

UNAIDS 2024

Results in Middle East and North Africa

2022-2023 Regional report

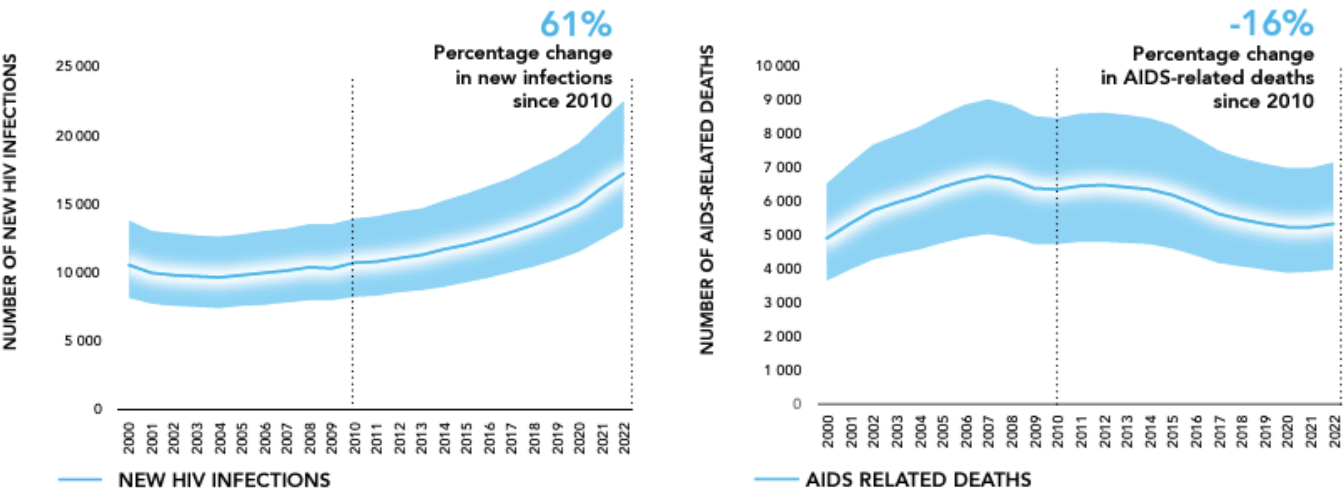
Results in Middle East and North Africa

7 countries with Joint UN Plans aligned to national priorities and the Global AIDS Strategy

Total expenditures and encumbrances¹ of the Joint Programme (Cosponsors and Secretariat) in 2022–2023: **US\$ 35 million**

Progress towards saving lives

Number of new HIV infections and AIDS-related deaths, Middle East and North Africa, 2000–2022



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

Selected UBRAF indicators progress in 2023

- **5** countries received support to scale up combination HIV prevention programmes.
- **3** countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- **4** countries received support for incorporating and expanding community-led HIV responses.
- **2** countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- **1** country received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.
- **1** country has developed and report implementation of measures advancing full and sustainable HIV financing.
- **3** countries implement interventions/services for key populations in humanitarian settings.

¹ For more information on budget implementation breakdown, please see the executive summary of the 2022–2023 Performance Monitoring Report.

Overview

Through policy guidance, partnerships, advocacy, capacity building and technical assistance, the Joint Programme provided strategic support to advance the HIV response in the Middle East and North Africa region. The 2022–2023 biennium saw important progress in HIV prevention and testing, especially among people in prisons and people who use drugs, though major gaps remain.

Access to PrEP, opioid agonist therapy and HIV self-testing continues to expand across the region. Communities of key populations and vulnerable people are being mobilized and empowered to advocate more effectively for their rights and to deliver essential services, including in humanitarian settings. In challenging contexts, thousands of refugees, asylum seekers, displaced persons and people from host communities were receiving SRH and HIV information and services. The Joint Programme also worked closely with governments and communities to ensure treatment access and adherence for people living with HIV was sustained despite conflict and other disruptions.

