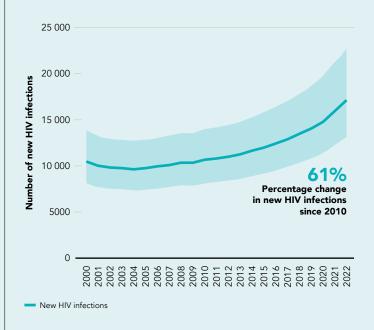
Middle East and North Africa

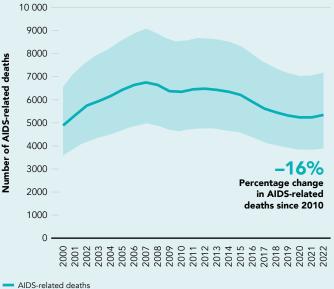


The Middle East and North Africa faces significant challenges in achieving the 2025 HIV targets. While having the lowest HIV prevalence in the world, the Middle East and North Africa is one of few regions where new HIV infections are increasing at a rapid rate. Concerted action is needed to reverse current epidemic trends, avert HIV outbreaks and reach prevention and treatment targets.

The region has the lowest HIV treatment coverage globally (50%), with delayed HIV diagnoses contributing to poor HIV outcomes and a comparatively slow decline in AIDS-related deaths (Figure 9.1). In 2022, only 67% of people living with HIV knew their HIV-positive status, and an even smaller percentage had access to treatment (50%), with treatment coverage lowest among women (49%) (Figure 9.2). Only 34% of children living with HIV were on treatment in 2022.

Figure 9.1 Number of annual new HIV infections and AIDS-related deaths, Middle East and North Africa, 2000–2022





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

2022 DATA

- 61% increase in new HIV infections since 2010
- 16% decrease in AIDS-related deaths since 2010
- People living with HIV: 190 000 [160 000-220 000]
- New HIV infections: 17 000 [13 000-23 000]
- AIDS-related deaths: 5300 [4000-7100]

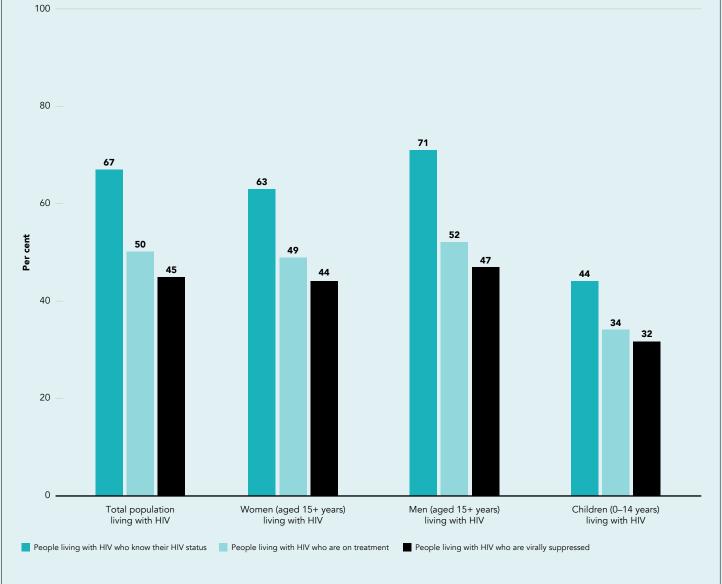
Testing and treatment cascade (all ages):

- % of people living with HIV who know their HIV status: 67 [58-79]
- % of people living with HIV who are on treatment: 50 [43-59]
- % of people living with HIV who are virally suppressed: 45 [39-53]

Financing of the HIV response:

• Resource availability for HIV: US\$ 200 million [82% gap to meet the 2025 target]

Figure 9.2 HIV testing and treatment cascade, by age and sex, Middle East and North Africa, 2022

