

# HIV in the Middle East and North Africa 2013 - 2015



Together for a  
Fast-Track Response





## Executive Summary

### The HIV Epidemic in MENA

The UNAIDS Middle East and North Africa (MENA) region includes 21 countries<sup>1</sup> that are home to 445 million people. The region has one of the youngest populations in the world, with around 300 million people aged 15-39, of whom 42 million are aged between 15 and 19 years old.

The region represents wide diversity in terms of social and economic development and political stability. MENA is also the setting for several humanitarian crises, both recent and protracted, the repercussions of which have been felt throughout the region in terms of massive displacement of people, within and between countries, and the consequent strains on resources and services.

The overall adult HIV prevalence in the region is estimated to be 0.1 per cent, with an estimated number of 240 000 [150 000 – 320 000] adults and children living with HIV by the end of 2014. Six countries (**Iran, Sudan, Somalia, Morocco, Algeria and Djibouti**) are home to 90 per cent of all people living with HIV in the region.

While the number of new infections increased by 16 per cent from 19 000 in 2005 to 22 000 in 2014, the *rate of increase* of new infections is slowing. Previous reports have highlighted the fact that within the MENA region there are *several* HIV epidemics occurring simultaneously. As a result, the trajectory of new infections varies throughout the region, with numbers declining in

some countries, stabilising in others, and increasing in a few.

Similarly with AIDS deaths, the regional total by 2014 has increased from 7500 in 2005 to 12,000, with 90 per cent of these occurring in five countries (**Iran, Sudan, Somalia, Morocco and Djibouti**). Some countries have seen doubling and even tripling of the number of estimated AIDS deaths in the past ten years, while in others it has decreased.

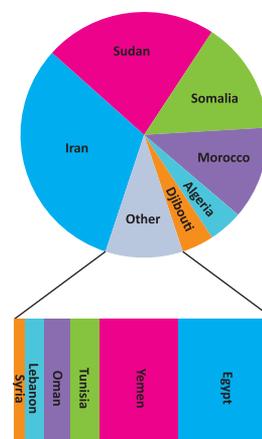
Significant numbers of people in the region are still left behind in terms of treatment and prevention. In too many countries, stigma, discrimination and human rights violations constitute significant barriers to progress.

### Political, policy and programmatic achievements

The challenges facing the region as it addresses HIV and AIDS are significant. Nonetheless, there has been significant progress in advancing political leadership, improving the policy environment and programming focus and scale-up.

The political leadership of the **League of Arab States** and UNAIDS, has resulted in the development and endorsement of the *Arab AIDS Strategy* in March 2014 and the **Council of Arab Health Ministers** following up the implementation of the Strategy in all Member States in February 2015. This leadership is also clearly reflected in the *Algiers Call for Action on Advancing gender equality and the HIV response* that followed the **High Level Meeting of Women Leaders in MENA**, held

### PLHIV in 2014



**In 2014, more than 60% of all adult new infections were among key populations, of that figures, 57% among PWID, 27% among MSM and 16% among FSW.**

**The leadership role of League of Arab States and the Council of Arab Health Ministers is key in fast-tracking HIV response in the region.**

<sup>1</sup> The MENA region, by UNAIDS definition, includes Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen.



**Djibouti is the first country ratifying the Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV.**

jointly by the Leagues, UNAIDS, UN Women and the Government of Algeria in November 2014.

The ratification of the *Arab Convention on Preventing HIV and Protecting the Right of PLHIV*, adopted by the Arab Parliament in 2012, took a decisive turn when Djibouti became the first Arab country to ratify in October 2015.

**Civil Society networks at the regional level and country level are now an important partner in HIV leadership and response.**

In an unprecedented step for civil society in MENA, the **Regional Arab Network against AIDS (RANAA)** signed a Memorandum of Agreement in December 2015 with the League of Arab States on the role of civil society in the implementation of the Arab AIDS Strategy. This represents the first partnership within the region between civil society and such a significant intergovernmental body.

