SOCIAL AND FINANCIAL BARRIERS TO ACCESSING HIV SERVICES IN LEBANON

"Nadoum Programme: Sustainability of services for KPs in MENA region"

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For Society for Inclusion and Development in Communities and Care for All (SIDC)

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ABBREVIATIONS & ACRONYMS

AIDS	*Acquired Immuno-Deficiency Syndrome*
ART	*Anti-Retroviral Treatment*
HIV	*Human Immunodeficiency Virus*
ID	*Identification Document*
IDI	*In-Depth Interview*
KP	*Key Population(s)*
LANA	Lebanese AIDS Network Association
MHPSS	Mental health and Psychosocial services
MOPH	*Ministry of Public Health*
MSM	*Men who have Sex with Men*
NAP	*National AIDS Control Program*
NGO	*Non-Governmental Organization*
PLHIV	*Person/People Living with HIV*
PWID	*People Who Inject Drugs*
SIDC	*Soins Infirmiers et Développement Communautaire*
UNAIDS	*Joint United Nations Programme on HIV and AIDS*
USD	*United States Dollar*
VCT	*Voluntary Counseling and Testing*

INTRODUCTION

The global Human Immunodeficiency Virus (HIV)-related statistics indicate that there are currently 38 million cases of People Living with HIV (PLHIV), and an estimated total of 34.7 million individuals who have lost their lives because of morbidities related to HIV and Acquired Immunodeficiency Syndrome (AIDS)[1]. Despite these statistics, HIV prevention and treatment efforts have excelled in parallel, whereby new HIV infections are at an all-time low globally[2]. In fact, within the last decade, new HIV infections and AIDS-related mortality have declined by 30% and 42%, respectively[3]. The burden of HIV/AIDS is disproportionate, however. This can be seen in that HIV and AIDS-related morbidity and mortality is persistently witnessed in higher rates in developing countries, in addition to distinctive disparities by race and ethnic background within developed countries; with multi-fold barriers in accessing adequate treatment and follow-up[4]. This is further exacerbated in an environment of "homophobia, transphobia, stigma, poverty, systemic racism, homelessness… [causing] further drive-in inequities"[5]. Moreover, the absence of an HIV vaccine when comparing advancement in the pharmaceutical field, such as how the coronavirus COVID-19 vaccine was developed in just shy of one year, further fuels the rise in HIV/AIDS cases and inability to contain the disease. The Director General from the World Health Organization issued a statement in 2021 mentioning that "Progress on the reduction and elimination of HIV, viral hepatitis and sexually transmitted infections looks very different now than it did a year ago. Across the world, the COVID-19 pandemic has disrupted essential health services, including those needed to support the prevention, diagnoses, and treatment of these diseases."[6] As such, it is likely that HIV will remain a major public health concern in Lebanon, irrespective of the progress made thus far in research and medicine.

HIV in Lebanon

Lebanon is considered to have a low prevalence rate of HIV/AIDS in the general population, currently estimated at 0.1%[7]. As of December 2022, the cumulative number of PLHIV in Lebanon is estimated to be 3,108 – 2122 of whom are on treatment[8], with 223 new cases reported in 2022 alone. Looking at the last 5-year trends, 100% of HIV transmission was through sexual intercourse, with most cases occurring among Men who have Sex with Men (MSM)[9]. It should be noted that there was no transmission through blood for the last 5 years, considering mandatory HIV testing for transfused blood since year 1990[10].

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[1] UNAIDS. (2023). Global HIV & AIDS Statistics – Fact Sheet. Retrieved from: https://www.unaids.org/en/resources/fact-sheet
[2] CDC. (2021). 40 Years of HIV Progress. Retrieved from: https://www.cdc.gov/nchhstp/dear_colleague/2021/dcl-40th-anniversary-MMWR.html
[3] UNAIDS. (2021). Global HIV & AIDS Statistics – Fact Sheet. Retrieved from: https://www.unaids.org/en/resources/fact-sheet
[4] Sharp, P. M., & Hahn, B. H. (2011). Origins of HIV and the AIDS pandemic. Cold Spring Harbor perspectives in medicine, 1(1), a006841. https://doi.org/10.1101/cshperspect.a006841
[5] CDC. (2021). 40 Years of HIV Progress. Retrieved from: https://www.cdc.gov/nchhstp/dear_colleague/2021/dcl-40th-anniversary-MMWR.html
[6] WHO. (2021). Joint statement by Dr Tedros Adhanom Ghebreyesus, WHO Director General, and Dr Ahmed Al Mandhari, Regional Director for the Eastern Mediterranean, on Lebanon. Retrieved from: http://www.emro.who.int/media/news/joint-statement-by-dr-tedros-adhanom-ghebreyesus-who-director-general-and-dr-ahmed-al-mandhari-regional-director-for-the-eastern-mediterranean-on-lebanon.html
[7] UNAIDS. (2023). Global HIV & AIDS Statistics – Fact Sheet. Retrieved from: https://www.unaids.org/en/resources/fact-sheet
[8] NAP yearly statistic report 2022
[9] NAP yearly statistic report 2022
[10] Maatouk, I., Nakib, M. E., Assi, M., Farah, P., Makso, B., Nakib, C. E., & Rady, A. (2021). Community-led HIV self-testing for men who have sex with men in Lebanon: lessons learned and impact of COVID-19. Health research policy and systems, 19(Suppl 1), 50. https://doi.org/10.1186/s12961-021-00709-x

The following report maps out the social and financial barriers that key populations (KPs) and PLHIV face before or while they access HIV preventative, secondary, and tertiary care services in Lebanon, with the aim of describing the existing data and highlighting the gaps available relating to these barriers which can result in suggesting recommendations that will ensure national coverage in Lebanon.

METHODOLOGY

The report entails a desk review and a quality study design.

The desk review is informed by a search of available peer-reviewed and grey literature, reports, and web-based information relevant to existing social barriers that prevent KPs and PLHIV to access HIV services. Documents were selected by searching specific keywords (Table below).

Lebanon AND (HIV OR AIDS) AND Social Barriers
Lebanon AND (HIV OR AIDS) AND Social Barriers AND Key Populations
Lebanon AND (HIV OR AIDS) AND Social Barriers AND Men Who Have Sex With Men
Lebanon AND (HIV OR AIDS) AND Social Barriers AND People Living with HIV
Lebanon AND (HIV OR AIDS) AND Social Barriers AND sex workers
Lebanon AND (HIV OR AIDS) AND Social Barriers AND People who inject drugs

Table 1: Search strategy for literature review

In parallel, a qualitative study design was employed via In-Depth Interviews (IDIs) with KPs and PLHIV to understand their perceptions and experiences with HIV services in Lebanon and to explore the research question in depth. An interview guide was formulated in English and Arabic to optimize the value of the data collected and meet the objectives of the assessment (Appendix A). Topics covered in the guide included perceptions and experiences of KPs and PLHIV while accessing HIV-related services. The study population consisted of KPs who were accessing services at Society for Inclusion and Development in Communities and Care for All (SIDC) and were willing to participate in the study to describe their experiences with HIV services in Lebanon; sample size was not determined since interviews were to be carried out until saturation was reached. In total, 14 IDIs were carried out; informed consent was obtained from all prior to the interviews. Recruitment of participants was carried out via SIDC and included individuals who are MSM, transgenders, people who use and/or inject drugs, and sex workers. Some of those interviewed were also living with HIV. Participants were informed that all information shared would be strictly confidential and that they would not be identified by name when the data was analyzed. Each interview was conducted by a trained interviewer and lasted between 30 and 45 minutes. All interviews were recorded, notes were taken during the interview, and then transcribed and translated into English. Thematic analysis was adopted to code the transcripts, a process where a list of themes or patterns that recur in the transcripts are used to interpret the assessment objectives[11]. The data were then analyzed by recurring themes

[11] Boyatzis, R. E. (1998). Transforming qualitative information: Thematic analysis and code development, sage.

and emerging patterns. Mentioned quotes throughout the findings were expressed by the participants interviewed; actual names of interviewees or descriptions of their demographics were not added to preserve confidentiality.

FINDINGS

Key Populations and HIV in Lebanon

Multiple studies have showcased evidence of the high risk of HIV amongst MSM. These studies highlight how MSM seldom use condoms especially when they have a regular partner as they considered the relationship a meaningful one; many also report having given or received sex for money, goods, or services when in need to survive especially if they are unemployed; fewer reported to have never been tested for HIV and do not know their status as they fear the disease and the social stigma associated when found to be positive[12,13,14,15,16,17,18].

Data around HIV prevalence among male and female sex workers has also been very scarce and mostly qualitative, leaving little room to understand the gaps in the services they require as well as their needs[19]. The Mishwar study highlighted the risky sexual practices of sex workers, indicating an urgent need for providing them with services. Specific findings included having 43% of participants only using condoms with regular clients, having bad relationships with their work lords, and 40% experiencing personal, family, and social problems[20]. Another study carried out with male sex workers identified the concerns that hinder them from accessing HIV services which were majorly related to the stigma and discrimination they would experience if positive, their concerns with how confidential the testing was, and how they would lose their employment if known to be positive[21]. Another study carried out by SIDC analyzed 50 case studies with female sex workers also highlighted the struggles these women face especially when accessing health and social care services ultimately resulting in them refusing to access any such services, and exposing them to further HIV risks, human rights violations, and different forms of abuse[22].

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[12] La Sagesse University. (2012). KABP survey On Reproductive and sexual health among young people.
[13] MENAHRA. (2016). Multi-Centre operational research on men who have sex with men and drug use.
[14] Mumtaz, G., Hilmi, N., McFarland, W., Kaplan, R. L., Akala, F. A., Semini, I., ... & Abu- Raddad, L. J. (2011). Are HIV epidemics among men who have sex with men emerging in the Middle East and North Africa?: a systematic review and data synthesis. PLoS medicine, 8(8), e1000444.
[15] Wagner, G. J., Aunon, F. M., Kaplan, R. L., Rana, Y., Khouri, D., Tohme, J., & Mokhbat, J. (2012). A qualitative exploration of sexual risk and HIV testing behaviors among men who have sex with men in Beirut, Lebanon. PLoS ONE, 7(9): e45566. doi:10.1371/journal.pone.0045566
[16] Wagner, G. J., Aunon, F. M., Kaplan, R. L., Karam, R., Khouri, D., Tohme, J. & Mokhbat, J. (2013). Sexual Stigma, Psychological Well-Being and Social Engagement among Men Who Have Sex with Men in Beirut, Lebanon. Culture, Health and Sexuality, 15(5): 570–582. doi:10.1080/13691058.2013.775345
[17] Wagner, G. J., Tohme, J., Hoover, M., Frost, M., Ober, A., Khouri, D., Iguchi, M., & Mokhbat, J. (2014). HIV Prevalence and Demographic Determinants of Unprotected Anal Sex and HIV Testing Among Men Who Have Sex with Men in Beirut, Lebanon. Archives of Sexual Behavior, 43(4): 779–788. doi:10.1007/s10508-014-0303-5
[18] Wagner, G. J., Hoover, M., Green, H., Tohme, J., & Mokhbat, J. (2015). Social, relational and network determinants of unprotected anal sex and HIV testing among men who have sex with men in Beirut, Lebanon. International Journal of Sexual Health, 27(3): 264–275. doi:10.1080/19317611.2014.969467
[19] NAP. (2016). HIV Test-Treat-Retain cascade analysis for Lebanon.
[20] NAP. (2008). "Mishwar" An Integrated Bio-Behavioral Surveillance Study Among Most At Risk Populations In Lebanon: Female Sex Workers, Injecting Drug Users, Men Who Have Sex With Men, And Prisoners. Beirut: National AIDS Control Programme; 2008 p. 1-72.
[21] Aunon, F. M., Wagner, G., Maher, R., Khouri, D., Kaplan, R., & Mokhbat, J. (2015). An Exploratory Study of HIV Risk Behaviors and Testing among Male Sex Workers in Beirut, Lebanon. Social Work in Public Health, 30, 373-384.
[22] SIDC. (2018). Documentation of human rights violations against women engaged in sex for money (WSM).