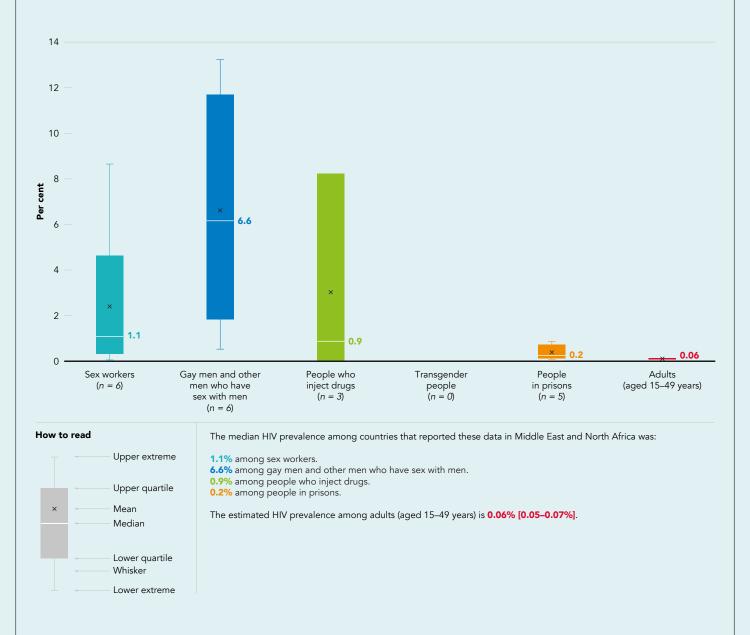


Source: UNAIDS special analysis of epidemiological estimates, 2023.

Marginalized and criminalized populations bear the brunt of the HIV epidemic in the region, and accounted for the majority of new HIV infections in 2022. Regional median HIV prevalence is 6.6% among gay men and other men who have sex with men (data from six countries), 1.1% among sex workers (data from six countries) and 0.9% among people who inject drugs (data from three countries) (Figure 9.3).

A lack of political will, limited funding, inadequate data, and severe stigma and discrimination towards people from key populations present major barriers, which are further compounded by ongoing conflicts and humanitarian crises in many countries in the region.

Figure 9.3 HIV prevalence among key populations compared with adults (aged 15–49 years), reporting countries in Middle East and North Africa, 2018–2022



Sources: UNAIDS Global AIDS Monitoring, 2023; UNAIDS epidemiological estimates, 2023 (https://aidsinfo.unaids.org/).

Notes: n = number of countries. Total number of reporting countries = 20. The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that an estimate is precise, while wide bounds indicate greater uncertainty regarding the estimate.

Extensive sociopolitical and economic crises, including armed conflicts and forced displacements, have affected the Middle East and North Africa over the past two decades and have had implications for the HIV response in the region. Countries affected by humanitarian emergencies, such as Somalia, Sudan, the Syrian Arab Republic and Yemen, are showing lower service coverage compared with more stable countries in the region. Although the direct impact on HIV incidence and related morbidity and mortality has not been estimated, the effects on determinants of HIV risk and infection are evident (1).

Notably, recent conflicts, such as that in Sudan, have severely disrupted access to HIV services, with many health-care centres unable to operate. As of May 2023, 70% of hospitals in Khartoum have closed. Countries affected by humanitarian emergencies must prioritize HIV within the humanitarian agenda and develop evidence-informed, rights-based and resilient HIV responses.

The Global Fund launched the Middle East Response Initiative in 2017 to better respond to the complex and acute emergency situations in many countries in the Middle East by providing essential HIV, TB and malaria services to people from key and vulnerable populations, including refugees, internally displaced people, women and children in Iraq, Jordan, Lebanon, the Occupied Palestinian Territory, the Syrian Arab Republic and Yemen (2). The aim of combining multiple programmes is to bring greater value for money, reach more people from vulnerable populations, and support stronger regional partnerships that can deliver health-care services in conflict-affected and hard-to-reach areas.

Improved data are crucial for achieving a more effective HIV response in the region (3). A few countries, notably Morocco, have made substantial investments in data generation and use. Enhanced biobehavioural survey and programme data, focused on key and priority populations, are needed to provide robust strategic information for programme and policy design, and for effective and sustainable resource mobilization and allocation. To get on track to achieve the 2025 targets, the HIV response in the region has to be tailored to the needs of key populations, including through community-led initiatives, and the complex structural and operational barriers to service provision have to be reduced.

