

UNAIDS 2021

Middle East and North Africa

Regional report 2020

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Progress towards the Fast-Track targets

Regional priorities/ targets (by end of 2021)	Status	Results (by end of 2020)
<p>By 2021, 90% of people living with HIV know their status, >70% are on treatment and >80% are virally suppressed.</p> <p>eMTCT certified in four countries: 95% testing and 90% treatment coverage among pregnant women in 10 countries.</p>	<p>SLOW PROGRESS</p>	<p>The 2020 targets were missed by a wide margin: 52% of people living with HIV knew their HIV status, 38% were receiving HIV treatment, 32% were virally suppressed. Access to testing and treatment services is improving in some countries, such as Algeria and Morocco, but service coverage in the region remains among the lowest in the world.</p> <p>Only 30% of HIV-positive pregnant women received ART to prevent vertical transmission (2020 Global AIDS Update).</p>
<p>Reduction in new HIV infections to fewer than 10 000 by 2021.</p>	<p>NO PROGRESS</p>	<p>The HIV epidemic is still growing. The estimated 20 000 new infections in 2019 marked a 25% increase since 2010. Around 97% of new infections were among key populations and their partners (2020 Global AIDS Update).</p>
<p>80% of displaced people, refugees and migrants living in countries affected by humanitarian emergencies have access to essential HIV services.</p>	<p>SLOW PROGRESS</p>	<p>Access to essential services in countries affected by humanitarian emergencies remains very low (e.g. adult ART coverage is 41% in Syria and 24% in Yemen; child ART coverage is 43% in Yemen and 17% in Somalia) (GAM 2020).</p>
<p>At least 80% of people living with HIV, key populations, and vulnerable women and girls enjoy stigma-free access to health and justice services.</p>	<p>SLOW PROGRESS</p>	<p>HIV-related stigma and discrimination continues to be a barrier: in surveys, 55%–80% of people in the region exhibited discriminatory attitudes towards people living with HIV (2020 Global AIDS Update).</p>

<p>At least 60% of the resources for national HIV response are from domestic investment in low- and middle-income countries (from 20%).</p>	<p>SLOW PROGRESS</p>	<p>Domestic funding accounted for 77% of total HIV financing in 2019. The HIV resource availability from domestic sources increased by 28% from 2010 to 2019, while external funding decreased. Overall HIV funding is still very low and in 2019 amounted to 19% of the 2020 target (2020 Global AIDS Update).</p>
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Joint Programme contributions and results in 2020

Testing and Treatment—*technical support; partnerships (UNICEF, WHO, World Bank, UNAIDS Secretariat)*

Many countries revised their ART guidelines (including Egypt, Iraq and Sudan) and implemented MMD (e.g. Algeria, Djibouti, Egypt, Iran [Islamic Republic of], Morocco, Sudan and Tunisia). Other initiatives included differentiated service delivery, use of digital platforms, involvement of CSOs and courier distribution of medicines. A "Search and Rescue" treatment data review was launched in Sudan to identify people living with HIV who had been lost-to-follow-up, working with community organizations to find and relink them to treatment. HIV self-testing was supported in Iran, Lebanon and Morocco, and viral load testing using GeneXpert was supported in Lebanon. Three countries (Egypt, Iraq and Sudan) received support to update testing guidelines, while Egypt also benefitted from online ART training for 16 health-care workers covering 10 ART sites.

PMTCT coverage in the region is among the lowest worldwide; eMTCT validation was initiated in Oman and Qatar, and eMTCT integration into maternal and child health was enhanced in Algeria and Iran.

Programmes on multisectoral health determinants led to institutional development for the HIV response, strengthening delivery of integrated services and increasing access to health and social protection services of people living with HIV and those most at risk. For example, in Djibouti, 613 beneficiaries received nutritional support and vouchers, while 1,200 HIV-affected households benefited from the cash-based transfers; over 400 400 received essential health, nutrition, and population services, including 293 300 women.

HIV Prevention—*capacity building; technical support; partnerships (WFP, UNDP, UNFPA, UNODC, World Bank, UNAIDS Secretariat)*

The HIV epidemic is still growing in this region, mostly among key populations and their sex partners. With support from the regional Joint Team, mapping and documentation of community response best practices were initiated in six countries (Algeria, Djibouti, Egypt, Morocco, Sudan, Tunisia), and support was provided to initiate/scale up PrEP programmes for key populations in Lebanon and Tunisia.