As for People Who Inject Drugs (PWIDs), the prevalence of HIV has been documented to be less than 1%[23]. However, the available information is indicative of masking the real prevalence due to the presence of many social barriers, resulting in underreporting especially with the risk behaviors associated with drug use and injection. Risk behaviors reported include lack of condom use during relations, exchange of needles unprotected intercourse with sex workers, and engaging in unprotected sex work as well in exchange for drugs[24]. And due to a lack of a nationally representative study, different reports are present that indicate the gravity of the exposure of PWIDs to risks and thus their need for services. It is worth noting that information about women injecting users is even scarcer in Lebanon when compared to men. These women are reported to have a lower socioeconomic status, are at higher risk of infection due to higher engagement in sex work and are infrequently targeted if their male partners are engaging in drug use/injection as well[25].

Key Populations and Their Rights in Lebanon

Regarding the rights of KPs and PLHIV, human rights are violated tremendously in Lebanon. In specific, the interviews carried out for this mapping exercise indicated that participants wished to live in a country where the rights of KPs and PLHIV are the same as the general population, free from stigma and discrimination.

"As a gay person, I am not into NGOs, I had to come here because of HIV, and I am Syrian. I had to get to an NGO because I do not have support from anyone. I receive support here along with the treatment and testing for HIV. I am not working here in Lebanon. In this NGO, they are very humane. I am angry because we live in 2020 and there are still people who curse at gay people and do not accept them in the community. If I am not doing anything wrong, why am I getting attacked? Who of all people is free of sin? Why do people involve religion? I have never read in the Quran anywhere where God forbids gay people to be together".

"We just want to live in peace, to have equal rights in job opportunities, do we have right here? I get bullied every time I walk on the street", the right to give my opinion and talk".

"We have no rights here [in Lebanon], the situation is very bad in Lebanon".

"Both people with HIV and Key Population are wronged and not given their rights; they do not have rights in Lebanon. Once one is aware that a person is of the key population, job opportunities would decrease, they would get bullied, and they are not accepted in society. Those people have the right to do whatever they want, the right to marriage for example".

"They [KP and PLHIV] have the right to have hope and live with HIV as they have the right to a job opportunity, a salary and we shouldn't stigmatize people. We should help them out. We are all similar, however, we need to treat the virus. Those rights do not exist in Lebanon, I

[23] MENAHRA. (2018). Assessment of Situation & Response of Drug Use and its Harms in the Middle East and North Africa 2017.
[24] MENAHRA. (2018). Assessment of Situation & Response of Drug Use and its Harms in the Middle East and North Africa 2017.
[25] MENAHRA. (2018). Assessment of Situation & Response of Drug Use and its Harms in the Middle East and North Africa 2017.

know some friends who are getting rejected at job opportunities, and they get bullied when they go out, I always try to motivate them".

The mentioned rights from the interviews included:

- The right to receiving awareness around HIV and prevention information.
- The right to access centers accessible to the KP and PLHIV.
- The right to receive medication required, testing, psychosocial support, and condoms free of charge.
- The right to free physician consultation.
- The right to be treated as a human being regardless of their identity.
- The right to employment.
- The right to be an active member in the community where the KP and PLHIV reside.
- The right to choose to wear condoms during sexual intercourse.
- The right to education.
- The right to cohabitation and/or marriage.
- The right to a decent living.

When asked about the means to achieve these rights, the most recurred answer was awareness sessions that increase the knowledge and information people have about HIV. Many also stressed the importance of having Non-Governmental Organizations (NGOs) that provide HIV services and advocate on behalf of and with KPs and PLHIV about their rights; the role of these organizations was especially stressed to keep the HIV status of persons confidential. Some also talked about how they can reach these rights by having stable employment. It is worth noting that few believed that they will never be able to reach those rights in Lebanon, no matter the efforts, as indicated in this quote *"You can't access your rights in Lebanon ever, they will never get to their rights, because those with the highest power in Lebanon, ministers, party leaders, and others, do not accept them and do not want them as part of the community… their rights do exist in Lebanon but no one executes and provide them with their rights. One thing good they did is when a transgender gets arrested, they stopped shaving her head".*

HIV Service Response

The HIV service response in Lebanon is provided by the government as well as active Non-Governmental Organizations, ranging from preventative services to tertiary care. The governmental entity responsible for service provision is the National AIDS Control Program, which was developed by the Ministry of Public Health (MOPH) as a prevention department first, due to the UNAIDS recommended services[26,27]. The program is specifically responsible for all matters related to the HIV epidemic in Lebanon including planning of activities, prevention, education, awareness-raising, reducing the stigma and discrimination around HIV, carrying out epidemiological surveillance and research, monitoring progress, as well as

[26] MOPH. (2018). National AIDS control program in Lebanon. Retrieved May 2018, from https://www.moph.gov.lb/en/Pages/2/4000/aids
[27] WHO. (2018). Lebanon HIV/AIDS. Retrieved May 2018, from http://www.emro.who.int/lbn/programmes/hiv-aids.html

providing Anti-Retroviral Treatment (ART) to all inhabitants in Lebanon (including Lebanese, Palestinian and Syrian nationalities)[28].

The NAP has also been responsible to train and encourage the establishment of Voluntary Counseling and Testing (VCT) centers within NGOs that are actively providing sexual reproductive health and HIV-related services to those in need. Up until March 2022, there were ~20 VCT centers operating throughout Lebanon in the aim of preventing HIV/AIDS transmission, providing the testing free of charge, and ultimately decreasing the stigma and discrimination around testing and seeking treatment[29]. And although efforts were set to decentralize this service to include more localities, KPs and PLHIV still preferred to resort to the NGOs they trusted most to avoid the stigma, possible recognition, and discrimination they might face in other centers[30].

The NAP also relied on NGOs such as SIDC, Skoun, and AJEM to provide services specifically targeting people who use and/or inject drugs. These centers provide awareness and educational sessions, free HIV/AIDS testing, and referrals to specialized services when in need, and are trusted by KPs and PLHIV[31,32]. Hotlines are also present via the NGOs and with the support from NAP.

And finally, harm reduction (including Opioid Substitution Therapy and Needle and Syringe Programming) was scaled up in Lebanon where services were available to people who use and/or inject drugs[33].

Regarding HIV surveillance, the NAP is responsible for monitoring and collecting the data from physicians, laboratories, and VCT centers. In specific, health personnel from these three sources of data are required to report the diagnosed cases to the NAP for epidemiological purposes and fill an application form requesting ART for those who test positive. The application form in return is reviewed by the medication distribution committee at the MOPH and the treatment is finally granted. The process of such treatment however is affected by social barriers faced by the patients at hand[34]. The Treat Test Retain study highlighted how the system set in place for such surveillance suffers from a weak health information system, disallowing proper tracking and follow-up with patients since they can access private and public sectors for HIV-related services. What is working well however is the medication dispensing flow for those patients who access such service from the NAP[35].

[28] MOPH. (2018). *National AIDS control program in Lebanon*. Retrieved May 2018, from https://www.moph.gov.lb/en/Pages/2/4000/aids
[29] Mokhbat, J. E., Jurjus, A., & El Nakib, M. (n.d.). *National HIV strategic plan.*
[30] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.
[31] MOPH. (2018). *National AIDS control program in Lebanon*. Retrieved May 2018, from https://www.moph.gov.lb/en/Pages/2/4000/aids
[32] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.
[33] MENAHRA. (2018). Assessment of Situation & Response of Drug Use and its Harms in the Middle East and North Africa 2017.
[34] NAP. (2016). HIV Test-Treat-Retain cascade analysis for Lebanon.
[35] Mokhbat, J. E., Jurjus, A., & El Nakib, M. (n.d.). *National HIV strategic plan.*

NGOs in return have provided different types of services as a response to the needs of the KPs, in collaboration with the NAP[36,37]. These services include legal and social support-related services, promotion of sexual education among KPs and to the general population, and the conduction of different advocacy campaigns. Specific services to KPs and PLHIV include:

- NGOs helping these populations gain better access to work and healthcare.
- Mental health and Psychosocial services (MHPSS) support and counselling services
- Mental and sexual health services provided to specific KPs.
- Harm Reduction Services - Opioid substitution treatment and management, overdose management, Hepatitis B & C testing, treatment and management, harm reduction kits, needle and syringe program, food and hygiene services, and outreach programs
- Legal support.
- Referrals to specialized care.
- Rehabilitation services for people who use/inject drugs.
- Support and encourage sexuality, gender identities and rights' movements through capacity building, knowledge production, exchange, and security/emergency responses in addition to engaging societies in the fight against human rights violations.
- Advocacy, information exchange, knowledge production, networking, and capacity building activities.
- Psychosocial support, legal services, research, and advocacy.

Access to HIV services in Lebanon

All PLHIV in Lebanon are provided with free ARVT through the MoPH NAP after following the protocol put forth by the Ministry[38]. However, there are growing concerns over the long-term financial sustainability of the Lebanese healthcare system in the provision of care due to it already being an over-stretched, under-financed system; and considering Lebanon currently experiencing the worst financial crisis since the 1975 Civil War[39]. In addition, PLHIV must pay for tests related to continuum of care, such as the CD4 count tests, impeding access to adequate care due to unaffordability[40]. There are several tests required for HIV/AIDS diagnosis and management, including frequent CD4 count tests, viral load, chest X-rays, among others that are expensive yet needed to regularly monitor the health of PLHIV[41].

As such, PLHIV mostly refer to NGOs or the private sector to receive the needed services. NGOs do not have a long sustainable funding mechanism to cover for HIV services consistently, and the private sector provides the required care and services if patients can afford to pay.

[36] Idries, A. (2016). *HIV/AIDS response and context in Lebanon in 2016.*

[37] Jonassen Bittman, S., & Couffignal, M. (2017). *Key Populations in the Middle East/North Africa (MENA) Region - Investing in resilient and responsive services.* USAID.

