



# Sustaining HIV Impact in MENA: Community Coalitions and Regional Coordination and Leadership

Policy Brief

2026

## Executive Summary

The Middle East and North Africa (MENA) region continues to face a concentrated HIV epidemic, marked by persistent gaps in prevention, testing, treatment, and continuity of care, particularly among key and vulnerable populations. UNAIDS estimates that new HIV infections in MENA increased by 94% between 2010 and 2024, rising from 12,000 to 23,000 annually, despite overall HIV prevalence remaining low (1). Although national and regional investments have contributed to important progress, sustaining the impact of the HIV response remains a critical challenge in the context of constrained resources, competing public health priorities, complex operating environments, stigma, legal barriers, and uneven access to services. UNAIDS also estimates a 71% resource gap in the MENA HIV response relative to the annual target needed by 2030 (2). Without more targeted coordination and stronger governance, these constraints will continue to dilute resources and limit service reach.

This brief argues that sustaining HIV impact in the region is not only a financing challenge, but also a coordination and governance challenge. Regional and multi-country HIV actors must move beyond fragmented, short-term initiatives toward institutionalized, results-oriented

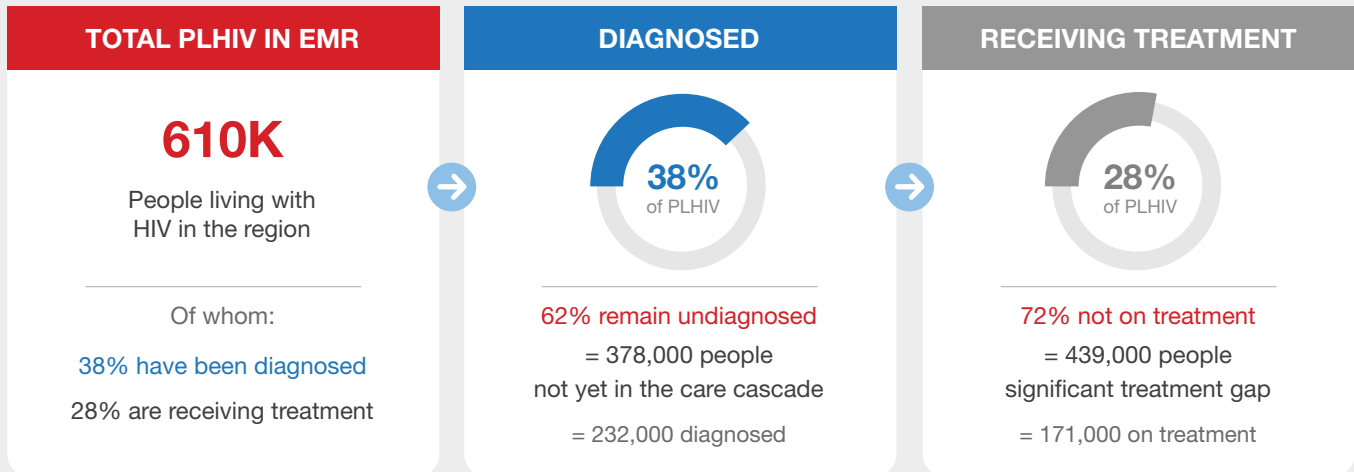
collaboration among national HIV programs, civil society organizations, community coalitions, technical partners, donors, and regional mechanisms.

A central message of this brief is that community-led organizations and coalitions are essential actors in the HIV response. Their role extends beyond service delivery to include reaching underserved groups, strengthening trust, generating contextual evidence, advocating for inclusive policies, and supporting continuity of care, especially in settings affected by stigma, mobility, conflict, and displacement.

Regional coordination and technical leadership are critical to strengthening coherence across countries, reducing duplication, supporting peer learning, and aligning national, regional, and multi-country efforts. Regional platforms can create structured spaces for partners to exchange implementation experience, identify common bottlenecks, adapt successful models across contexts, and promote shared accountability. In a region affected by mobility, displacement, resource constraints, and uneven access to services, such collaboration is essential to sustaining progress and avoiding fragmented responses.