Prevention initiatives in prisons have been expanded. For example, a prison health project supporting 16 000 prisoners (including 7,000 females) in Egypt, 7,000 prisoners in Morocco and 9,000 in Tunisia has been extended to Algeria and Sudan (3,000 prisoners). The project has delivered counselling sessions for 2,000 male and 1,300 female prisoners on prevention and care of communicable disease in closed settings. Under the regional project, more than 60 000 prisoners have access to HIV prevention and care services. A minimum package of health services was developed in Egypt and a national harm-reduction strategy for prisons and the community was developed in Tunisia. Over 10 000 prisoners were screened for HIV and viral hepatitis, and 4,000 screened for TB.

Research-informed mapping of country policies and programmes and their links to prevention is available for implementers to guide scale up efforts—for instance, on best practices for replicating or scaling comprehensive sexuality education programmes in the Arab States and the development of youth-friendly digital prevention services, such as "MINASSATI" and "Shabab IT".

HIV services for refugees, migrants and internally-displaced persons—*advocacy; technical support (UNHCR, UNAIDS Secretariat, IOM)*

HIV care services were supported for refugees, asylum seekers and populations affected by humanitarian emergencies in Algeria, Djibouti, Egypt, Iran, Jordan, Lebanon, Libya, Morocco, Sudan, and Yemen, including health services, PrEP and VCT. In Yemen, more than 28 500 refugees received sensitization on HIV and sexual and gender-based violence, and 7,900 refugees were reached with harm reduction activities in Iran. Advocacy work promoted the inclusion of refugees and asylum seekers in national policies, strategies and plans (e.g. in the revision of the national HIV plan in Algeria).

Gender inequality, gender-based violence and human rights—*coordination; technical support (UNHCR, WHO, UNAIDS Secretariat)*

Support was provided to strengthen projects on sexual and gender-based violence, including the provision of medical and psychosocial care, as well as legal services for survivors of sexual assault. A protection hotline was set up for women in Morocco, while vulnerable

female-headed households in Israel were supported through a multipurpose cash assistance project.

The Stigma Index 2 was conducted in Iran and is ongoing in Tunisia. Additionally, recommendations from the Legal Environment Assessment were integrated into the revised national strategic plans and Global Fund funding requests of Somalia and Sudan, contributing to the lifting of HIV-related travel restrictions. A strategy was developed for mainstreaming HIV and human rights into the Sudanese legal and regulatory framework, and work was carried out in Iran to draft an antidiscrimination law and to establish a platform to monitor human rights violations.

Sustainability of the response—*technical support; advocacy (UNICEF, UNDP, UNODC, WHO, UNAIDS Secretariat)*

Successful applications were made to the Global Fund for Djibouti, Iran, Morocco, Somalia and Sudan, providing significant support for treatment and testing. The Grant Advisory Board was established to provide oversight role to the Regional Multi-country grant on sustaining services for key populations, and technical assistance was provided for continuation of the US\$ 7.5 million Middle East and North Africa multicountry grant.

The regional Joint Team supported the development of national strategic plans in Djibouti, Iraq, Somalia and Syria, with proper prioritization to guide domestic investment and integration of HIV in UHC and health system development efforts. At country level, the Joint Teams continued to advocate for more domestic investment for national strategic plan implementation.

Advocacy efforts for the provision of psychosocial support and the inclusion of vulnerable populations in social protection programmes were stepped up in Egypt, Morocco and Somalia, including during the COVID-19 pandemic.

Contribution to the COVID-19 response (*WFP, UNDP, UNFPA, UNODC, WHO, UNAIDS Secretariat, IOM*)

Regional and country needs-assessments among people living with HIV and reviews of HIV services were rolled out. Work was carried out to protect HIV services through Global Fund grants, including through the procurement of personal protective equipment, medical equipment and the provision of training on COVID-19 for health-care workers. Personal protective equipment was distributed to prison staff, prisoners, and at-risk populations in Algeria, Egypt, Morocco, Palestine, Sudan and Tunisia.

Support was provided for implementing MMD in 10 countries and for addressing stock-outs in Iraq, Lebanon and Syria. The regional Joint Team supported access to ARVs for people who had been stranded across the region. For instance, civil society partners in Egypt successfully negotiated a three-month ARV supply for women who use drugs and female sex workers who are living with HIV, to minimize COVID-19 risk and support adherence to HIV treatment.

The social safety net was extended to 2 million vulnerable temporary workers and 160 000 poor or vulnerable families in Egypt, while a technology and skills transfer programme for manufacturing simple personal protective equipment was supported in Djibouti.

Regional networks providing COVID-19 information to the LGBTI community were supported, and regional guidance was issued on the role of youth in mitigating COVID-19 impact. The regional Joint Team also continued to promote gender equality within the COVID-19 response, with a focus on the protection of women living with HIV. For instance, during the "16 Days" campaign in Morocco, the Joint Team developed thematic briefs focusing on the COVID-19 impact on various groups of women, including survivors of forced and early marriage, rural women, and refugee women. These were shared with the media and disseminated on social networks (574 000 people reached on Facebook and 459 000 on Twitter).