Table 9.1 Reported estimated size of key populations, Middle East and North Africa, 2018–2022

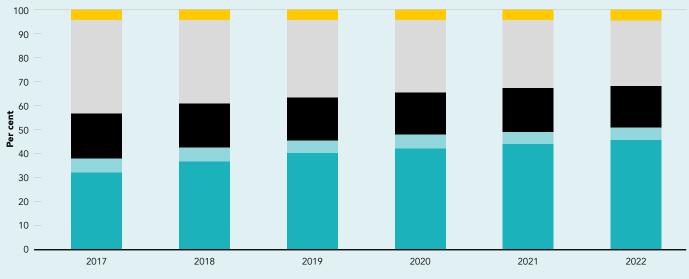
Country	National adult population (aged 15–49 years) for 2022 or relevant year	Sex workers	Sex workers as percentage of adult population (aged 15–49 years)	Gay men and other men who have sex with men	Gay men and other men who have sex with men as percentage of adult population (aged 15–49 years)	People who inject drugs	People who inject drugs as percentage of adult population (aged 15–49 years)	Transgender people	Transgender people as percentage of adult population (aged 15–49 years)	People in prisons	People in prisons as percentage of adult population (aged 15–49 years)
Kuwait	2 300 000									5200	0.74%
Lebanon	2 500 000			16 500	0.50%						
Morocco	19 400 000									97 200	0.50%
Oman	2 900 000									4300	
Tunisia	6 200 000									22 000	0.36%
Estimated global median proportion as per cent of adult population (15–49) ^a			0.38%		0.51%		0.21%		-		-

National population size estimate

No data

Note 2: The regions covered by the local population size estimate are as follows:

Figure 9.4 Distribution of people living with HIV by recent infection, knowledge of status, treatment and viral load suppression, adults (aged 15+ years), Middle East and North Africa, 2017–2022



People living with HIV who are on treatment and are virally suppressed
People living with HIV who are on treatment but are not virally suppressed

People living with HIV who know their status but are not on treatment

People living with HIV who don't know their status and were infected more than six months ago

People living with HIV who were infected in the past six months

Source: UNAIDS special analysis of epidemiological estimates, 2023.

Local population size estimate

Insufficient data

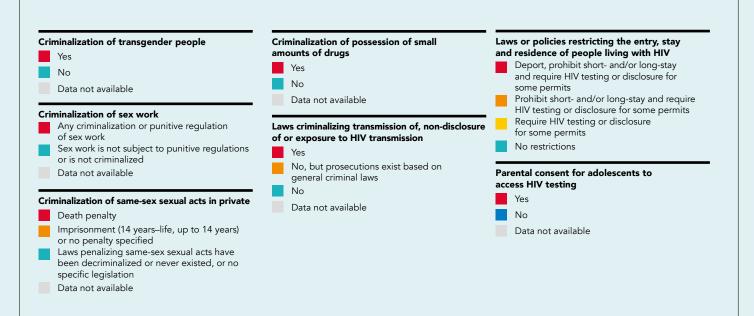
Source: UNAIDS Global AIDS Monitoring, 2023 (https://aidsinfo.unaids.org/); Spectrum DemProj module, 2023;

* Guide for updating Spectrum HIV estimates, UNAIDS 2023 (https://eiew.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhivtools.unaids.org%2Fwp-content%2Fuploads%2F73D- $\label{lem:condition} Guide-for-updating-Spectrum-HIV-estimates. docx \&wdOrigin=BROWSELINK).$

Note 1: Estimates shown are government-provided estimates reported for 2018–2022. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (https://kpatlas.unaids.org/), academic publications or institutional documents.

Table 9.2 Laws and policies scorecard, Middle East and North Africa, 2023

Country	Criminalization of transgender people ^a	Criminalization of sex work⁵	Criminalization of same-sex sexual acts in private	Criminalization of possession of small amounts of drugs ^c	Laws criminalizing transmission of, non-disclosure of or exposure to HIV transmission	Laws or policies restricting the entry, stay and residence of people living with HIV³	Parental consent for adolescents to access HIV testing
Algeria	6	7	16	22	6		5
Bahrain		8	16	18	10		
Djibouti		12	16	26	10		25
Egypt	1	1	16	1	1		1
Iraq		17	16	27	15		
Jordan		24	16	13			2
Kuwait	6	24		6	6		5
Lebanon		20		19			
Libya	1	1		2	1		2
Morocco	1	1		2	1		1
Oman	1	1		1	1		1
Qatar		4	16	4	9		
Saudi Arabia	4	4	16	4	6		4
Somalia		28	16		10		2
Sudan	1	1		1	1		23
Syrian Arab Republic	6	6		6	6		6
Tunisia	4	4	29	4	21		4
United Arab Emirates	6	30	16	14	6		
Yemen		31	16		15		