UBRAF Outcome 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

Significant progress was made in 2022–2023 towards reaching vulnerable and key populations with HIV prevention, testing and treatment services. Notably, HIV and harm reduction programmes expanded for people in prison, refugees and people who use drugs. A needs assessment among people in closed settings resulted in expanded access to comprehensive prison-based health-care services in Egypt, Morocco, the Sudan and Tunisia. HIV, hepatitis B and C and syphilis prevention and treatment services in prisons reached over 22 000 people in 2022. In addition, 10 000 individuals at risk, including released inmates, their families and other key populations, were screened for those infections and were provided with access to other outreach services. An estimated 97 000 people at high risk of HIV, including former inmates, were also immunized against hepatitis B, while 16 000 people were sensitized on HIV prevention, treatment and care, and on other communicable and noncommunicable diseases (UNODC, UNAIDS Secretariat).

In 2022, Algeria joined Egypt, Lebanon and Morocco as countries providing opioid agonist therapy programmes in the region. By June 2023, the roll out of Algeria's programme's had enabled more than 300 people to benefit from methadone maintenance treatment at five centres. In Egypt, the capacity building of 32 opioid agonist therapy providers, development of guidelines and establishment of monitoring and evaluation systems further improved service delivery. In addition, a rapid situation assessment among women who use drugs in Egypt also cast light on substance use among women, associated risks and health service needs (UNODC).

World AIDS Day campaigns in 2022 and 2023, respectively promoting network-based HIV testing and HIV self-testing, promoted expansion of these testing approaches to close the gap towards the first "95" target in the region. Regional orientation workshops on HIV self-testing and PrEP services brought together 30 participants from Egypt, Jordan, Lebanon, the State of Palestine, Syria and Yemen. An HIV self-testing pilot project was successfully rolled out in Egypt, while roll out plans were developed in Syria and Yemen (WHO).

Adoption of new WHO recommendations for HIV, hepatitis and STI interventions was accelerated thanks to technical support and guidance provided by the Joint Programme. Representatives from 10 countries participated in a regional workshop and 15 countries were supported to update their HIV treatment guidelines (WHO).

Oman in 2022 became the first country in the region to receive validation for the elimination of vertical transmission of HIV and syphilis (UNICEF, WHO, UNAIDS Secretariat). Egypt and Iran conducted self-assessments of their progress, while the Joint Programme provided support to the validation efforts of the Kingdom of Saudi Arabia, Kuwait and Qatar, including through the development of national reports (WHO). A regional assessment and roadmap report to identify successes and gaps in advancing the elimination of vertical transmission of HIV, syphilis and Hepatitis B across the region will be published in May 2024 alongside the launch of a capacity building initiative (UNICEF, WHO, UNAIDS Secretariat).

UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

The Joint Programme continued to advocate for the empowerment of communities and the fulfilment of their human rights. Several advocacy workshops on human rights and gender mobilized religious leaders, security personnel and government officials to act to reduce HIV-related stigma and discrimination and improve people's access to HIV services (IOM).

Egypt and Djibouti started preparatory work to roll out the country's first Stigma Index study, which will be implemented in 2024 with the Joint Programme's support. Results will be used to raise awareness about HIV-related stigma and discrimination and to support community-led research and monitoring of human rights violations (UNDP, UNAIDS Secretariat). A desk review of existing laws and policies affecting the HIV response in Egypt also informed capacity building of civil society organizations on human rights-based programming and legal literacy (UNDP, UNAIDS Secretariat).

NAWARA—a region-wide network to support the needs of vulnerable women, such as sex workers, in the Middle East and North Africa—has developed its first strategic plan thanks to technical support from the Joint Programme. The plan will enable the network and its member organizations from nine countries to review discriminatory laws and policies that increase women and girls' vulnerability to HIV and to conduct advocacy work on those issues (UNDP).

Building the capacity of communities in humanitarian settings was an important aspect of the Joint Programme's work over the biennium. Examples included training for a group of community health workers and peer educators from the refugee community in Algeria on the clinical management of rape and services for survivors of gender-based violence (UNHCR, UNAIDS Secretariat). Regional training also developed the capacity of community-based and nongovernmental organizations to engage in the mpox response and to address overlapping HIV and mpox risks, prevention and care (WHO).

UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

The Global Fund Middle East Response project—implemented since 2017 in Jordan, Lebanon, the State of Palestine, Syria and Yemen—supports national HIV programmes and civil society to scale up HIV prevention, testing and treatment services among key and vulnerable populations, including gay men and other men who have sex with men, female sex workers, people who inject drugs, prisoners and other people in closed settings, migrants, refugees, internally displaced populations and host communities. In 2023, over 63 000 HIV prevention visits with health providers were recorded during which people received HIV and STI information, as well as condoms and lubricants. Almost 44 900 people were tested for HIV, of whom 816 were found to be living with HIV and were provided with antiretroviral therapy by December 2023 (WHO, UNAIDS Secretariat, IOM).

Almost 1400 refugees and asylum seekers in Algeria were reached through community sensitization on SRH and HIV thanks to the Joint Programme's collaboration with civil society and the Algerian Red Crescent organization, while over 300 refugees and asylum seekers received voluntary HIV testing. In addition, advocacy and technical support resulted in the inclusion of refugees and asylum seekers in Algeria's national HIV plan. Over 370 Sudanese people living with HIV were provided with antiretroviral therapy in Egypt, regardless of their residency status (UNHCR, WHO, UNAIDS Secretariat). In Israel, over 2400 asylum seekers benefitted from free and anonymous HIV counselling and testing and information. In addition, 122 asylum seekers living with HIV received antiretroviral therapy as a result of the Joint Programme's support and collaboration with local civil society (UNHCR, UNAIDS Secretariat).

Saving lives amid conflict

Following the outbreak of violence in Sudan in April 2023 and the subsequent mass population displacement, coordinated action helped to ensure the uninterrupted provision of life-saving antiretroviral treatment services to people living with HIV. UNDP and the UNAIDS Secretariat worked closely with the national network of people living with HIV and Sudan's Ministry of Health to identify new locations where displaced people were living with HIV and to review antiretroviral drug stocks and availability in treatment centres across all states. This coordinated effort helped sustain treatment adherence for people living with HIV and save lives amidst the conflict.

An assessment was also conducted to identify human rights barriers to the HIV response during the conflict. The findings brought to light high rates of gender-based violence affecting women and girls in Sudan, underscoring the need to enhance the capacity of health-care providers to provide essential health services such as post-exposure prophylaxis, post-rape care and psychosocial support for survivors of gender-based violence.

Despite war, displacement and famine, unsung heroes from communities, government and partners have found a way to continue collaborating to uphold the HIV response and [protect people living with and affected by HIV amidst conflict and famine](#).

An HIV and social protection assessment rolled out in 2022 in Somalia led to strengthened HIV sensitivity in the national social protection mechanism, thanks to advocacy and support from the Joint Programme (World Bank). A consultation was also conducted to review the “social protection checklist” in Somaliland and further identify opportunities for partnerships between the National AIDS Commission, national ministries, the network of people living with HIV, civil society organizations and donors to strengthen social protection in the semi-autonomous region (UNDP, UNICEF, WFP).

The Joint Programme provided important assistance for the mobilization of external and domestic funding to improve the sustainability of the HIV response in the region, including by supporting the development of funding requests from Egypt and Sudan to the Global Fund, as well as by undertaking preliminary comprehensive programme reviews and needs assessments (UNDP).

Development of social contracting guidelines in Algeria, Morocco and Tunisia helped mobilize domestic funding and strengthened partnerships between governments and civil society for expanded HIV service delivery. The Joint Programme also provided technical support to Morocco and Tunisia for the development of “HIV social return on investment” case studies, highlighting the benefits of governments-civil society partnership to uphold the rights and serve the needs of key populations (UNDP).

Stronger evidence-based programming was implemented through integrated biological and behavioural studies in Egypt, Jordan, Lebanon and Pakistan, following capacity building initiatives that were held in Egypt and Sudan (UNICEF, WHO, IOM). In response to a rise in new HIV infections, a programme review and presurveillance assessment were carried out in Iraq, with support to address gaps and enhance surveillance. Additionally, programme reviews were conducted in Jordan, Lebanon, Palestine, Syria and Yemen as part of the Global Fund MER application (WHO, UNAIDS Secretariat, IOM).

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