Contribution to the integrated SDG agenda (*WHO, UNAIDS Secretariat*)

The Joint Team joined the Regional Health Forum in implementing the Global Action Plan to support countries to accelerate progress towards the health-related SDGs in the region, including by supporting the development and launching of an online training course to help ensure that primary health care is fully integrated into each country's COVID-19 response.

Access to health and social protection has been supported for people living with HIV and those most at risk. Projects in Djibouti, Egypt and Morocco focused especially on the needs of adolescent girls, women and children, via increased access to health services, nutrition support and integration in national social protection programmes.

Challenges and bottlenecks

The main challenge faced in 2020 was the impact of COVID-19 and extended lockdowns on implementing programmes and sustaining comprehensive HIV services, especially in countries affected by humanitarian emergencies. Although many countries provided some socioeconomic support, people living with HIV, women and key populations did not always

benefit, due to stigma and discrimination, and a lack of understanding of the multiple hardships these populations experience.

The Middle East and North Africa fell far short of the Fast-Track targets for 2020. While some countries (e.g. Algeria and Morocco) have made good progress, others (e.g. Iran, Somalia and Sudan) lag far behind. Stigma, discrimination, limited domestic investments, punitive laws, limited civic space for CSOs, and humanitarian emergencies are the key challenges affecting the HIV response in the region.

The concentration of HIV infections among key populations and their limited access to services remain major challenges for national programmes. Some countries have gradually expanded the reach of services through empowerment and engagement of CSOs in service delivery. However, homosexuality, sex work and drug use continue to be stigmatized and criminalized. More than one third of new HIV infections in the region are associated with injecting drug use. A few countries (e.g. Iran, Lebanon and Morocco) have incorporated harm-reduction strategies in their national HIV frameworks, but access to such services is still rare across the region. Very limited access to HIV prevention, testing and treatment services in prison settings poses another challenge.

Protection concerns are still paramount for populations affected by humanitarian emergencies. Mandatory testing for HIV still occurs, with cases reported in at least two countries during 2020. In a number of countries, foreigners who are HIV-positive, including refugees and asylum seekers, are subject to deportation.

Gender inequality and stigma and discrimination are important social and structural barriers affecting accessibility to HIV services. Women also face violence and abuse, which hampers their ability to protect themselves and others from HIV infection or to live healthy lives with HIV infection, including in the context of humanitarian emergencies.

While some countries have made progress in generating and using timely strategic information, increased investment is needed to fill large gaps in the generation and use of data for guiding policies and programmes.

Key future actions

The Joint Programme will support countries and mobilize political leadership to implement the Global AIDS Strategy and the 2021 Political Declaration, including by updating national strategic plans and mobilizing increased domestic and external funding. The focus will be on strategic regional priorities: scaled-up services, generation and use of strategic information, community-led responses, and rights-based and gender-responsive programmes, including in countries affected by humanitarian emergencies.

UNAIDS will continue to work to narrow gaps in testing and treatment, including by revising guidelines, treatment cascade analyses, tracking disengagement from ART through community engagement, and using the "Search and Rescue" initiative. It will launch a surge-testing initiative to diversify testing approaches to scale up and increase the efficiency and expansion of differentiated service delivery models. It will also support the integration of people living with HIV in social protection programmes and other relevant initiatives at policy, programme and population levels.

UNAIDS will continue to support the development of funding requests, including the Global Fund Middle-East Response Funding Request, to provide essential HIV services in countries affected by humanitarian emergencies, a multicountry grant for sustaining services for key populations, and new Global Fund funding requests for Egypt and Tunisia to address critical gaps in the HIV response.

Protection efforts for displaced people living with HIV will be strengthened, including by advocating for an end to mandatory testing for HIV, as well as by working with partners to address national policies and laws that hinder HIV services.

The youth platform and youth digital tool will be launched, and the Arab Youth Charter will be disseminated. The Joint Programme will organize regional, youth-focused events around knowledge products such as HIV country profiles and comprehensive sexuality education. It will also conduct a regional assessment on youth-friendly services.

Support will be provided for an expanded PrEP roll-out in priority countries (Algeria, Djibouti, Iran, Lebanon, Morocco, Sudan and Tunisia) and for expanded harm reduction programmes in Egypt, Tunisia, Sudan and Algeria, including for female drug users, spouses of males injecting drugs and female prisoners.

Collaboration as a Joint Team will be strengthened to gather strategic information on gender, human rights, sexual and reproductive health and rights, and HIV for national strategic planning/budgeting and funding processes. This will be done through gender assessments, stigma index studies and legal environment assessments, while data systems will be strengthened by supporting electronic data collection and automated data analysis/visualization dashboards.

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