A regional dialogue took place in Cairo in October 2015 to mobilize political leadership and partnerships for a resilient HIV response for affected countries in MENA in order to achieve the fast-track targets by 2020 and to address the emerging priorities in rapidly changing regional and local environments. The protection of people affected by humanitarian emergencies, including refugees, asylum seekers and internally displaced people, was identified as a key priority for the region.

Also in January 2015, a group of young leaders working on sexual and reproductive health and rights, harm reduction, and HIV came together to establish a *Regional Alliance for Youth Sexual and Reproductive Health Rights and HIV Advocacy* which will enable advocates throughout MENA to collaborate and ensure that the post-2015 agenda includes consideration of the needs and rights of young people.

**More than 70% of people who inject drugs have used safe injection equipment in Iran, Lebanon, Morocco and Tunisia**

Most of the countries in the region have either updated or are updating their national strategic plans to be aligned with the *Arab AIDS Strategy, 90-90-90* and other Fast-Track targets. Financial support from public and domestic sources comprise the majority of the region's resources, supported by Global Fund grants and support from other global and regional donors. The six GCC countries totally finance their own HIV responses. Algeria and Iran are already financing more than 90 per cent of their own responses. In 2014, of a total regional spend on HIV and AIDS of 140 million US dollars, 100 million came from domestic resources. Over the past two years, 80 million US dollars have been secured for three countries through the GF New Funding Mechanism and concept notes for other countries are in development.

### **Progress on access to HIV prevention services**

In MENA, effective prevention depends upon reaching and engaging meaningfully with key populations. **Iran** and **Morocco** have expanding opioid substitution therapy (OST) programmes at communities and in prisons and **Lebanon** is expanding its community OST programme. Access to sterile injecting equipment through needle and syringe programmes (NSPs) has resulted in safe injection by more than 70 per cent of people who inject drugs in **Iran, Lebanon, Morocco** and **Tunisia**. Access to OST and sterile injecting equipment has to be sustained and rapidly scaled up in major urban centres in all countries throughout the region, and particularly in Algeria, Egypt, Lebanon, Tunisia and the Gulf Cooperation Council countries. Libya, with very high prevalence

of HIV among PWID, needs to identify and implement innovative approaches that can deliver services in a context of ongoing conflict.

Programmes for men who have sex with men in the region have shown impact where services demonstrate respect for beneficiaries' rights and dignity and when civil society and other partners are able to provide focus and saturation. **Lebanon** is an example of such success, with 75 per cent of MSM in Beirut reporting both knowledge of their HIV status and condom use. In **Morocco** and **Tunisia**, coverage by testing and condom use are increasing but have not yet passed 50 per cent. Countries need to scale up good practices that currently have limited scope, overcome the obstacles that prevent access and utilization of HIV combination prevention services (including pre-exposure prophylaxis (PrEP)) by MSM population across the region. Algeria, Egypt, Iran, Sudan and Yemen need to follow the examples of good practices in the region and need to reach sufficient levels of coverage to deliver impact in large cities and urban areas.

Prevention programmes with female sex workers and women engaged in transactional sex across the region also demonstrate success, with several countries reporting high rates of condom use among sex workers. For example, **Algeria** and **Lebanon** report rates in excess of 80 per cent, while **Djibouti**, **Iran**, **Jordan**, **Morocco** and **Tunisia** report rates between 50 to 80 per cent. These results were particularly hard to achieve considering that in most of the countries sex workers are street-based and much more difficult to reach with prevention programmes. Reported access of sex workers to HIV testing in most countries is less than among MSM, with the exception of **Djibouti**. **Lebanon**

offers another example of good coverage, with nearly two-thirds of female sex workers knowing their status. In Algeria, Morocco, Tunisia and Iran, the respective figures are between 20 and 33 per cent. Rights-based, focused interventions have the potential to reverse the trajectory of new infections in the region.

