

UNAIDS 2020

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# Middle East and North Africa

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**Regional report 2018-2019**



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## Progress towards the Fast-Track priorities and targets

Regional priorities/ targets (by end-2019)	Status	Results (end-2019)
70% of people living with HIV know their HIV status.	• SLOW PROGRESS	By end-2018, only 47% of the estimated 240 000 people living with HIV knew they were HIV-positive.
50% of people living with HIV are receiving ART.	• SLOW PROGRESS	About 79 000 or 32% of people living with HIV were receiving ART in 2018.
At least 80% of people living with HIV achieve viral suppression.	• SLOW PROGRESS	Only 27% of people living with HIV had a suppressed viral load in 2018.
Reduce the annual number of new HIV infections to fewer than 12 000.	• NO PROGRESS	Rising new infections with an estimated 20 000 people acquiring HIV in 2018 (mainly among key populations and their partners).
At least 50% of domestic investment in low- and middle-income countries (from 20% in 2017) to the total resource needs to achieve the fast track targets.	• SLOW PROGRESS	Domestic investment to the total resources required to achieve the fast track targets increased from 20% in 2017 to close to 25% in 2018.  However, the actual domestic resources to the total investment in terms of USD has increased from 48% in 2010 to 77% in 2018.

## Joint Programme contributions and results

**HIV testing and treatment**—*technical support (UNHCR, UNICEF, UNODC, WHO, World Bank, UNAIDS Secretariat, IOM)*

New HIV infections are on the rise in the Middle East and North Africa. The region's HIV epidemic is heavily concentrated among key populations and their sexual partners, and results across the 90–90–90 cascade are well below global averages and the 2020 Fast-Track Targets.

In 2018–2019, more than 66 000 people from key affected and other vulnerable populations were voluntarily tested for HIV in the 4 Middle East Response countries (Jordan, Lebanon, Syria, Yemen). More than 100 000 rapid diagnostic tests were procured and distributed in those countries. About 2700 people living with HIV received ARVs in 2018, increasing to 4645 in 2019 in the 4 Middle East Response countries.

HIV "test-treat-retain" cascade assessments were conducted in Iran, Lebanon and Sudan, providing a clearer picture of the engagement and retention of people living with HIV in care. New guidelines were developed, and treatment and testing were further prioritized in the national strategies and programmes in Iraq and Pakistan, following a full programme review.

The HIV response has been strengthened through delivery of integrated services, where appropriate, and increased access to health and social protection services for people living with HIV and those most at risk of HIV (such as MSM, female sex workers and people who inject drugs) in Djibouti, Egypt and Morocco, following technical support to programmes on multisectoral determinants of health.

Country-specific action plans or roadmaps for the introduction and scale-up of PrEP and HIV self-testing have been produced in 11 countries (Afghanistan, Algeria, Djibouti, Egypt, Iran, Lebanon, Morocco, Pakistan, Sudan, Somalia and Tunisia) after a regional consultation.

National strategies and roadmaps to EMTCT of HIV and syphilis have also been produced for Djibouti, Egypt, Iran and Kuwait, in order to scale up PMTCT interventions, following technical support by the Regional EMTCT Validation Team.

**Combination prevention among vulnerable key populations—*policy advice, technical support (UNHCR, UNODC, WFP, WHO, UNAIDS Secretariat)***

A US\$ 7.5 million Global Fund multicountry grant for sustaining services for key populations has been secured, following technical support to the MENA H Coalition. The grant empowers national CSOs to advocate for domestic HIV financing through strengthening their capacities and governance for possible social contracting and integration of HIV in the broader health and development agenda.

The first-ever HIV, hepatitis B and C and TB prevention, treatment, voluntary confidential counselling and testing services and SRH projects in prisons were implemented in Egypt, Morocco and Tunisia. Since the prison project in Egypt began in February 2019, more than 2000 inmates have been screened for HIV, hepatitis B and C, and TB screening. Over 5500 prisoners were reached with 250 rounds of awareness sessions.