[38] MoPH. (2017). Aids. Retrieved from: https://www.moph.gov.lb/en/Pages/2/4000/aids

[39] Blair, E. (2021). Explainer: Lebanon's financial meltdown and how it happened. Reuters. Retrieved from: https://www.reuters.com/world/middle-east/lebanons-financial-meltdown-how-it-happened-2021-06-17/

[40] Papadopoulos, H. (2007). Women and health for all in Lebanon background paper. Retrieved from: http://www.policylebanon.org/Modules/Ressources/Ressources/U ploadFile/9505_15,08,YYWomen%20and%20Health%20for%20all%20in%20Lebanon%20-%20CRTDA.pdf

[41] Suthar, A. B., Hoos, D., Beqiri, A., Lorenz-Dehne, K., McClure, C., & Duncombe, C. (2013). Integrating antiretroviral therapy into antenatal care and maternal and child health settings: a systematic review and meta- analysis. Bulletin of the World Health Organization, 91(1), 46-56.

All interviewed individuals within this mapping exercise had experienced at least one HIV-related service; all had experienced HIV rapid testing as well. They all found out about HIV and related services only when they became at risk or started experiencing HIV-related symptoms. Thus, none of them was prepared or had enough information about HIV prevention, treatment, and control; the mentioned services included HIV testing, maintenance of status testing, psychological support services, and medication. Interestingly, despite receiving HIV services, many still did not believe they had enough information and knowledge about the virus.

"I first didn't know that HIV existed in Lebanon, I thought only in Africa. I started learning later about different NGOs that work with HIV-positive people. I learned about the treatment as well. I know that companies are working on a treatment for HIV. By the time I knew I had HIV, I needed psychosocial support, especially since I got fired from work because they knew I am HIV positive".

The experiences of interviewees were very individualistic. Commonalities, however, were present. The interviewees relied tremendously for example on the support of the service personnel to get through the difficult times they faced, especially during testing. They also took some time to identify who are the NGOs that provide such services, and which governmental centers to resort to for treatment and medications.

"I did the HIV test here at [NGO name], I tested positive, so I wasn't feeling well. They sent me to the laboratory to get a confirmation of the test. I did small research on google and I found out that whoever has HIV will lead to AIDS and will die after a short period, I got very scared. I used to talk with [service provider] from [NGO] and he provided me with a lot of information regarding how to administer the treatment, where to go for testing, and who could help to get the tests for free, he asked me not to search on Google as the information might not be right".

"I never had the information about HIV as an LGBT. I got into a problem and had to come to Beirut where I registered in multiple NGOs, I used to volunteer in an NGO already. I learned how to get to the service I need and that I have the right to ask for services. Most of the things that I used to ask for, I cannot receive in Lebanon such as acquiring our rights like any other person living in a community. Because of [NGOs], I now have more information about my rights, such as my rights if I get arrested, my right to get a job opportunity, my right to protest, and my right as an LGBT member. The organizations used to invite us to attend information sessions, and this is how I acquired the knowledge. I know my rights, but I do not think I can access them in Lebanon".

"I have received all sorts of services. I have received them first through the United Nations, especially when I first tested positive for HIV, they were the ones who helped me and supported me, I did the test for free, and they gave me the medication for free. I first got tested as I was doing a commercial [the interviewee was a hired model for the commercial] and someone [on set] needed blood so I decided to donate. Once the results were out, they called me from

[hospital where blood transfusion was analyzed] and told me that I have HIV and I cannot donate the blood – this is very wrong, this is not how one sends a message. I did another test to confirm, it came out positive, I was then referred to [another] hospital to get a final confirmation but it took a while to receive the confirmation from UN to proceed with the test".

"I am Palestinian; I can get tested for anything without worrying. However, I need to get tested in UNRWA clinics which are found in Palestinian camps. As a transgender, I can't get in the camp because they would kill me. My family tried to kill me 3 times. The doctor didn't let me wait in the waiting area with other people because this would cause a threat to my life, they would hit me and kill me; she took me to another room and took very good care of me. I got tested for HIV in [NGO], the service was very good, the quality was excellent, and they treated me very well. Other NGOs have supported me in other services as well where they paid for other medical expenses".

"I received a food box from one of the organizations, but at the time I needed money and not food. I need financial support and job opportunities … I like how I get treated here at [NGO name], for example, in the morning, I received a call from [service provider staff] to remind me of coming to the interview; It makes me feel that someone is supporting me. I received medical assistance where they referred me to a doctor. I was able to receive all the medical services I need. I need financial assistance especially due to the current economic crisis and COVID-19 virus. I would love to have a job opportunity as well. Psychological support is needed as well. When financial assistance is distributed, they should really specify a sample and choose by first come first serve basis".

"I got tested for HIV and I received information. I received the services at [NGO name], the quality of the service was very good, [service provider staff] has been very supportive and provided me with everything I need. There was an excellent interaction, the first time we met, he made me calm down and I was so relaxed and ready for the support. I didn't pay anything for the service. I got tested here for HIV".

"In one of the organizations, we used to get invited for awareness sessions, all the participants would gather, and we would attend the sessions with no discrimination. Topics include how the virus spreads, how to prevent it, and the medication that we need to use to have sexual intercourse. I know where to go if I wanted to do an HIV test in an organization, there is no need to go to a hospital".

"I prefer receiving my services from [NGO name] because, in other organizations, there isn't privacy; Privacy is very important in Lebanon because we fear people talking since people are not aware. People bully. In [another NGO], the employees were very friendly and supportive. The new employees are cold-hearted and never do a follow up with their clients".

"The service is very good, but the price of the medication is very expensive, some people cannot afford it. If the community was more supportive of HIV, I don't think we would suffer that much;

I would've told everyone that I have HIV. I want to support in starting my organization to raise awareness about HIV".

Interviewees believed that the awareness sessions carried out are not enough, and more is needed especially targeting the general population and community at large and KPs and PLHIV who are in rural areas and do not have access to such sessions as those living in Beirut. Many also highlighted how services are available, but they cannot afford them; laboratory testing and treatment via medications are mostly paid out-of-pocket. Many also highlighted how a lot of work is still needed to decrease the stigma present around PLHIV and KPs, as this automatically affects their daily lives and routines. Few also mentioned how KPs and PLHIV should be supported with housing and should be provided protection from any form of abuse and/or assault.

Adding on to the complex healthcare access setting in Lebanon was the COVID-19 pandemic. The pandemic has caused devastating consequences on the economic, social, health and political facets of each of more than 220 countries which were affected by the virus in a matter of a few weeks[42]. Related to HIV/AIDS is the disruption to healthcare service access, hampering prevention, diagnosis, treatment, and management. According to the Global Fund's latest global Results Report for 2021, in the first year of the pandemic, voluntary male circumcision declined by almost 30%, HIV testing services declined by 22%, and mothers taking ARVT to prevent perinatal transmission of HIV decreased 5% in 2020 as compared to 2019[43].

These political and economic downfalls had a major disabling effect on all healthcare sectors including hospitals, healthcare providers, and the pharmaceutical and medical supplies industry, in a country where the healthcare system was once considered among the top ones in the region. The COVID-19 pandemic further aggravated the situation[44] impacting hospitals, patients, healthcare workers, and the entire healthcare system to different yet equally debilitating extents.

Existing Social Barriers in Lebanon

The desk review as well as the data collected highlighted how social barriers are the main drivers in Lebanon for KPs and PLHIV's lack of access to HIV services. The different barriers mentioned manifested themselves in several ways and situations, mostly presented in a combined format in the lives of the KPs and PLHIV, and almost always resulted in stigma and discrimination experienced by these populations. As a result, KPs and PLHIV experienced

[42] Worldometers. (2021a). COVID-19 Coronavirus Pandemic. Retrieved from: https://www.worldometers.info/coronavirus/#countries
[43] Global Fund. (2021). Results Report 2021. Retrieved from: https://www.theglobalfund.org/en/results/
[44] Isma'eel, H., El Jamal, N., Yazbik Dumit, N., Al-Chaer, E. (2020). Saving the Suffering Lebanese Healthcare Sector: Immediate Relief while Planning Reforms. Arab Reform Initiative. Retrieved from: https://www.arab-reform.net/publication/saving-the-suffering-lebanese-healthcare-sector-immediate-relief-while-planning-reforms/

deteriorating/worsened health and wellbeing, poorer quality of life, social exclusion, mental health problems, and in extreme situations suicidal ideations[45,46,47,48,49,50,51,52].

"I hear a lot of people saying that this person can't get married because he has HIV or has AIDS, we can't get near him… It doesn't affect getting to the service but affects the surrounding community because we get bullied. Bullying kills people; I tried to commit suicide 4 times because of the bullying".

These populations have also been reported to end up with minimal education as they would not be able to handle the brutality they face in educational systems. Furthermore, in many times, they tend to leave the country if someone exposed them and if they have the financial capability to leave or stay in the country and get exposed to additional brutality, mistreatments, physical and sexual attacks, joked about at school or work, and rejected from employment opportunities[53,54,55,56,57]. All these accumulate to affect the beneficiaries as they become vulnerable, rejected, and outcasted in their societies due to the existing social barriers all of which create a pervasive fear and reluctance to seek HIV-related services[58,59,60,61].

The sections below go in-depth per the findings generated for each type of social barrier found. All of them result in stigma and discrimination faced by KPs and PLHIV.

Religion and Culture

The most common social barriers documented in the literature are sexual identity-related stigma and discrimination faced by many in a country where religion is still expressed to dominate inhabitants' perceptions and expectations from others despite Lebanon being a more

[45] Aunon, F. M., Wagner, G., Maher, R., Khouri, D., Kaplan, R., & Mokhbat, J. (2015). An Exploratory Study of HIV Risk Behaviors and Testing among Male Sex Workers in Beirut, Lebanon. *Social Work in Public Health, 30*, 373-384.
[46] Hafeez, H., Zeshan, M., Tahir, M., Jahan, N., & Naveed, S. (2017). Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. *Cureus, 9*(4).
[47] Helem. (2017). *Human Rights Violations against Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals in Lebanon.* Helem.
[48] Kaplan, R. L., Wagner, G., Nehme, S., Aunon, F., Khouri, D., & Mokhbat, J. (2015). Forms of Safety and Their Impact on Health: An Exploration of HIV/AIDS-Related Risk and Resilience Among Trans Women in Lebanon. *Health Care for Women International, 36*(8), 917-935.
[49] Kaplan, R. L., El Khoury, C., Field, E., & Mokhbat, J. (2016). Living Day by Day: The Meaning of Living with HIV/AIDS among Women in Lebanon. *Global Qualitative Nursing Research, 3*, 1-13.
[50] LebMASH. (2016). Position Statement on World Aids Day. Retrieved from https://www.lebmash.org/statement- world-aids-day-2016-december-1s/
[51] Remien, R. H., Chowdhury, J., & El-Sadr, W. (2009). Gender and Care: Access to HIV Testing, Care and Trreatment. *Journal of acquired immune deficiency syndrome, 51*(3), 106-110.
[52] SIDA. (2014). The Rights of LGBTI people in the MENA region.
[53] Anderson, S. (2011). *Transgenders lead an alternate life in Lebanon*. Retrieved May 2018, from http://www.dailystar.com.lb/Culture/Lifestyle/2011/Oct-12/151053-transgenders-lead-an-alternate-life-in-lebanon.ashx
[54] Helem. (2017). *Human Rights Violations against Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals in Lebanon.* Helem.
[55] Kaplan, R. L., Wagner, G., Nehme, S., Aunon, F., Khouri, D., & Mokhbat, J. (2015). Forms of Safety and Their Impact on Health: An Exploration of HIV/AIDS-Related Risk and Resilience Among Trans Women in Lebanon. *Health Care for Women International, 36*(8), 917-935.
[56] Saleh, A. J., & Qubaia, A. (2015). Transwomen's Navigation of Arrest and Detention In Beirut: A Case Study (En-Ar). *Civil Society Knowledge Centre, Lebanon Support*.
[57] Wagner, G. J., Aunon, F. M., Kaplan, R. L., Karam, R., Khouri, D., Tohme, J. & Mokhbat, J. (2013). Sexual Stigma, Psychological Well-Being and Social Engagement among Men Who Have Sex with Men in Beirut, Lebanon. *Culture, Health and Sexuality, 15*(5): 570–582. doi:10.1080/13691058.2013.775345
[58] Francesca, E. (2002). AIDS in contemporary Islamic ethical literature. *Medicine and law, 21*(2), 381-94.
[59] International HIV/AIDS Alliance. (2018). Rights to Equality in the Middle East and North Africa: Building evidence-based responses to protect and promote human rights among vulnerable and marginalized populations.
[60] Remien, R. H., Chowdhury, J., & El-Sadr, W. (2009). Gender and Care: Access to HIV Testing, Care and Trreatment. *Journal of acquired immune deficiency syndrome, 51*(3), 106-110.
[61] SIDA. (2014). The Rights of LGBTI people in the MENA region.