This brief outlines key policy directions for sustaining the impact of HIV efforts in MENA: institutionalizing community leadership in HIV governance and programming; aligning services with the needs of key and vulnerable populations; strengthening differentiated and community-based service delivery; reinforcing regional coordination and learning mechanisms; and advancing sustainable financing and integration approaches that protect equitable access to HIV services.

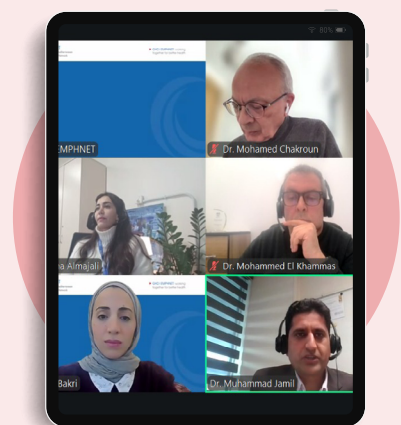
**An estimated 610,000 people are living with HIV in the Eastern Mediterranean Region**



PLHIV = People Living with HIV | Source: WHO EMRO, 2025

### Approach

This policy brief draws on insights from the webinar **“Sustaining HIV Impact in MENA: Community Coalitions and Regional Coordination and Leadership,”** convened by EMPHNET on January 27, 2026. The session was moderated by Dr. Deema Al Bakri, Senior Technical Officer at EMPHNET, and featured insights from Dr. Muhammad Shahid Jamil, Technical Officer for HIV and Hepatitis at WHO EMRO; Dr. Martin Vandeenboom, WHO Regional Adviser for TB, HIV, Hepatitis and Sexually Transmitted Infections (STIs); Prof. Mohamed Chakroun, Chair of Country Coordinating Mechanism (CCM) Tunisia and Board Member for the Eastern Mediterranean Region Constituency to the Global Fund; Dr. Lama Majali, Lead Program Officer for IOM’s Middle East Response for TB, HIV and Malaria; and Dr. Mohamed Elkhmmas, President of the MENA-H Coalition. Their reflections on regional priorities, community leadership, coordination, and sustainability inform the policy directions presented in this brief.



**Watch the full webinar**

### Introduction

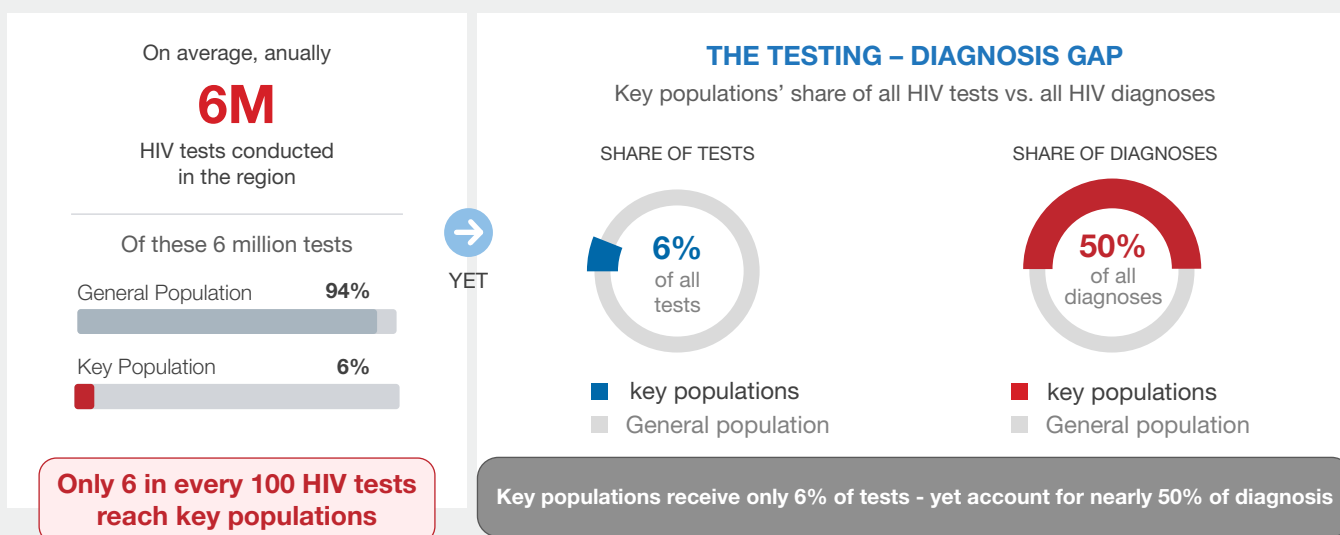
Sustaining the HIV response in MENA depends on how effectively regional and national HIV actors organize governance, coordination, and partnerships needed to reach populations most affected by HIV. Maintaining and expanding gains from national and regional investments requires clearer alignment among public health priorities, community realities, available resources, and the mechanisms used to coordinate action across countries. The central policy question is no longer whether coordination and community engagement matter, but how they must be institutionalized, financed, and used to guide decision-making across HIV responses.