Country	Mandatory HIV testing for marriage, work or residence permits or for certain groups	Laws protecting against discrimination on the basis of HIV status	Constitutional or other non-discrimination provisions for sex work ^d	Constitutional or other non-discrimination provisions for sexual orientation⁴	Constitutional or other non-discrimination provisions for gender identity ^d	Constitutional or other non-discrimination provisions for people who inject drugs ^d
Algeria	5					6
Bahrain						
Djibouti						
Egypt	1	1	1	1	1	1
Iraq						
Jordan	5					
Kuwait	5					6
Lebanon						
Libya	1	1	2	2	2	2
Morocco	1	1		1	2	
Oman	1	1	1	1	1	1
Qatar	4					
Saudi Arabia	4	4				4
Somalia						
Sudan	1	1	1	1	1	1
Syrian Arab Republic	6					
Tunisia	4	4				
United Arab Emirates	6					
Yemen						



Notes: "Laws criminalizing transgender people refers to laws that criminalize the gender expression of transgender and gender diverse people, including laws against cross-dressing or impersonating the opposite sex.

^bCriminalization of sex work refers to criminalization of any aspect of sex work, including buying sexual services, selling sexual services, ancillary activities associated with buying or selling

^{*}Criminalization of sex work refer to criminalization of any aspect of sex work, including buying sexual services, and profiting from organizing or managing sex work.

*Criminalization of possession of small amounts of drugs refers to the criminalization of possession of any quantity of drugs, including possession of a quantity of drugs sufficient only for personal use. A country is still considered to criminalize possession of small amounts of drugs, even if use or possession of marijuana has been decriminalized.

*Constitutional or other non-discrimination provisions refer to whether constitutional prohibitions of discrimination have been interpreted to include discrimination on the grounds of sex work/sexual orientation/gender identity/drug use or dependency by courts and/or government policy, and/or whether there are other legislative non-discrimination provisions specifying sex work/ sexual orientation/gender identity/drug use or dependency.

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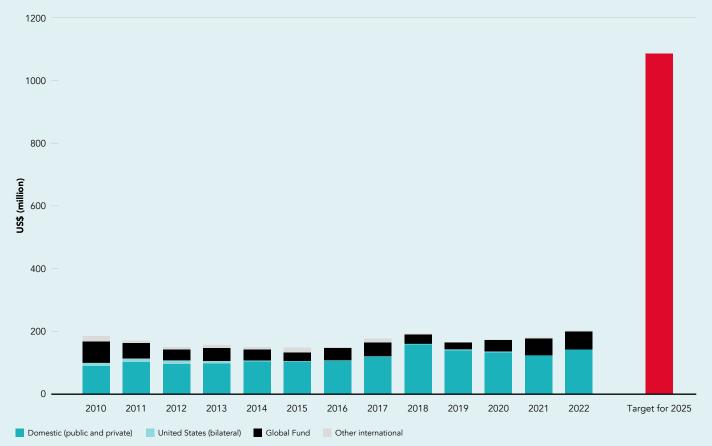
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Figure 9.5 Resource availability for HIV, Middle East and North Africa, 2010–2022, and estimated resource needs for HIV by 2025



Source: UNAIDS financial estimates and projections, 2023 (http://hivfinancial.unaids.org/hivfinancialdashboards.html); Stover J, Glaubius R, Teng Y, Kelly S, Brown T, Hallett TB et al. Modelling the epidemiological impact of the UNAIDS 2025 targets to end AIDS as a public health threat by 2030. PLoS Med. 2021;18(10):e1003831.

Note: the resource estimates are presented in constant 2019 US dollars.

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