HIV Epidemic in MENA and its heterogeneity

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Outline

- Socio – Political Context in MENA
- HIV epidemic – trends, patterns
- Snapshot of the response to AIDS in the region - socio-cultural and political context related to HIV
- Main challenges, opportunities and key steps
Socio – Political and Economic Context in MENA

- 400 million people in 21 countries
- One third of the population in the region is below 15 years old
- Gender differences are still considerable: education, work opportunities, public life
- Diverse development indicators
  - Life expectancy – 43 to 79 years old age range
  - Contrasting economic situation: low income to high level income
- Pervasive conflict, political instability and insecurity – threatening the developmental gains made
Summary of Situation, February 2009

- There is no *single epidemic* in MENA: HIV prevalence ranges from much less than 0.01 to 2.9%

- *Variety of epidemics* within the countries and across the region

- *Sexual transmission* is the main mode of infection
  - Drug injecting-related transmission in Iran, Libya with variations and diversity within the country
  - Increasing MTCT data in a few countries

- There is *steady increase of the number of reported cases*:
  - Continuous spread of HIV epidemic
  - Improved reporting through increased number of VCTs
Diversity and Patterns of Epidemic

- Increased evidence of diverse epidemics across geographical areas within the country

- Higher level of infection and risk behaviors among key populations
  - Low level of condom utilization among sex workers and limited availability and access to adapted HIV prevention services
  - Increased concern with HIV prevalence rates among men who have sex with men [6.2% in Egypt, 9.3% in Sudan, etc]

- Overlapping risk behaviours denote increased risk of HIV epidemic but also informs where to focus the response

- Potential of emergence of concentrated epidemics among populations and specific settings in MENA
Increased information on HIV dynamics

As efforts have increased to generate information on where the epidemic is occurring, the landscape of the HIV epidemic in countries has altered...

- E.g. Sudan is revisiting the response based on new epidemiological evidence on HIV prevalence among key populations and ANC

- Geographical focus defined by epidemiological evidence and gaps of the response, targets revisited to achieve Universal Access
Other Aspects of Vulnerability

- Changing norms of behavior of young people

- Prison setting – high risk behaviors and document elevated HIV prevalence in a few countries

- Mobility and migration
  - Economic within the region and across the region
  - Conflict and instability
  - E.g. North Africa,
  - Red Sea and Gulf of Aden, Gulf countries
Example of risks and vulnerability - Needle Sharing

Emergence of drug injecting as a potential important driving factor of the epidemic

Elevated levels of needle sharing
Overlap of risk behaviours

- There is multiplicity and overlap of risk factors

- Injecting drug use and unprotected sexual contacts in the urban settings in MENA
  - 10% of sex work in Syria, 10.9% of MSM in Egypt – had injected the previous month

- Overlap of sexual and drug injecting features in all behavioural studies, while condom use is very low
MENA an Opportunity to avert the epidemic and reach Universal Access
Matching the Response and Resources with the Emergence of HIV Epidemic

- Do policy-makers, communities and concerned populations lead, coordinate and ensure accountability of the implementation of the response? Are key policy issues addressed?

- Does the response and resources allocated focus on where the epidemic is or likely to occur?

- Do the current plans ensure access to HIV prevention, treatment and care for all those in need?

- Do we collect quality information to gauge strides made and measure progress towards Universal Access targets?
THE 3 ONES

Scaling up Towards Universal Access to HIV Prevention, Treatment, Care and Support

Political Commitment
- NACs
- Public resources to AIDS

Knowing your Epidemic & Planning the Response

Monitoring Evaluation

Multi sector response, reaching vulnerable groups, involvement of civil society and PLHIV
Snapshot of the Response in MENA

Comprehensive response – recognize HIV within national priorities and have fully embraced Universal Access
- Relative visibility of epidemic, link between HIV and politically important concerns (IDU in Iran)

Adapted and potentially effective responses – frame AIDS as a programmatic priority and have adopted Universal Access
- Efforts to adapt and focus the response to the prevalence settings (MARPs, people living with HIV, scaling up)

Overcoming political obstacles – early stage of the response coupled with political constraints on how AIDS is positioned
- Low profile of the AIDS response due to related concern of political considerations and global perceptions
Snapshot of the Response in MENA

Security and post-conflict context – facing devastating impact of conflicts, humanitarian crisis and security challenges

- Afghanistan, Iraq, and Occupied Palestinian Territories, Somalia
Services: Increased coverage of availability of services – establishment of VCT sites at decentralized level, treatment sites

Prevention: Increased focus on those most in need, establishment of programmes for key populations in several countries (sex work, IDUs, MSM, migrants and specific groups)

Treatment, care and support: Increased access to treatment but not sufficient – 7% of those in need receive treatment

Civil Society and Associations of people living with HIV:
- RANAA network revitalized, increased involvement of NGOs in the response
- Invigorated associations and support groups of people living
Example of expansion of services

VCT centres Scale up in Sudan

Number of Sites

Year

Year 03

Year 04

Year 05

Year 06

Year 07
**Key Challenges**

*Adapt and implement effective response to AIDS* – The response has substantively expanded on HIV prevention, treatment, care and support

*Data collection:* scientific, representative of current patterns and measuring trends of HIV infection dynamics

**HIV prevention**

- Informed by *evidence* on HIV dynamics (key populations) and risk context – focus of prevention strategy and resources allocated

- *Coverage:* Scale up current efforts to sustainable programmes for those at risk to ensure impact

- *Combination of Prevention:* ensure the optimal mix of intervention, access to prevention means, including policy issues

- *Delivery of services:* quality, referral to VCT, treatment, care, monitoring and evaluation of outcomes and impacts

Expand coverage of *treatment* and quality of treatment provision and follow up
**Key Challenges**

- **Integrate** Care and psychosocial support for those infected and affected linking support services with treatment and care

- **Stigma, discrimination** of key populations, marginalized and hindering efforts to build sustainable programmes with the participation of concerned populations and those infected with HIV

- **Engagement** of concerned populations:
  - In programme design and delivery of services
  - Addressing policy issues to enable access to services for these populations
  - Partnership with policy-makers health, civil society, labor, interior

- Participation of *civil society and people living with HIV* as implementers of scaled up programmes

- **Capacities** of government and non-government actors and *resources*:
  - Capacities to effectively manage and ensure quality delivery of services
  - Sustain and expand programmes
Scaling up towards Universal Access for all in the Middle East and North Africa