**Stigma and discrimination and gender inequality**—*advocacy, technical support (UNHCR, UNDP, UN Women, UNAIDS Secretariat)*

The Parliaments of Jordan and Lebanon repealed Articles 522 and 308 (legal provisions that protected rapists from punishment if they married their victims) following a 2018 gender justice exercise and national consultations in 20 countries.

The NAWARA Network of Vulnerable Women was created, composed of women from 12 countries. It has conducted analysis and research about the root causes of vulnerabilities of women in the region, including gender-based violence, economic disempowerment and financial exclusion. It also advocates for the improved health and wellbeing of women.

## **Contribution to the integrated SDG agenda**

The Regional Joint Team supported enhanced regional coordination, joint planning and implementation of regional initiatives through the UN Sustainable Development Group (UNSDG) on regional reform initiatives, including the development of the regional knowledge hub, the issue-based coalitions and the organization of the Arab Sustainable Development Forum.

The work of regional Cosponsors on the review and implementation of UBRAF priorities and progress reporting provided opportunities to integrate HIV with the UN Country Team and national agendas. Engagement in the regional fora, such as the migration working group, gender working group and the regional health forum have enabled Joint Team to contribute to the broader SDGs.

## **Challenges and bottlenecks**

Conflict and political instability, as well as a new wave of protests in many countries, continue to push HIV down the list of priorities for governments and donors.

Punitive laws and practices deter those most at risk of HIV from seeking essential services, with increasingly conservative and criminalizing environments in countries across the region restricting the work of CSOs and negatively affecting people living with HIV. There is low availability, access to and coverage of HIV prevention programmes, especially for key populations.

Gender inequality and gender-based violence persist in the region, especially in the most marginalized communities of women and girls. Addressing sexual and reproductive health and rights, and the needs and rights of key populations remain challenges.

Protection concerns are still paramount for populations affected by humanitarian emergencies who are living with and affected by HIV, and mandatory testing for HIV continues to occur. Reaching populations such as refugees and asylum seekers in urban settings is also a challenge, due to limited data and punitive laws in some countries, which drive these populations underground and prevent them from seeking assistance.

Significant gaps in the treatment cascade need to be addressed if countries in this region are to meet the UNAIDS 90–90–90 Fast-Track Targets.

Availability of age- and sex-disaggregated strategic information on the HIV situation among adolescents and young people remains limited. Data on sizes and HIV prevalence among key populations in many countries are also scarce.

## **Key future actions**

Mobilize partnership to develop the new UNAIDS Strategy's regional priorities and update the Arab AIDS Strategy to address gaps in prevention and treatment provision. Collaborate with regional bodies, such as the League of Arab States, to accelerate the HIV response. Strengthen support to countries to scale-up quality ART services and improve retention in care; support the use updated guidelines, enhance country capacities for cascade assessment and monitoring, and assist in improving procurement and supply management and monitoring of HIV drug resistance in Djibouti, Egypt, Iran, Morocco and Sudan.

Provide technical support for Global Fund funding requests and implementation in eligible countries, including the provision of essential HIV services in countries affected by humanitarian emergencies.

Continue protection efforts for displaced people living with HIV, including advocacy to end mandatory testing for HIV, and psychosocial and nutritional support. Scale up efforts to reach key populations in humanitarian settings.

Enhance the role of communities within the framework of the regional multicountry grant on sustaining services for key populations.

Provide financial and technical support to priority countries implementing PrEP and HIV self-testing action plans.

Expand comprehensive harm reduction, and integrate health service delivery platforms, including community-based services.

Support the generation and use of strategic information including new estimates, the GAM, the Stigma Index and scorecards.

Mobilize financial and technical resources to five countries (Algeria, Egypt, Morocco, Sudan and Tunisia) for the implementation of gender assessments, integration of gender-based violence in HIV programmes and empowerment of women in all their diversity for gender-responsive national HIV strategies.





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