progressive country when compared to other countries in the region[62,63]. Such experienced stigma and discrimination have also rarely been addressed in research carried out with these populations[64]. There have been some positive interactions with religious leaders to manifest their role as positive influencers for KPs and PLHIV, especially when accessing HIV services, however, the progress has been slow[65]. Furthermore, there has been documentation of many religious positions of leaders who took a stance against and completely opposed homosexuality, categorizing such sexual identity to be "satanic practices"[66,67,68]. Such expressions, along with threats to wish for death penalties to come to those who are homosexuals have heightened the stigma and discrimination these individuals face, leading them to want to disguise their true identity in fear of being socially isolated. Thus, HIV status is almost always kept a secret if the person dared to get tested or goes completely unidentified if the person would not even dare to seek testing.

Societal Discrimination

Paralleled to religious oppositions, the community's common practice to linking HIV to sexual relationships and specific sexual identities makes KPs and PLHIV reconsider discussing or disclosing in the public as it is linked to being sinful and risky and which leads to social isolation[69,70]. The communities in Lebanon are also closed circles, especially in rural settings where everyone knows each other and where the places for testing are quite known by the community to be specifically for KPs. Thus, if a person is seen in those testing localities, they will automatically be categorized and identified as a KP or a PLHIV. Such a stigma automatically discourages many to have increased concerns about being identified as such, where they would be forced to reconsider HIV prevention services that support them in accessing protective measurements such as usage of condoms and regular medical check-ups[71,72].

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[62] Mumtaz, G., Hilmi, N., McFarland, W., Kaplan, R. L., Akala, F. A., Semini, I., ... & Abu- Raddad, L. J. (2011). Are HIV epidemics among men who have sex with men emerging in the Middle East and North Africa?: a systematic review and data synthesis. *PLoS medicine*, *8*(8), e1000444.

[63] LebMASH. (2016). Position Statement on World Aids Day. Retrieved from https://www.lebmash.org/statement- world-aids-day-2016-december-1s/

[64] Wagner, G. J., Hoover, M., Green, H., Tohme, J., & Mokhbat, J. (2015). Social, relational and network determinants of unprotected anal sex and HIV testing among men who have sex with men in Beirut, Lebanon. *International Journal of Sexual Health, 27*(3): *264–275.* doi:10.1080/19317611.2014.969467

[65] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.

[66] Helem. (2017). *Human Rights Violations against Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals in Lebanon.* Helem.

[67] Saghieh, N., & Scalenghe, S. (2004). "We Invite People to Think the Unthinkable": An Interview with Nizar Saghieh. *Middle East Report, 230*, 34-37.

[68] The New Arab news. (2017). *Lebanon LGBT event cancelled after 'threats from religious figures'.* Retrieved March 2018, from https://www.alaraby.co.uk/english/news/2017/5/15/lebanon-lgbt-event-cancelled-after-threats-from-religious-figures

[69] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.

[70] Remien, R. H., Chowdhury, J., & El-Sadr, W. (2009). Gender and Care: Access to HIV Testing, Care and Trreatment. *Journal of acquired immune deficiency syndrome, 51*(3), 106-110.

[71] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.

[72] Jonassen Bittman, S., & Couffignal, M. (2017). *Key Populations in the Middle East/North Africa (MENA) Region - Investing in resilient and responsive services.* USAID.

All interviewees from this mapping exercise also mentioned that community stigma is apparent where they reside and in Lebanon generally. They associated this stigma with the discrimination they face in their daily lives, which limits their freedom, exposes them to bullying and abuse, and thus ultimately affects their access to services. Many also expressed that they mostly do not speak up about what happens to them and shut up, so they don't experience further marginalization within their communities.

There was a consensus in the expressions of the interviewees that KPs and PLHIV rarely had any type of support, which ultimately affects their quality of life especially since the majority require moral and psychological support. Many stressed how they were rejected by their community, by political leaders, and municipalities went after them with prosecutions; to note here that the majority of those who expressed this perception were transgender.

"Municipalities are always after us to arrest us. They are not supportive at all; they physically abuse us and ask the police to arrest us. The community I live in is not supportive as well, and there is no one to stop the people from calling me names and bullying me".

"This is a very big barrier. Even if there are supportive of the cause and who want to help people with HIV or key population, they would not claim it publicly because this is the nature of the Arabs. It would be amazing if there were a Mayor who would support people with HIV and the key population, he would listen to them and support them; people don't have to know that I am visiting him and I have HIV because then people would stigmatize immediately. Even municipalities should provide services for key populations and support them. The most supportive place for the key population is NGOs, it is a base for those people and a fresh start for them. I find a lot of support in NGOs; my life has changed in NGOs".

Family Shaming and Blaming

The shaming and blaming, exclusion and stigma KPs and PLHIV face from their own families and surrounding directly impact their access to HIV services. KPs are usually scared to even access HIV services in fear of their family finding out and investigating why they need such service or in fear of knowing their HIV status and thus not being able to interact and be in contact with their family members due to the knowledge of being HIV positive[73,74,75,76].

Health Care Workers' Stigmatizing Attitudes

Major human rights violations are taking place in the health care setting itself, including violations in the right to privacy, confidentiality, and equal access to care[77,78]. Such violations have been reported by KPs and PLHIV to be practiced by doctors, nurses, administrative staff

[73] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.
[74] Hammad, L., Doumit, C., & Khalaf, R. (2017). *Speak Up: For the Rights of People Living with HIV - Human Rights & HIV Monitoring System for Law Reform in Lebanon.*
[75] SIDC & Vivre Positif. (n.d. a). Speak up: Know & get your rights!
[76] SIDC & Vivre Positif. (n.d. b). Human rights & HIV monitoring system for law reform in Lebanon.
[77] Hammad, L., Doumit, C., & Khalaf, R. (2017). *Speak Up: For the Rights of People Living with HIV - Human Rights & HIV Monitoring System for Law Reform in Lebanon.*
[78] MENAHRA. (2013). Women injecting drug users in the Middle East & North Africa region (MENA).

in the health care setting, as well as pharmacists. Different reports have highlighted health care workers' neglect and discriminatory behavior while treating KPs and PLHIV, as they either refuse to treat them, do so carelessly with no concerns, or even breach their confidentiality while providing treatment[79,80]. And keeping in mind how these KPs and PLHIV might already be vulnerable in their societies, receiving such treatment from health care workers will even worsen their situation and discourage them from continuing their care[81]. Documentation is also present on how some healthcare workers have breached the privacy and confidentiality of PLHIV and KPs[82,83,84,85,86,87,88]. In specific, participants have reported how healthcare providers told their friends, family members, and colleagues about patients they treated for HIV; many also reported how when rapid testing was carried out in pharmacies the status of the person was disclosed in front of other clients without respect for any confidentiality or disclosure setting[89,90]. And finally, it has been documented that KPs and PLHIV have the fear to be denied general health services and thus refrain from disclosing their status[91]. And in a society that is discriminatory towards this population, when the case is investigated, it is often the word of the health providers versus the KP where KPs are questioned on their morals before addressing their concerns at the health care facility[92].

The present findings from the desk review were voiced as well by those interviewed. The majority identified the lack of qualified personnel to be one of the major barriers to accessing the service location even if they had not experienced this barrier personally. Many expressed how if they ever had faced such a problem, that they would never return to the service site. Interviewees specifically suggested how service providers to have the right information to spread awareness, should not discriminate against KPs and PLHIV, and should show credibility in their work. Quotes from the experiences of the interviewees are captured below.

[79] Clark, K. A., Keene, D., Pachankis, J., Fattal, O., Rizk, N., & Khoshnoodd, K. (2017). A qualitative analysis of multi- level barriers to HIV testing among women in Lebanon. Culture, Health & Sexuality, 19(9), 996-1010.
[80] LebMASH. (2016). Position Statement on World Aids Day. Retrieved from https://www.lebmash.org/statement- world-aids-day-2016-december-1s/
[81] LebMASH. (2016). Position Statement on World Aids Day. Retrieved from https://www.lebmash.org/statement- world-aids-day-2016-december-1s/
[82] Clark, K. A., Keene, D., Pachankis, J., Fattal, O., Rizk, N., & Khoshnoodd, K. (2017). A qualitative analysis of multi- level barriers to HIV testing among women in Lebanon. Culture, Health & Sexuality, 19(9), 996-1010.
[83] LebMASH. (2016). Position Statement on World Aids Day. Retrieved from https://www.lebmash.org/statement- world-aids-day-2016-december-1s/
[84] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.
[85] El-Jardali, F., El Bawab L. (2015). K2P Policy Brief: Addressing Limitations to Equitable Access to Healthcare Services for People Living with HIV in Lebanon. Knowledge to Policy (K2P) Center, Beirut, Lebanon, December 2015.
[86] International HIV/AIDS Alliance. (2018). Rights to Equality in the Middle East and North Africa: Building evidence-based responses to protect and promote human rights among vulnerable and marginalized populations.
[87] Mohamed, M. S. (2015). *Sexuality, Development and Non-conforming Desire in the Arab World: The Case of Lebanon and Egypt* (No. IDS Evidence Report; 158). IDS
[88] UNAIDS (2014). Country progress report. Retrieved from: http://www.unaids.org/sites/default/files/country/documents//LBN_narrative_report_2014.pdf
[89] SIDC & Vivre Positif. (n.d. a). Speak up: Know & get your rights!
[90] SIDC & Vivre Positif. (n.d. b). Human rights & HIV monitoring system for law reform in Lebanon.
[91] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.
[92] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.

"I never faced such an issue. Every time I go to receive a service, the employee would always be waiting for me ahead of time and is qualified. The doctor was qualified as well. I usually ask a lot of questions, and the doctor was very responsive. Some employees are very qualified, others are not".