### Progress on elimination of mother to child transmission

Elimination of mother to child transmission of HIV is a particular challenge in HIV epidemics that are characterized by infection occurring mostly among members of key populations and their partners. However, this challenge has not prevented countries in the region from progressing towards elimination. For example, **Oman** and the **United Arab Emirates** have become the first and second countries respectively to integrate their eMTCT programme within maternal and child health services and reach most of their elimination targets. Other GCC Countries, notably **Saudi Arabia** and **Kuwait**, are moving in a similar direction. **Djibouti**, a low-income country, is also progressing towards elimination, through integration of PMTC within antenatal care, while in middle-income countries - **Algeria**, **Iran**, **Morocco** and **Tunisia** - the number of pregnant women tested and knowing their status has increased from more than 120 000, to more than 540 000 in the course of two years (2013 and 2014). **Algeria** and **Tunisia** have both increased the number of pregnant women tested more than twelve-fold. These four countries, with established maternal and child health programmes, have been able to support those who test positive to access effective care.

**In Lebanon, 75% of men who have sex with men know their HIV status**

**In Algeria and Lebanon, more than 80% of sex workers have reported condom use with their last client.**

**Oman and United Arab Emirates are the close to eliminating mother to child transmission in the region. Algeria, Djibouti, Iran, Morocco and Tunisia are moving on that direction.**



Morocco has increased the number of people accessing HIV testing more than 10 times over three years.

The number of people living with HIV accessing ART has increased by more than 60% over the course of two years.

## Progress on access to testing and treatment services

Despite having the lowest level of ART coverage compared to other regions, there is considerable cause for optimism in MENA as the numbers of those tested, and those living with HIV and receiving ART, are expanding rapidly. Countries in the region are also simplifying HIV testing practices, expanding availability of testing beyond health facility settings. Innovative approaches include mobile testing services at accessible locations and provision of testing services by lay providers. Together, these have substantially increased the number of people seeking testing and receiving their results over the

course of the past two years. For example, the number of people tested in **Morocco** in 2014 was ten times more than in 2011. Similar expansion of services has been seen in other countries, such as **Algeria, Egypt, Iran** and **Sudan**. Over the course of only two years (2013-14), the number of people on ART has increased by almost 15 000, a 60 per cent increase region-wide, and a 70 per cent increase in **Algeria, Egypt** and **Yemen**. In **Libya**, despite continuing crises, the number of people on ART has more than doubled in this period. At this rate, MENA can reach to its treatment coverage target by 2020.

## Recommendations and game changers for Fast-Tracking

1. Transformative political leadership: strategic partnership with the League of Arab States can Fast-Track the response by implementing the Arab AIDS Strategy (2014–2020).
2. Legal and policy reform: engaging parliamentarians and promoting the ratification of the Arab Convention on HIV prevention and protection of people living with HIV can significantly alter the landscape in terms of law reform, including abolition of punitive laws and application of broader, positive interpretation of existing laws and policies.
3. Sharpening focus on key populations: transforming HIV testing and treatment through community and private health service delivery, more rigorous referral and linkage to services, especially for members of key populations, and simplifying treatment regimens and service integration.
4. Empowering civil society: further enabling civil society partners, including religious leaders, community and grassroots organizations led by people living with HIV, women and young people, to be central to designing, implementing and monitoring the response.
5. Innovation in data, testing, service delivery and models: well-targeted testing and innovative approaches to delivering treatment, including strategic use of information technology.
6. Fast tracking the response and ambitious goals need **increasing** resources, **sustaining** and **diversifying** them following a strategy of increasing domestic financing and **shared responsibility** and **regional solidarity**.





**UNAIDS** Regional Support Team for the Middle  
East & North Africa

Abdoul Razzak El-Sanhouri Street, 20

Nasr City  
Cairo, Egypt

Tel: (+20) 222765257