In a context where countries face shared challenges but operate within different policy, financing, and service delivery environments, regional collaboration must serve

as a mechanism for shared learning and accountability. Multi-country platforms, technical partnerships, and regional learning mechanisms are essential to connect national experiences and approaches and create opportunities for joint problem-solving across countries. This policy brief identifies practical policy directions for sustaining HIV impact in the MENA region. It focuses on the role of community leadership, regional coordination, technical guidance, and shared accountability in strengthening more inclusive, coherent, and resilient HIV responses.

This brief is intended for HIV stakeholders in MENA, including Global Fund grant recipients, national HIV programs, CCMs, technical partners, donors, and community-led networks involved in shaping, financing, coordinating, or implementing HIV responses.

## Most at Risk, Least Reached: HIV Testing Among Key Populations in the EMR



Source: Unpublished WHO-EMRO data, 2024

### The Problem

HIV responses in the region are at a critical juncture, as current investments are not yet sufficiently matched by coordinated governance, targeted service delivery, and systematic regional learning.

While HIV prevalence remains relatively low in the general population, the epidemic is concentrated among key populations and continues to require sustained public health attention (3). This regional challenge is reflected in WHO EMRO data: in the WHO Eastern Mediterranean Region, an estimated 610,000 people are living with HIV, yet only 38% have been diagnosed and 28% are receiving treatment (4). The region continues to face persistent gaps in prevention, testing, treatment, and continuity of care, particularly where services do not adequately reach the populations most affected by HIV.

The challenge is not only epidemiological; it is also programmatic, social, and institutional. HIV services in the region are shaped by stigma, legal and social barriers, and constrained resources. These barriers can limit access to services, weaken trust between communities and institutions, and reduce the ability of programs to consistently reach underserved groups. Addressing these barriers requires both service expansion and formalized community engagement, as well as stronger coordination across actors and policy mechanisms that protect access, key population confidentiality, and continuity of care.