"This is true, I remember about an organization that keeps on calling me to get information instead of enhancing their services. The employee was very disrespectful. Employees should be friendly, always has a smile on her face, welcoming and supportive".

"This causes a very big problem. If someone with HIV positive goes to the unqualified service provider, the beneficiary would stop visiting the service provider, and it would affect the person a lot".

"This is an obstacle. For example, if I was seeing a psychologist and after venting, she couldn't give me a solution to my problems, this would devastate me. My sickness would get worst".

"If the employees are not qualified, then who will help me? This is a very big obstacle because alone, I can't reach a solution. I only receive the services through organizations and the qualified people who work at it".

"If someone knows how to do his job, this brings peace to whoever is visiting. Unqualified people would make you scared from receiving the service again".

Interviewees also stressed how professionals who follow up with them should be trained and competent in HIV, and how such individuals are rare to be found in Lebanon as captured by the quotes *"Qualified people are very few that I don't know anyone. If I have an HIV-positive family member who needs help, I don't know who to refer him to. Unqualified professionals would negatively impact the key population. I don't know a lot of professionals because no one talks about the topic and there is not enough information about it",* and *"This is an obstacle. If I come to get tested and you tell me I have HIV and you make me leave, this would devastate me, I wouldn't know what to do especially that I was not provided with the information I need. I might get AIDS and die".*

Lack of or Inaccuracy in Information Sharing around HIV

Stigma also increases when the information being shared about HIV is associated with the sexual orientation and identity of the person; namely sex work and homosexuality[93]. And with minimal to non-existent sexual education within the educational system in Lebanon, there stays very little room for the Lebanese society to educate themselves and raise their awareness on matters related to HIV and beyond. Such lack of information decreases the chances of access of adolescents and youth to correct HIV information, which in return might affect them if they are from the KPs and PLHIV, make them more accepting of individuals of different sexual

[93] LebMASH. (2016). Position Statement on World Aids Day. Retrieved from https://www.lebmash.org/statement- world-aids-day-2016-december-1s/

orientations and identifies, and expose all those who are sexually active to engage in risky sexual behaviors[94,95,96,97,98]. The available sexual education is also very much dependent on how religious the school is considered, as NGOs are suggested to discuss condom use and HIV in schools that are considered non-religious which make up a minority of the available schools in Lebanon[99].

All interviewees from the mapping exercise agreed that lack of knowledge about HIV in the Lebanese community at large is striking and automatically becomes a barrier to KPs and PLHIV who might need to access HIV services; *"No one is aware of HIV. No one has information about HIV. The more people know, the less the spread of the virus. If people don't have information about HIV, they would not know about the availability of the service. The more people know, the more people HIV would open up and talk about it".* Many expressed as well how such knowledge is even non-existent and should be provided at early ages in school as part of sexual education as this will decrease the stigma and discrimination.

Interviewees stated the importance of personal knowledge about HIV from credible sources, as it is directly linked to accessing services. They all expressed how the more one knows about HIV and its risks, the better-informed decisions one can take. It is worth noting as well that the majority discussed this barrier by mentioning how they relied on the NGOs they accessed to receive the knowledge required; *"This is very important because before I received the proper information I used to think that the virus could be spread through kissing, I used to see on YouTube that a person with HIV would die in 15 years and I used to have a lot of misinformation about the topic. [NGO] helped me with receiving information, I get a lot of information from this NGO".* Many also expressed how knowledge is power, and how it equips the person to change lack of knowledge (i.e., the barrier) to empowered decision-making due to the right information (i.e., the solution); *"If I am aware that there is a treatment, and I was diagnosed with HIV then this is not a problem. The problem is if I don't know or don't have the information. If I have all the proper information, where to go (service provider), and who to talk to then this would be a solution and not an obstacle".*

Gender Disparities

Very few studies have investigated the effect of HIV on women specifically in Lebanon. However, when specifically targeted, data indicates that being a female is a predisposition to the inability of women to accessing HIV-related services. Women keep their status a secret if contracted by their husbands in fear of how their surroundings (family and community at large)

[94] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.
[95] Aunon, F. M., Wagner, G., Maher, R., Khouri, D., Kaplan, R., & Mokhbat, J. (2015). An Exploratory Study of HIV Risk Behaviors and Testing among Male Sex Workers in Beirut, Lebanon. *Social Work in Public Health, 30*, 373-384.
[96] Clark, K. A., Keene, D., Pachankis, J., Fattal, O., Rizk, N., & Khoshnoodd, K. (2017). A qualitative analysis of multi- level barriers to HIV testing among women in Lebanon. Culture, Health & Sexuality, 19(9), 996-1010.
[97] LebMASH. (2016). Position Statement on World Aids Day. Retrieved from https://www.lebmash.org/statement- world-aids-day-2016-december-1s/
[98] MENAHRA. (2018). *Assessment of Situation & Response of Drug Use and its Harms in the Middle East and North Africa 2017.*
[99] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.

might react and how automatically they will be accused of treason[100]. The available studies have identified the barriers for women's access including sex - which is a taboo especially for unmarried women, not accessing sexual health education, fearing to disclose experiences with HIV testing and diagnosis as they would be "left alone", and not having access to insurance coverage if tested positive. The mentioned factors affect women's decision-making process to seek HIV testing and disclose their status to family members and society at large[101,102,103].

Denial of Employment due to HIV Status and Sexual Orientation

Part of the employment procedure in Lebanon is to take a pre-employment HIV test; if tested seropositive, employers deny individuals the work opportunity leading to the discriminatory practice of not providing the right to work for many KPs and PLHIV[104,105,106,107,108]. Many KPs and PLHIV have reported how being linked to HIV impacts their work status, ultimately impacting their financial situation[109]. And although being unemployed is a financial barrier to accessing HIV service, its root cause is the social isolation these individuals face due to their sexual orientation and seropositivity.

Almost all those interviewed from the mapping exercise agreed that there are rarely job opportunities for KPs and PLHIV, especially when they have exposed their HIV status and/or sexual orientation. And if the person is not from a family who can afford services, then automatically s/he will be affected. It is worth noting that interviewees expressed their willingness to work and preference to pay for services if they have a stable income rather than resorting to NGOs for free services or to crime; *"It is more of a barrier to key population because if they can't work, they would need to ask for support from others, doing so multiple times might lead to stealing and criminal activities to be able to live. If anyone is capable of working, why would commit a crime or doing something wrong?".* Also, one interviewer mentioned that if the workplace does not request testing, those whose sexual orientation is not exposed by their looks can find a job. All interviewees also expressed how this is such an important barrier in Lebanon, that ultimately results in KPs and PLHIV with minimal or no income and thus affect their access to HIV-related services. Interviewees mentioned that if they had a job, no one knew about their sexual orientation or HIV status if they were positive, as exposing themselves resulted in being fired. Many also mentioned how PLHIV can never have a career in the hospitality sector as they are not allowed to be employed. Few also mentioned

[100] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.
[101] Clark, K. A., Keene, D., Pachankis, J., Fattal, O., Rizk, N., & Khoshnoodd, K. (2017). A qualitative analysis of multi- level barriers to HIV testing among women in Lebanon. Culture, Health & Sexuality, 19(9), 996-1010.
[102] MENAHRA. (2013). Women injecting drug users in the Middle East & North Africa region (MENA).
[103] UNAIDS. (2012). Standing up speaking out. Women and HIV in the Middle East and North Africa.
[104] El-Jardali, F., El Bawab L. (2015). K2P Policy Brief: Addressing Limitations to Equitable Access to Healthcare Services for People Living with HIV in Lebanon. Knowledge to Policy (K2P) Center, Beirut, Lebanon, December 2015.
[105] Hammad, L., Doumit, C., & Khalaf, R. (2017). *Speak Up: For the Rights of People Living with HIV - Human Rights & HIV Monitoring System for Law Reform in Lebanon.*
[106] Helem. (2017). *Human Rights Violations against Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals in Lebanon.* Helem.
[107] SIDC & Vivre Positif. (n.d. a). Speak up: Know & get your rights!
[108] SIDC & Vivre Positif. (n.d. b). Human rights & HIV monitoring system for law reform in Lebanon.
[109] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.

how they got assaulted and abused at work once colleagues found out about their sexual orientation. The quotes below capture the experiences of the interviewees.

"I am always scared at work of hurting myself and start bleeding, I am scared to hurt other people. My employer and colleagues do not know that I have HIV because, in my former job, I didn't know that I had HIV, when I got tested and the results were positive, I told my employer and I got fired immediately. They wouldn't understand or be supportive at work because they don't know what HIV is. I can get fired again if anyone knows".

"This [lack of understanding work environment] is a barrier. Why should I get kicked out of work once the employer knows I am gay? I am a good employee, I am getting my work done, how is my sexual orientation your problem? This is what's happening. Once the employer knows you are gay, he fires you immediately. This impacts the process of receiving the services because if we were working, we wouldn't have gotten here".

Nationality and Refugee Status Disparities

There has been reporting on how homosexual Syrian refugees in Lebanon are exposed to verbal threats, remarks, physical abuse, exclusion from society, and the possibility of deportation[110,111]. This results in facing double discrimination while trying to access services, thus decreasing chances of seeking HIV testing dramatically.

Financial Barriers to HIV-Related Services in Lebanon

The desk review as well as the data collected also highlighted how financial barriers can hinder KPs and PLHIV's lack of access to HIV services. The economic crisis in Lebanon has undoubtedly had a very severe impact on every aspect of life in Lebanon. The lack of electricity, fuel, medical supplies, pharmaceuticals, and regular banking services has paralyzed the country. Moreover, the combination of hyperinflation and a massive devaluation of the currency has made it almost impossible to purchase ordinary day-to-day goods including pharmaceuticals and healthcare services. In addition, Lebanon, like many countries around the world, is also battling COVID-19. Unfortunately, the economic crisis does not have a quick fix. It will take years to begin healing the nation. The crisis has also led to massive migration including some of the best physicians, nurses, pharmacists, and academics. The loss of healthcare workers will impact access to healthcare. It is usually the best physicians that have the best opportunities to migrate.

Effects of Economic Crisis on Health Insurance & Out of Pocket Payments

The purpose of social insurance is to protect beneficiaries from the financial risks of illness. However, because of the accumulated underfunding and over-stretching of the Lebanese healthcare system, this has had dire effects on beneficiaries. The life expectancy of many of the public insurance providers such as the NSSF are in jeopardy due severe underfunding,

[110] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.
[111] ALEF. (2018). *ALEF Act for Human Rights*. Retrieved May 2018, from https://alefliban.org/about-alef/

especially considering the economic crisis. The combination of the underfunding of the NSSF and devaluation of beneficiary salaries is a recipe for disaster.

