable access to assistance and support everywhere. For example, the peer-to-peer approach offers the possibility to extend knowledge and service hubs in Lebanese communities. Effective referral mechanisms should be available from health and social service providers who are not specialized in providing treatment to HIV-affected individuals.
A support for human rights programming in the context of HIV in Lebanon would be to strengthen the evidence base regarding human rights violations and human rights issues faced by HIV-affected individuals. Few studies discuss and address the range of difficulties in the daily life of people living with HIV and key populations. These difficulties are context specific and need further exploration to inform HIV-related human rights programming in Lebanon. Extensive information and data that is evidence based can additionally stimulate dialogue and discussion between key stakeholders in the HIV response.

NGOs/CSOs engaging in human rights programming in the context of HIV rarely have HIV-related human rights programming experience. In most cases there is a link made either by applying a human rights approach in HIV programming or by integrating HIV-affected individuals as a target group. The multiplicity of entry points to HIV-related human rights issues provides the opportunity to engage more organizations and foster partnerships and collaborations. These collaborations should extend across diverse sectors, involving private entities, civil society, and international funding bodies. Integrating HIV services within other relevant social, health, and legal interventions would create greater recognition and reach of HIV-related human rights issues. Capacity building workshops should be offered within cross-cutting sectors to raise awareness among potential partners.

NGOs/CSOs implementing human rights programming in the context of HIV in Lebanon could benefit greatly from technical assistance from each other and other international organizations. Particularly regarding monitoring and evaluation activities, support to NGOs/CSOs would enhance the application of standardized, reliable approaches to program development. Monitoring and evaluation is important to ensure accountability, assess the effectiveness of programs, develop a rational for funding, and learn from experiences. Moreover, a unified reporting mechanism for human rights violations against HIV-affected individuals would help to establish a proper tracking system for existing human rights violations.


UN General Assembly. (2016). *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030*.

UNAIDS & WHO. (2010). *I live my rights, I respect other people’s rights - Access for all to HIV prevention, treatment and care is a critical part of human rights*.


UNFPA & UNICEF. (2016). *Compendium of Resource Material on Adolescent and Youth Programming*.


WHO. (2017). *HIV Prevention, Diagnosis, Treatment and Care for Key Populations - Consolidated Guidelines*.