### Why Inaction Matters

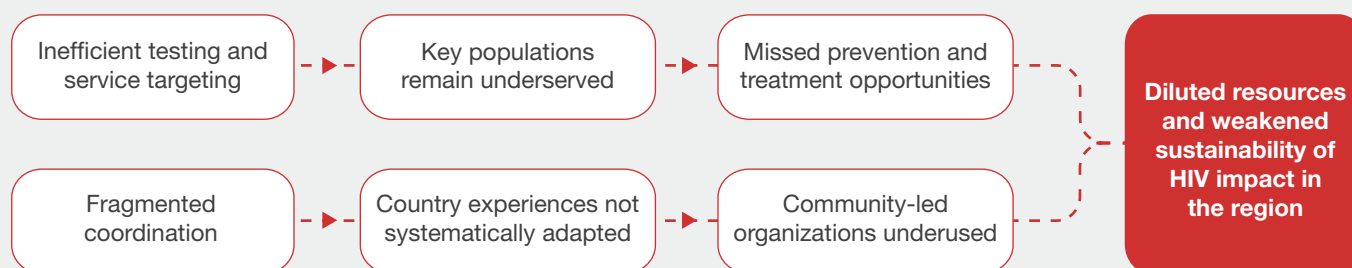
Rising infections, inefficient testing strategies, and fragmented coordination will continue to dilute already constrained resources if targeted action is not taken promptly. Programs may continue disproportionately reaching lower-risk groups while key populations remain underserved, limiting progress in reducing new infections and improving treatment coverage. Successful country

At the same time, HIV responses are increasingly expected to maintain impact amid competing public health priorities. National programs, civil society organizations, community-led groups, donors, technical partners, and regional mechanisms all contribute to the response, but coordination is not always sufficiently institutionalized. When coordination remains fragmented, opportunities for peer learning, regional alignment, joint accountability, and the efficient use of resources are lost. This is particularly important in multi-country contexts, where shared challenges such as mobility, stigma, displacement, and financing constraints require more systematic exchange among national, regional, community, and technical actors.

This creates a sustainability challenge where protecting HIV gains in MENA requires not only the continuation of existing activities, but also a more coherent and coordinated response that aligns services with epidemiological need, strengthens the role of community-led organizations, reinforces regional coordination, and supports shared responsibility among national and regional stakeholders. Without stronger coordination and institutionalized community engagement, HIV responses risk remaining fragmented, inefficient, and insufficiently responsive to the needs of key populations, thereby weakening the region's ability to sustain impact.

experiences may not be systematically adapted across the region, and community-led organizations may remain underused despite being essential to reach, trust, and continuity of care. Over time, this will weaken the effectiveness, equity, and sustainability of HIV responses across MENA.

## Cost of Inaction: How Fragmentation Weakens HIV Response



## Underlying Factors Limiting Sustainable HIV Impact

Several underlying factors limit the ability of HIV responses in the MENA region to sustain impact and effectively reach the populations most affected by HIV. These factors are interconnected and require coordinated action across policy, programming, financing, and community engagement.

### Misalignment between services and epidemiological need

remains a central challenge. On average, 6 million HIV tests are conducted annually in the region, yet only 6% are conducted among key populations, while these tests account for nearly 50% of all diagnoses (unpublished WHO-EMRO 2024 data). This mismatch leads to inefficient use of limited resources and results in inconsistent access to prevention, treatment, and continuity of care services for populations most affected by HIV.

### Community engagement is often insufficiently institutionalized

Community-led organizations and coalitions play an essential role in reaching underserved groups, building trust, generating contextual evidence, and advocating for inclusive policies. However, their engagement is often treated as consultative or implementation-focused while decision-making authority, financing, and accountability remain concentrated elsewhere. This limits the ability of community-led organizations to influence priorities and hold programs accountable for reaching key populations. This reflects findings from the Global AIDS Strategy 2021–2026, which emphasizes that community-led responses require resources and support to fulfil their role as key partners in the HIV response (5).

### Coordination across national and regional actors remains uneven

HIV responses involve multiple stakeholders, including national HIV programs, civil society organizations,

community coalitions, CCMs, donors, technical partners, and regional mechanisms. Where coordination is fragmented or project-based, duplication increases, and cross-country learning remains limited. Stronger regional collaboration connects country-level implementation experience with technical guidance, donor priorities, and community perspectives, creating a more coherent response across the region.