Insurance companies refuse to cover PLHIV care[112]. As such, companies cannot provide employees with an NSSF insurance plan, which discourages employers from recruiting PLHIV. Limited employment opportunities leave PLHIV with no source of income or healthcare coverage and increase the burden of healthcare expenses on them.
The current co-payment model at the NSSF is regressive in nature[113]. The co-payment is a percentage of the treatments' public price. Since it does not depend on patient income or wealth, as the true wage value is reduced, the ability of the patient to pay the co-payment is increasingly untenable. So, the burden of the co-payment falls heavier on the less fortunate and more vulnerable beneficiaries such as PLHIV, making healthcare inequitable. To mitigate some of the heavy burden falling on patients, some of the pharmaceutical companies operating in Lebanon have developed "patient support" programs that cover part or all the patients' share of the bill[114]. Though this approach is effective, it raises questions of equity as some of the treatments remain unaffordable if the respective co-payment is not covered by a pharmaceutical company. It also raises questions of sustainability since pharmaceutical companies belong to the private sector and can stop the assistance at any time.

Employment Opportunities

According to the Lebanese Observatory for Workers and Employee Rights, the unemployment rate in Lebanon is more than 50%[115]. Moreover, the average salary has steeply decreased in value to almost 85% over the past year[116]. Without stable employment opportunities, all basic needs become a luxury that not many can afford. Moreover, as the purchasing power of incomes decrease; the ability to afford healthcare services and medication becomes more limited. PLHIV must make the decision of whether to purchase basic needs or access healthcare services and medication; and as unemployment increases, PLHIV will only have access to the MoPH for services, which does not cover HIV tests or prevention tools.

All interview participants acknowledged employment opportunities as a major barrier to accessing services. One participant mentioned that employment opportunities are not a barrier so long as employers do not ask for identification documents (ID) and medical testing; "This is an obstacle because in some cases, the employer asks for a medical exam. Some doctors would give you a paper easily whereas others would test you. If you tested positive, the employer would not hire you, thus you wouldn't have money to survive". Considering that most employers require IDs and mandatory medical testing including HIV testing, most key

[112] El-Jardali, F., & El Bawab, L. (2015). K2P Policy Brief: Addressing Limitations to Equitable Access to Healthcare Services for People Living with HIV in Lebanon. Retrieved from: https://www.aub.edu.lb/k2p/Documents/K2P%20Policy%20Brief%20HIV%20AIDS%20Dec%2016%202015.pdf
[113] Mina, W. (2021). "Co-payments" at the National Social Security Fund in Lebanon, is it the time for change? Retrieved from: https://www.linkedin.com/pulse/co-payments-national-social-security-fund-lebanon-time-wadih-mina/
[114] Abbas, H., Yehya, L., Kurdi, M., & Karam, R. (2021). Patients' knowledge and awareness about patient support programs: a cross-sectional study on Lebanese adults with chronic diseases. International journal of technology assessment in health care, 37, e34. https://doi.org/10.1017/S0266462321000040
[115] Houssari, N. (2021). Lebanese bank workers let go as currency crash bites. *Arab News.* Retrieved from: https://www.arabnews.com/node/1964196/business-economy
[116] Ramadan, T. (2021). Lebanon's average salary plummets 84 percent over 12 months. Al Arabiya News. Retrieved from: https://english.alarabiya.net/News/2021/02/28/Lebanon-s-average-salary-plummets-by-84-percent

populations and PLHIV do not even get the chance to be hired; particularly if they are symptomatically ill. Moreover, previous prisoners with an unclean civil record also face challenges in employment. The lack of employment opportunities translates into lack of income, meaning individuals cannot secure basic needs including healthcare and may be more prone to engaging in risky behavior; “If I had a job, I wouldn’t work as an escort or ask for money”.

Participants expressed that they would never disclose their HIV-positive status to their employers in fear of not being employed or being fired from work. It is worth noting, however, that one participant mentioned that their employer has never asked for any official ID or medical testing. Many participants discussed that they would never be able to work within the hospitality sector, e.g., restaurants, because it would be unacceptable to both the employer and the customers. As one participant described; “Why should I get kicked out of work once the employer know I am gay; I am a good employee, I am getting my work done, how is my sexual orientation your problem?”. The situation was further exacerbated for these individuals considering the economic crisis and the pandemic; whereby employers refused to pay wages and abused employees who asked for their right. Most participants related this discrimination to poor knowledge among employers surrounding HIV/AIDS.

When asked about legalities within work, most participants mentioned that legalities in general are not a major barrier, however, this could be owed to the fact that many believe the government is not capable of setting laws nor protecting the people; “There are no rights, and the laws are outdated”. However, some participants expressed how the police and municipality officials discriminate and abuse key populations and PLHIV, which in turn become legal barriers for work; “Having HIV is a crime, some people got arrested because they have HIV. There are no rules and regulations in Lebanon. One of the areas’ mayors asked the support of the police to close a gay pub, they pushed everyone outside and started hitting them”. This is further exacerbated among foreigners, who risk deportation if caught for being sex workers or escorts, limiting work opportunities and income.

Legal barriers were more prominent among former prisoners, as an unclean civil record translates into very limited job opportunities, if any. One participant expressed that they have done their time in prison for their wrongdoings, and so they should receive some form of support to oversee some events present on the civil record. As expressed by one participant "I have been punished for 6 years in prison. They should help the person to have a new life and live a better one and change".

Personal Financial Resources & the Role of NGOs

From the interviews with beneficiaries, financial resources were reported as a major barrier by most of the participants. Many participants acknowledged the importance of NGOs in providing the financial assistance required; “if NGOs did not exist and the person is unemployed, they cannot receive such services”. Notwithstanding, although some participants mentioned that they underwent free HIV testing, others could not relate; “I might have HIV, but I don’t know, doing the tests will cost me 5 months’ worth of work”. Some participants

mentioned that HIV testing was free, whilst other services had to be paid for, thus limiting access to services. Multiple participants mentioned the importance of financial resources in general– "Money lets you live in Lebanon"; "Money is preferred over ethics and morals in Lebanon". Participants described how with tight financial resources, they would prefer paying for accommodation, living expenses, and buying basic commodities as opposed to considering HIV-related services.

Related to the role of NGOs specifically, participants expressed the need for extended outreach to services beyond medical care, as the stigma and discrimination key populations and PLHIV are burdened with prevent them from being able to secure their livelihood and other requirements of decent living. Although HIV-related services do exist, many barriers exist that prevent key populations and PLHIV from accessing them. Most participants expressed the need for support for housing, food, and equal job opportunities to have the financial ability to commute and afford medication and follow-ups.

Affordable housing was cited as a major economic obstacle, whereby many expressed that themselves or other key population individuals they know are homeless without shelter due to lack of income to afford housing. An additional barrier is that some landlords do not lease their apartments to key populations or PLHIV or make it difficult to meet the requirements for lease; "Some people would not lease their house to an HIV positive or a gay couple person because they would consider this to be as wrong and unorthodox. If one allows this, then rumors would spread that this a whorehouse"; "If you want to rent and the lender knows you are trans[gender], they start putting conditions and rent would become more expensive". Participants expressed that financial assistance from NGOs is a requirement for decent living to not only be able to afford housing, but also to avoid risky behaviors such as "sleep for sex".

A few participants also mentioned that some NGOs do not offer equitable support and services. For example, one participant mentioned that NGOs sometimes do not give services although they do offer them; "NGOs say if I have to help you, I have to help everyone". This comes at a time of desperate need where beneficiaries need financial support to secure basic commodities; "I need money for basic needs, not for drugs or paying for sex". Another participant mentioned that "some NGOs do not provide the service even though they say they do". The discrepancy and uncertainty with regards to NGO services being provided are an additional barrier for access to healthcare among key populations and PLHIV.

According to the Joint UNAIDS, Lebanon's HIV expenditure is estimated to be USD 6,800,000; of which 97% is HIV expenditure from domestic public sources (USD) and the remaining being international sources (USD). It is worth noting that there is no available data surrounding HIV expenditure from domestic private sources (USD)[117]. To better understand HIV-related health expenditure across public and private sectors, the Lebanese AIDS Network Association (LANA) conducted a health budget analysis across 3 years 2017–2019; inclusive

[117] UNAIDS. (2023). Global HIV & AIDS Statistics – Fact Sheet. Retrieved from: https://www.unaids.org/en/resources/fact-sheet

of 12 different institutions including Ministries, NGOs, and iNGOs[118]. When examining HIV expenditures, there is a large amount of missing data, both across and within the 12 different organizations upon declaring their funding. However, from the data gathered, HIV testing was the highest funded service, and was funded by the NAP-WHO, and referrals were either covered by personal donations or via support from the NGOs (mentioned referral support included: Dr. Abdelrahman Bizri Clinic, private donors, UNICEF, MAP, DIC, and MAC). Fund support to provide support for different HIV services was the highest in 2017 (LBP 584.8M). This number decreased by 65% for around LBP 203.4M in 2018 and increased again in 2019 by 43% to reach a total fund amount of LBP 291.1M. While data is not available yet for 2020 and 2021 it stands to reason that funding was to decrease dramatically.

Forty-six percent of the funding was directed to treatment, care and support, and prevention, respectively, followed by governance and sustainability (3%), raising awareness (2%), critical social enables (2%), prevention of vertical transmission (1%), Tuberculosis-HIV co-infection and care (1%), and social protection (0.0017%). The funding composition of HIV-related activities reflects that also described during beneficiary interviews, and highlights the need for raising awareness, social enables, and social protection. From the analysis, several different challenges were identified related to the different indicators. These challenges further emphasize the challenges also faced by the beneficiaries; for example, lack of funding for prevention activities, lack of awareness programs and activities, lack of free condoms and lubricants, difficulties in providing food and other assistance, criminalization of sex work, and societal barriers related to stigma and discrimination surrounding HIV, sexuality, and gender identity.

The COVID-19 pandemic and economic crisis that Lebanon is currently suffering exacerbates the existing challenges faced by organizations that provide HIV-related activities. As the expenditure analysis report mentions, the crises have resulted in devaluation of the national currency and affected covering minimal wages for volunteers, shifting of donation for HIV beneficiaries to other priority areas, postponing HIV-related activities, unaffordability of services and testing by beneficiaries, and closure of HIV centers resulting in halting of awareness activities. Although some activities were executed virtually, the majority still could not be accessed due to lockdowns, lack of income for beneficiaries, and inability to access HIV healthcare services. The lack of funding for organization resulted in decrease in condom distribution, lack of national HIV research, monitoring, and surveillance, and lack of funding and budgetary support for education, training, and human resources.

The Fuel Crisis & Costs of Transportation

The ongoing economic crisis has not spared a single basic living need in Lebanon- including the fuel required for daily transportation. Described as a "potential catastrophe" by the United Nations in August of 2021[119], and described as the worst financial crisis in 150 years by the World Bank, the catastrophe became a harsh reality for residents in Lebanon on various levels.

[118] SIDC, personal communication, July 2020

[119] UN News. (2021). Fuel crisis in Lebanon potential catastrophe for thousands: senior UN official. Retrieved from: https://news.un.org/en/story/2021/08/1097962

Beginning June of 2021, the Government began to gradually lift subsidies on fuel, and the cost of a tank of fuel escalated tremendously. With the absence of a social safety net program, filling up a car costs more than the set minimum wage[120]. The fuel crisis means that the transportation costs to reach healthcare services has become onerous, especially when 80% of the population currently lives under the poverty line[121]. Consequently, many healthcare organizations have had no choice but to limit their operating services due to lack of Electricite Du Liban electricity, acute shortages in diesel to power private generators, and resorting to procuring diesel from the black market at drastically higher prices to continue providing essential services[122]. In fact, the fuel crisis had imposed such a heavy burden, that most hospitals operated at only 50% capacity[123]. Major hospitals publicly announced their urgent need for support from external parties, or else they will have no choice but to close[124]. Considering the limited supply of fuel healthcare organizations were able to receive individually, the majority halted non-emergency medical care to ration fuel[125].