### Financing constraints affect sustainability

HIV responses in the region are taking place amid constrained resources and competing public health priorities. This increases the urgency to use available resources more efficiently, align investments with priority needs, and strengthen shared accountability among national, regional, and international actors.

### Stigma, legal and social barriers, mobility, conflict, and displacement continue to shape access to services

These factors can limit service uptake, disrupt continuity of care, and make it more difficult for programs to reach key and vulnerable populations consistently. These constraints reflect broader power dynamics in which community-led organizations may have the trust and access needed to reach key populations, but limited authority, financing, or protection to influence policy and service design. Strengthening and protecting community-led approaches is therefore not optional—it is essential to ensuring access, continuity of care, and sustained HIV impact, particularly in settings affected by instability, population movement, and restrictive legal and social environments.

## Elements to Address the Problem

Sustaining HIV impact in the MENA region requires a set of mutually reinforcing elements to strengthen coordination, improve service reach, and ensure long-term accountability and sustainability.

### Element 1:

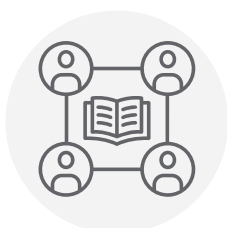
#### Community-led leadership and institutionalized engagement



Community-led organizations and coalitions are central to sustaining HIV impact because they are often closest to the populations most affected by HIV. Their role extends beyond service delivery to include trust-building, outreach, advocacy, evidence generation, and monitoring of barriers to access. The Global Fund also recognizes that sustainable health outcomes require communities to be empowered to lead, monitor, and advocate for their health (6). To maximize impact, community engagement must be formalized within HIV governance, planning, implementation, and monitoring structures, rather than remaining limited to ad hoc consultations or short-term project activities that do not influence decision-making.

### Element 2:

#### Regional coordination, peer learning, and collective accountability



Regional collaboration must shift isolated implementation experiences into shared learning and coordinated action. Multi-country initiatives, technical partnerships, and regional coalitions provide opportunities to exchange practical lessons, identify common bottlenecks, adapt successful models across contexts, and support alignment between national and regional priorities. Sustained regional collaboration is especially important in a region where mobility, displacement, stigma, and resource limitations affect the continuity and reach of HIV services. Without sustained coordination, opportunities for alignment, efficiency, and shared accountability will continue to be missed.

### Element 3:

#### Data-driven, differentiated, and people-centered service delivery



HIV services should be guided by epidemiological evidence and designed around the needs of key populations. Differentiated and community-based approaches can improve access to testing, prevention, treatment, adherence support, and continuity of care. People-centered models are vital where facility-based services may not sufficiently reach underserved groups or where stigma and legal barriers limit service uptake. Without this shift, services will continue to miss populations most affected by HIV.