From beneficiary interviews, most participants expressed that transportation was a major barrier to accessing HIV-related services. This was mainly attributed to lack of source of income for commuting to healthcare centers, even when using public transportation, because of the fuel crisis. Whilst some participants mentioned commuting by foot to reach the healthcare center, the heaviest burden falls on those that reside outside of Beirut due to lack of availability of services in rural areas. Many participants mentioned the need for NGOs to increase their outreach to accommodate beneficiaries residing outside of Beirut that have no financial means to commute. This not only weighed heavily due to transportation costs, but also the uptake of services consistently.

Participants residing outside of Beirut acknowledged that proximity to services was a major barrier to accessing services. Many participants expressed the need for increased geographic coverage of healthcare centers offering HIV services, or at minimum, ARVT dispensing centers. Participants also expressed that NGOs could increase their outreach through more human resource availability in more geographic locations for follow-ups and psychosocial support. This barrier was heavier when family members were not informed of key populations or PLHIV's status, increasing these individuals' hesitation and frequency of attending to services-– "My family is always asking me why I am going to Beirut, and this stresses me. I always give them excuses. It causes physical and psychological burden and pain".

[120] Chehayeb, K. (2021). In Lebanon, petrol is now priced out of reach. Al Jazeera. Retrieved from: https://www.aljazeera.com/economy/2021/10/29/in-lebanon-petrol-is-now-priced-out-of-reach
[121] France24. (2021). Crisis-hit Lebanon hikes fuel prices in de facto end to subsidies. Retrieved from: https://www.france24.com/en/live-news/20211020-crisis-hit-lebanon-hikes-fuel-prices-in-de-facto-end-to-subsidies
[122] UN News. (2021). Fuel crisis in Lebanon potential catastrophe for thousands: senior UN official. Retrieved from: https://news.un.org/en/story/2021/08/1097962
[123] WHO. (2021). Joint statement by Dr Tedros Adhanom Ghebreyesus, WHO Director General, and Dr Ahmed Al Mandhari, Regional Director for the Eastern Mediterranean, on Lebanon. Retrieved from: http://www.emro.who.int/media/news/joint-statement-by-dr-tedros-adhanom-ghebreyesus-who-director-general-and-dr-ahmed-al-mandhari-regional-director-for-the-eastern-mediterranean-on-lebanon.html
[124] Rose, S. (2021b). 'The last call': Lebanon's fuel crisis threatens hospitals with closure. The National News. Retrieved from: https://www.thenationalnews.com/mena/2021/08/11/this-is-the-last-call-lebanons-fuel-crisis-threatens-hospitals-with-closure/
[125] MSF. (2021). Healthcare system in Lebanon disintegrates as political vacuum persists. Retrieved from: https://www.msf.org/healthcare-system-lebanon-crumbles-amidst-political-and-economic-crisis

Whilst all but two participants had at some point accessed HIV testing, many were unsure of where to access HIV-related services beyond HIV testing. Only a few of the participants reported access to other services, such as: treatment, awareness sessions for further information, psychological support, food aid, financial support, and follow-up sessions. It is worth mentioning that stigma and discrimination played a critical role in access to services. For example, one participant mentioned that although the MoPH does provide ARVT, they would not be able to receive ARVT because they would feel uncomfortable being surrounded by too many people, in addition to the fear of meeting someone they know. One participant also expressed that they cannot access Palestinian camps to receive HIV-related services from the UNRWA due to the stigma surrounding being a transgender– "As a transgender, I can't get in the camp because they would kill me. My family tried to kill me 3 times". However, worry is reduced considering qualified, supportive healthcare workers– "The doctor didn't let me wait in the waiting area with other people because this would cause a threat on my life. They would hit me and kill me. She took me to another room and took very good care of me".

Brain Drain Within the Healthcare Sector & Effect on PLHIV

As Lebanon's economy continues to be in free fall, a tremendous mass migration out of the country has been witnessed, which will have long-term implications for generations to come[126]. In fact, it is estimated that up to 40% of physicians and 30% of Registered Nurses have migrated since the beginning of the economic crisis[127]. The brain drain is stripping Lebanon of the kind of personnel that are needed to bring about recovery and continues to limit access to healthcare for an already vulnerable population. This has major repercussions on the delivery arrangements of HIV-related services, since main factors limiting access of PLHIV to treatment and care include low numbers of skilled healthcare workers, and a healthcare environment that is discriminatory and stigmatic. Stigma is among the main reasons why PLHIV are afraid to approach healthcare services and determine whether they have the disease or to even seek treatment and care[128]. As such, it is important to address stigma as a main barrier to accessing healthcare services for PLHIV. Beneficiary interviews reiterate this, as they reported that when they disclose being HIV positive, they are either refused treatment by healthcare workers or are taken advantage of by increasing medical expenses of the procedure, feeding back into the vicious cycle of economic burden.

Charitable Donations & Domestic Resource Mobilization

As incomes decrease and unemployment grows it is natural to assume that there will be less donations to organizations such as SIDC that provide HIV services. Moreover, rampant corruption within the Lebanese government, has led international donors to insisting that aid circumvents the government. Many donors are making donations directly to those affected or directly to NGOs. Aid is also being redirected and distributed to multiple needs, such as housing, food, and healthcare. The funds should be disbursed directly to individuals in need or

[126] Vohra, A. (2021). Lebanon is in Terminal Brain Drain. Foreign Policy. Retrieved from: https://foreignpolicy.com/2021/08/09/lebanon-terminal-brain-drain-migration/

[127] WHO. (2021). New report highlights global progress on reducing HIV, viral hepatitis and sexually transmitted infections and signals need for renewed efforts to reach 2030 targets. Retrieved from: https://www.who.int/news/item/20-05-2021-new-report-highlights-global-progress-on-reducing-hiv-viral-hepatitis-and-sexually-transmitted-infections-and-signals-need-for-renewed-efforts-to-reach-2030-targets

[128] Stringer, K. L., Turan, B., McCormick, L., Durojaiye, M., Nyblade, L., Kempf, M. C., Lichtenstein, B., & Turan, J. M. (2016). HIV-Related Stigma Among Healthcare Providers in the Deep South. AIDS and behavior, 20(1), 115–125. https://doi.org/10.1007/s10461-015-1256-y

to the organizations that provide the services through an equitable and speedy process[129]. This promotes transparency and minimizes duplication of services and questioning the true missions behind organizations.

While the main objective of NGOs like, SIDC, is to help vulnerable populations without a proper *Domestic Resource Mobilization Strategy* the objectives become more difficult to reach. The main objective of a Domestic Resource Mobilization Strategy is to ensure a clear, methodical, predictable, and well-coordinated approach to soliciting, obtaining, using, managing, reporting, monitoring, and evaluating national assistance provided by national/local partners and to broadening the resource base, so that they are available in a sustainable manner for the sustainable implementation of HIV prevention and care programs.

Therefore, the chances of receiving public funding contributions are severely limited, so it would be logical to prioritize other avenues, for example the exploration of donations from private donors, international organizations, and volunteers. Yet, it is important to maintain relations with the Public Sector to determine if there is any possible funding.

Suggested Recommendation to End Social and Financial Barriers

The existing social barriers prevent KPs and PLHIV in need to access services and enhance their quality of life without exposing their sexual identities. For that, the efforts present within the country must be developed further to include the suggested recommendations below [130,131,132,133].

Anti-discriminatory laws: ratify and enforce laws that prohibit any form of stigma and discrimination based on the sexual orientation and gender identity in both governmental institutions (such as the police force) and private workplaces.

Integrated HIV care: promote HIV testing and care as part of the primary healthcare centers' minimal services to ensure proper follow-up and continuum of care. This will ensure proper follow-up, provision of quality primary care as well as reduce the cost on the individual seeking the service. To do so, however, proper planning, integration, and training of all staff within these centers should be implemented.

Inclusive Insurance Coverage: ensure that private insurance companies offer inclusive insurance schemes that cover the HIV-related service expenses for KPs and PLHIV who have such insurance. And if such insurance coverage is not present, offer such support via NSSF to include all HIV-related services and not just rapid testing and medication. Further, future

[129] HRW. (2021). Lebanon: Ensure Aid Goes Directly to Those in Need. Retrieved from: https://www.hrw.org/news/2020/09/16/lebanon-ensure-aid-goes-directly-those-need

[130] Asfour, H., Eid, G., Haddad, P., Alonso, B. C., McCutcheon, J. (2020). Baseline evaluation for Global Fund Project "Increasing sustainability of quality Human Immunodeficiency Virus (HIV) prevention, treatment and care services for key populations (KP) in the Middle East and North Africa (MENA)" implemented by Frontline AIDS.

[131] El-Jardali, F., El Bawab L. (2015). K2P Policy Brief: Addressing Limitations to Equitable Access to Healthcare Services for People Living with HIV in Lebanon. Knowledge to Policy (K2P) Center, Beirut, Lebanon, December 2015.

[132] International HIV/AIDS Alliance. (2018). Rights to Equality in the Middle East and North Africa: Building evidence-based responses to protect and promote human rights among vulnerable and marginalized populations.

reforms should be focused on exemption of persons with chronic medication (including medication associated with HIV) and those that cannot afford treatment from co-payments and setting annual caps on co-payments to maintain an affordable ceiling cost and avoid catastrophic spending on healthcare. Additionally, co-payments should ideally be absolute instead of being a percentage from treatment costs, or alternatively, adjust co-payments depending on means testing and salaries rather than on treatment cost solely[134].

Updated Awareness-Raising end Education Plan: set up at the national level comprehensive awareness-raising and education plan targeting the general population at large to reduce present fears, misconceptions, and negative attitudes towards KPs and PLHIV. Advanced techniques must be used as the means to reach the general population considering the changing media in their daily lives. A special plan should also be dedicated to targeting healthcare workers who play an essential role in practicing medical ethics related to HIV; this would enhance their skills in dealing with KPs and PLHIV so that those populations, in turn, continue with accessing the services they need and ultimately improve their health outcomes.

Abolish Mandatory Involuntary Examination for HIV during Employment: work should be carried out with the Ministry of Labor to eliminate any mandatory testing for HIV that might affect any person's chances to obtain employment due to their HIV status, following the principles of human rights.

Outreach Peer Services Approach: outreaching to KPs and PLHIV in need of HIV-related services via peer-to-peer approach has shown to be very effective in Lebanon, however, efforts have been concentrated in Beirut and Mount Lebanon areas and thus should be expanded throughout Lebanon.

Strengthen and leverage on the services provided by the primary healthcare centers (PHCs) in Lebanon to provide HIV-related care through providing PHCs with adequate resources, capacity, and trainings, providing the staff, healthcare providers, and the management with incentives to commit to HIV care, and creating a referral system that would enable PHCs to become entry points for testing and referral. This recommendation would also include the provision of appropriate training for healthcare providers and staff on patient-centered approaches of care.