### Element 4:

#### Sustainable financing and strategic integration

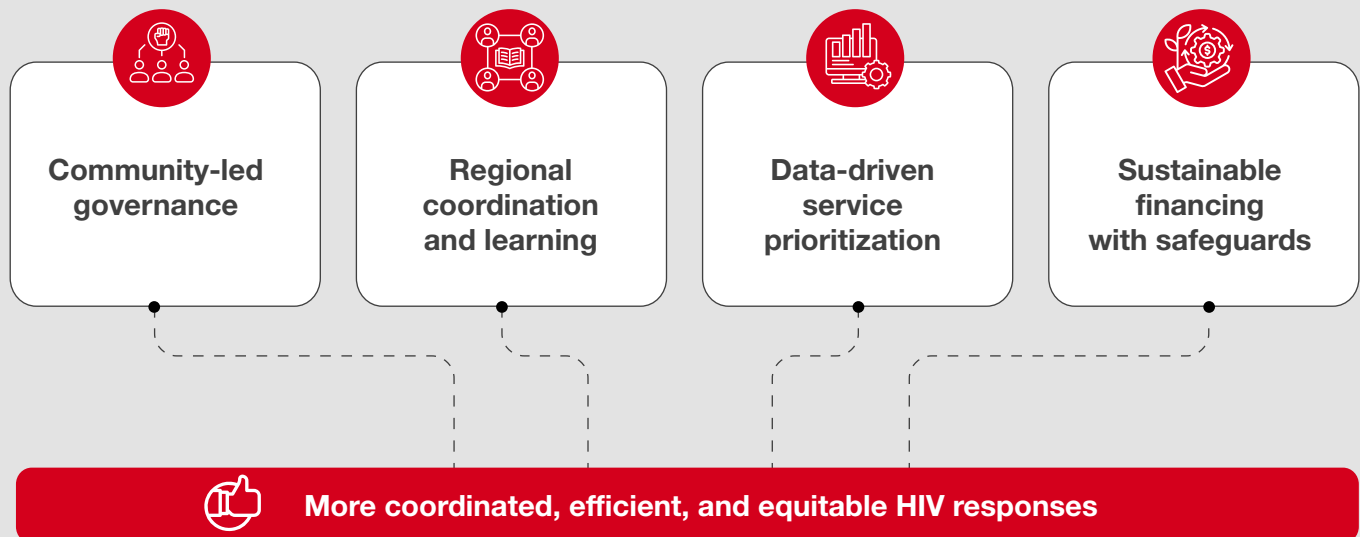


Sustaining HIV impact requires more efficient use of available resources, stronger domestic and partner investment, and careful integration with broader health and social systems. Integration can improve continuity and efficiency when carefully designed to be context-specific and to protect confidentiality, quality, and equitable access for key populations. Sustainable financing should also recognize the role of community-led organizations as essential partners, not only as temporary implementers. Without clear safeguards, integration risks weakening access, confidentiality, and service quality for key populations.

## Policy Recommendations

In response to rising HIV infections, persistent gaps in diagnosis and treatment, and inefficient use of constrained resources in MENA, this brief recommends the urgent adoption of a regional governance and coordination approach to institutionalize community leadership, align services with epidemiological need, and strengthen cross-country accountability and learning.

### Action Framework for Sustaining HIV Impact in MENA



### Policies to Institutionalize Community-Led Governance

**1. Establish formal community-led governance mechanisms within HIV planning and review processes**

National HIV programs, CCMs, donors, and implementing partners should establish formal mechanisms for community-led organizations to participate in planning, implementation review, monitoring, and policy dialogue. These mechanisms must include defined roles, resourced participation, transparent communication channels, and recognition of community-generated evidence in decision-making. These mechanisms should also include safeguards for meaningful participation, particularly where key population programming, harm reduction, or community outreach may be politically sensitive or affected by stigma and legal barriers. This would shift community engagement from ad hoc consultation toward structured participation in governance and accountability.

**2. Finance community participation as a core component of HIV sustainability**

Community-led organizations should not be expected to contribute to governance, service delivery, outreach, monitoring, and advocacy without dedicated support. Donors, CCMs, and implementing partners should allocate resources for community participation, community-led monitoring, and documentation of barriers to access, particularly among key populations. Financing community systems is essential to sustain community engagement beyond individual projects or consultations.

## Policies to Align Services and Investments with Epidemiological Need

- 3. Align HIV testing and prevention services with the needs of key and vulnerable populations**

National HIV programs, CCMs, donors, and technical partners should conduct immediate reviews of testing and prevention strategies against epidemiological data and redirect resources toward populations and settings where need is greatest. HIV services must be guided by epidemiological evidence and focused on populations where need is greatest. WHO's 2024 consolidated guidelines on differentiated HIV testing services emphasize the need for a strategic mix of testing approaches to reach people who are not yet diagnosed and to support linkage to prevention and treatment services (7). This requires prioritizing high-impact interventions to ensure that limited resources are used efficiently to close gaps in diagnosis, prevention, treatment coverage, and continuity of care. The strategy should include scaling up differentiated testing approaches, including self-testing and community-based delivery models where appropriate.

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- 4. Protect equitable access and confidentiality when integrating HIV services into broader health systems**

Partners should strengthen sustainability planning by ensuring the integration of HIV services into broader health and social systems while protecting confidentiality, service quality, and access for key populations. Governments, donors, CCMs, and technical partners should define minimum safeguards before integration, including confidentiality protocols, referral pathways, community feedback mechanisms, and indicators to monitor whether integration improves or weakens access. Without these safeguards, integration risks weakening access, confidentiality, and quality of services for key populations.

## Policies to Strengthen Regional Coordination and Learning

- 5. Establish a regional HIV coordination and learning mechanism with defined follow-up actions**

Regional and multi-country HIV partners must establish a regular (e.g., biannual) coordination and learning mechanism that promotes regular exchange among national HIV programs, civil society organizations, community coalitions, CCMs, technical partners, and donors. This mechanism must go beyond information sharing and support joint problem-solving, documentation of implementation lessons, alignment between national and regional investments, and adaptation of successful models across countries. Stronger regional collaboration is critical to maintain momentum where national responses face resource, policy, or operational constraints.

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- 6. Use regional platforms to produce actionable learning and support difficult policy areas**

Regional partners must use existing or newly established regional HIV platforms to translate dialogue into documented action. This should include producing an annual regional HIV learning and accountability brief, with agreed actions, timelines, and responsible actors, that summarizes shared bottlenecks, promising country practices, community-identified barriers, agreed follow-up actions, and remaining policy or financing gaps. These platforms should also create safe technical spaces for addressing politically sensitive or operationally difficult areas, including harm reduction, key population programming, stigma, legal barriers, and continuity of care for mobile or displaced populations. This ensures that regional coordination translates into implementation and policy action across countries.

## Conclusion

The sustainability of HIV responses in MENA will depend not only on financing but on the region's ability to translate existing efforts into coordinated accountable action. Across many MENA contexts, the actors with the greatest access to key populations are not those with the greatest decision-making power. Bridging this gap—by connecting community trust, national authority, donor investment, and regional coordination—is essential to ensuring that HIV responses reach those most affected and remain effective over time.

Community leadership, regional coordination, and data-driven service delivery are not complementary components; they are foundational to sustaining progress. Without institutionalizing these elements,

HIV responses will be fragmented, inefficient, and insufficiently responsive to the needs of key populations.

The next phase of the HIV response in MENA must therefore move beyond fragmented initiatives toward structured, coordinated, and accountable implementation. This includes formalizing community-led governance, aligning services with epidemiological need, strengthening regional learning mechanisms, and ensuring sustainable financing with clear safeguards.

**Sustaining HIV impact in MENA will ultimately depend on whether these priorities are translated into coordinated, accountable action.**

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### GHD|EMPHNET: Working Together for Better Health

The Eastern Mediterranean Public Health Network (EMPHNET) is a regional network that focuses on strengthening public health systems in the Eastern Mediterranean Region (EMR) and beyond. EMPHNET works in partnership with ministries of health, non-government organizations, international agencies, private sector, and relevant institutions from the region and the globe to promote public health and applied epidemiology. To advance the work of EMPHNET, Global Health Development (GHD) was initiated to build coordination mechanisms with partners and collaborators. Together, GHD|EMPHNET is dedicated to serving the region by supporting efforts to promote public health policies, strategic planning, sustainable financing, resource mobilization, public health programs, and other related areas.

► Shmeisani, Abdallah Ben Abbas Street, Building No 42,  
P.O.Box: 963709, Postal Code: 11196 Amman, Jordan

► Tel: +962-6-5519962  
Fax: +962-6-5519963

► [www.emphnet.net](http://www.emphnet.net)  
[info@emphnet.net](mailto:info@emphnet.net)