Conduct a gap analysis to pinpoint loopholes of the Lebanese laws that would enable the development of a law that enables the protection of population at risk of HIV and the cancellation or amendments of laws that penalize populations at risk. This should be followed by the *development and implementation of an advocacy strategy* to advocate for the mentioned changes.

[134] Mina, W. (2021). "Co-payments" at the National Social Security Fund in Lebanon, is it the time for change? Retrieved from: https://www.linkedin.com/pulse/co-payments-national-social-security-fund-lebanon-time-wadih-mina/

Strengthen the role of media in advocating for the rights of PLHIV and population at risk, reducing the stigma, spreading awareness about HIV and its related topics, and spreading awareness on the availability of services in Lebanon.

Initiate community-led programs that would target population at risk and PLHIV and spread knowledge and awareness about HIV and its related topics. This would include implementing mobile clinics that offer free testing services in several areas across Lebanon.

Develop an advocacy plan targeting the professional orders and syndicates to advocate for the adequate implementation of ethical principles in healthcare, including confidentiality, equity, and patient-centered approaches. In addition, advocate for the implementation of a breaching policy.

Increase funding opportunities: NGOs will need to continue to expand the diversity of funding sources, strengthening the loyalty of donors, and assuring independent revenues through self-financing activities. They will need to maximize resources, find innovative ways of raising funds, or carrying out programs in challenging environments. Therefore, developing and managing a long-term Resource Mobilization Plan is essential. This will be accomplished with having strategic and operational plans with skilled staff. Suggested steps to this process include:

1. Strengthen partnerships and collaborations with donors, partners, and various stakeholders.
2. Map potential donors and partners.
3. Ensure an extensive and continuous communication and follow up with various stakeholders that demonstrates the effectiveness of SIDC's actions (i.e., position SIDC as a partner to Frontline AIDS and other charities). Transparency and accountability are key.
4. Collaborate with celebrities, public figures, influencers, to further boost the visibility, disseminate messages to a larger audience, and refer people to services.

APPENDICES

Appendix A: In-Depth Interview Guide in English and Arabic

A study of the Social, Legal and Financial Barriers of Key Populations and People Living with HIV while accessing HIV services

Interview Guide

Thank you for agreeing to this interview. My name is _____. I am a researcher working with Soins Infirmiers et Developpement Communautaire where we are conducting a short qualitative study to understand the social, legal and financial barriers faced by Key Populations and People Living with HIV in Lebanon. The purpose of this study is to explore the perceptions and experiences of key populations and People Living with HIV while accessing HIV-related services.

Your participation in this research is entirely voluntary. You will receive participation fees of 40,000 L.L. for the time you dedicate to this interview. You will be free to decide not to answer an individual question or even to withdraw from this interview at any time. If it is ok with you, we would like to record this interview. Once the recording is transcribed, all personally identifiable information will be deleted and the remaining data will be anonymous. The data will be kept in a locked file and only authorized research personnel will have access to this data. Your first and last names will not appear on any of the reports or analyses. This interview is expected to last about an hour or an hour and a half. I will be asking questions about your experience with accessing HIV services.

Do you have any questions before we begin? Do you agree to participate? Yes/No
Do you agree to have the interview recorded? Yes/No

Building Rapport Question:

1. What are the rights of key population and people living with HIV?
2. How are these rights accessed in Lebanon?

Available Services:

3. What are the HIV-related services you know about?
4. (If participant is aware of a service), what do you think about the service? *Facilitator to probe about service quality, service provider, personnel's interaction with key populations and people living with HIV, cost of the service, etc.*
5. (If participant is not aware of a service), why aren't there any services?
6. What are the HIV-related services you had access to?
7. (If participant accessed), what did you think about the service? *Facilitator to probe about service quality, service provider, personnel's interaction with key populations and people living with HIV, cost of the service, etc.*
8. (If participant did not access), why did you not access any service? *Facilitator to probe further and try to cover possible social, financial and legal barriers*
9. In your opinion, what are important services that key populations need?
10. In your opinion, what are important services that people living with HIV need?

Barriers to Accessing Services:

I will mention reasons indicated in other countries where these barriers affect key populations and people living with HIV to access HIV services. For each, can you tell me its relevance in Lebanon and share personal experiences if you wish.

1. Lack of transportation to reach the service.
2. Presence of legal barriers that do not allow to reach the service.
3. Lack of qualified personnel at the service location.
4. Lack of support groups for key populations or people living with HIV.
5. Lack of adequate and affordable housing.
6. Lack of understanding work environment for key populations and people living with HIV.
7. Lack of employment opportunities for key populations and people living with HIV.
8. Long distance to service facility/provider.
9. Community stigma against key populations and people living with HIV.
10. Lack of professionals who are trained and competent in HIV.
11. Lack of privacy in private and public service delivery settings.
12. Level of knowledge about HIV in community.
13. Personal knowledge about HIV.
14. Cultural/religious beliefs around HIV.
15. Personal financial resources.

Closure:

Thank you for the time you provided. Would you like to add anything?

دراسة للعوائق الاجتماعية والقانونية والمالية التي تحول دون وصول فئات السكان المعنية إلى الخدمات المتعلقة بفيروس نقص المناعة البشرية في لبنان
ضمن برنامج "استدامة خدمات فيروس نقص المناعة البشرية لفئات السكان المعنية في منطقة الشرق الأوسط وشمال إفريقيا"

دليل المقابلة

شكرا لموافقتك على هذه المقابلة. اسمي _____. أنا باحث أعمل مع جمعية العناية الصحية Soins Infirmiers et Developpement Communautaire حيث نجري دراسة نوعية لفهم تحديات وتجارب فئات السكان المعنية والأشخاص المتعايشين مع فيروس نقص المناعة البشرية في لبنان والعوائق الاجتماعية والقانونية والمالية التي تحول دون وصولهم الى حقوقهم الصحية وفرص العمل والتعليم بالاضافة الى الخدمات المتعلقة بفيروس نقص المناعة البشرية.

مشاركتك في هذا البحث طوعية تمامًا. سوف تتلقى/ين مبلغ وقدره 40,000 ليرة لبنانية كرسم المشاركة عن الوقت الذي تخصصه/ينه لهذه المقابلة. سيكون لك الحرية في عدم الإجابة على أي سؤال أو حتى الانسحاب من هذه المقابلة في أي وقت. إذا كنت موافق/ة، نود تسجيل هذه المقابلة. بمجرد نسخ التسجيل، سيتم حذف جميع معلومات تحديد الهوية الشخصية وستكون البيانات المتبقية مجهولة المصدر. سيتم الاحتفاظ بالبيانات في ملف مقفل ولن يتمكن من الوصول إلى هذه البيانات إلا أفراد البحث المصرح لهم. ستبقى هويتك مجهولة بحيث انه لن يظهر اسمك الأول والأخير في أي من التقارير أو التحليلات. من المتوقع أن تستمر هذه المقابلة حوالي ساعة.

هل لديك أي أسئلة قبل البدء؟ هل توافق/ين على المشاركة؟ نعم / لا

هل توافق/ين على تسجيل المقابلة؟ نعم / لا

<u>سؤال بناء علاقة:</u>

1. ما هي حقوق فئات السكان المعنية والأشخاص المتعايشين مع فيروس نقص المناعة البشرية؟
2. كيف يتم الوصول إلى هذه الحقوق في لبنان؟

<u>الخدمات المتاحة:</u>

3. ما هي الخدمات المتعلقة بفيروس نقص المناعة البشرية التي تعرف/ين عنها؟
4. (إذا كان/ت المشارك/ة على علم بالخدمة)، ما رأيك في الخدمة؟ يقوم الميسر بالتحقيق حول جودة الخدمة، ومقدم الخدمة، وتفاعل الموظفين مع فئات السكان المعنية والأشخاص المتعايشين مع فيروس نقص المناعة البشرية، وتكلفة الخدمة، إلخ.
5. (إذا لم يكن/تكن المشارك/ة على علم بالخدمة)، فلماذا لا توجد أية خدمات؟
6. ما هي الخدمات المتعلقة بفيروس نقص المناعة البشرية التي حصلت عليها؟
7. (في حال حصول المشارك/ة بالخدمة)، ما رأيك بالخدمة؟ يقوم الميسر بالتحقيق حول جودة الخدمة، ومقدم الخدمة، وتفاعل الموظفين مع فئات السكان المعنية والأشخاص المتعايشين مع فيروس نقص المناعة البشرية، وتكلفة الخدمة، إلخ.

8. (إذا لم يتمكن/تتمكن المشارك/ة من الحصول على الخدمة)، فلماذا لم تصل/ي إلى أية خدمة؟ يقوم الميسر بإجراء المزيد من التحقيقات ومحاولة تغطية العوائق الاجتماعية والمالية والقانونية المحتملة
9. برأيك، ما هي الخدمات الهامة التي تحتاجها فئات السكان المعنية؟
10. برأيك ، ما هي الخدمات الهامة التي يحتاجها الأشخاص المتعايشين مع فيروس نقص المناعة البشرية؟

<u>عوائق الوصول إلى الخدمات:</u>

سأذكر الأسباب المشار إليها في بلدان أخرى حيث تؤثر هذه الحواجز على فئات السكان المعنية والأشخاص المتعايشين مع فيروس نقص المناعة البشرية للوصول إلى خدمات فيروس نقص المناعة البشرية. هل يمكن أن تخبرني/تخبريني عن أهمية كل سبب في لبنان وتبادل الخبرات الشخصية إذا كنت ترغب/ين في ذلك.

1. قلة المواصلات للوصول إلى الخدمة.
2. وجود عوائق قانونية تحول دون تلقي الخدمة.
3. نقص في الموظفين المؤهلين في موقع الخدمة.
4. عدم وجود مجموعات دعم أو عدم وجود منظومة ومنها مجتمع محلي داعم مثل البلديات لفئات السكان المعنية أو الأشخاص المتعايشين مع فيروس نقص المناعة البشرية.
5. عدم وجود سكن لائق وميسور التكلفة.
6. عدم فهم بيئة العمل لفئات السكان المعنية والأشخاص المتعايشين مع فيروس نقص المناعة البشرية.
7. عدم وجود فرص عمل لفئات السكان المعنية والأشخاص المتعايشين مع فيروس نقص المناعة البشرية.
8. المسافة الطويلة للوصول الى مرفق / مزود الخدمة.
9. الوصمة الاجتماعية ضد الأشخاص المهمشة والأشخاص المتعايشين مع فيروس نقص المناعة البشرية.
10. نقص المهنيين الكفوئين والمدربين على المواضيع المتعلّقة بفيروس نقص المناعة البشرية.
11. نقص الخصوصية في الادارات والنظام الحكومي والخاص.
12. مستوى المعرفة بفيروس نقص المناعة البشرية في المجتمع.
13. المعرفة الشخصية بفيروس نقص المناعة البشرية.
14. المعتقدات الثقافية / الدينية حول فيروس نقص المناعة البشرية
15. الموارد المالية الشخصية.

<u>إنهاء المقابلة</u>

شكرا لك على الوقت الذي قدمته/قدمتيه. هل تريد/ين إضافة أي شيء؟