

UNAIDS 2023

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# Results in Middle East and North Africa

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**2022 Regional report**

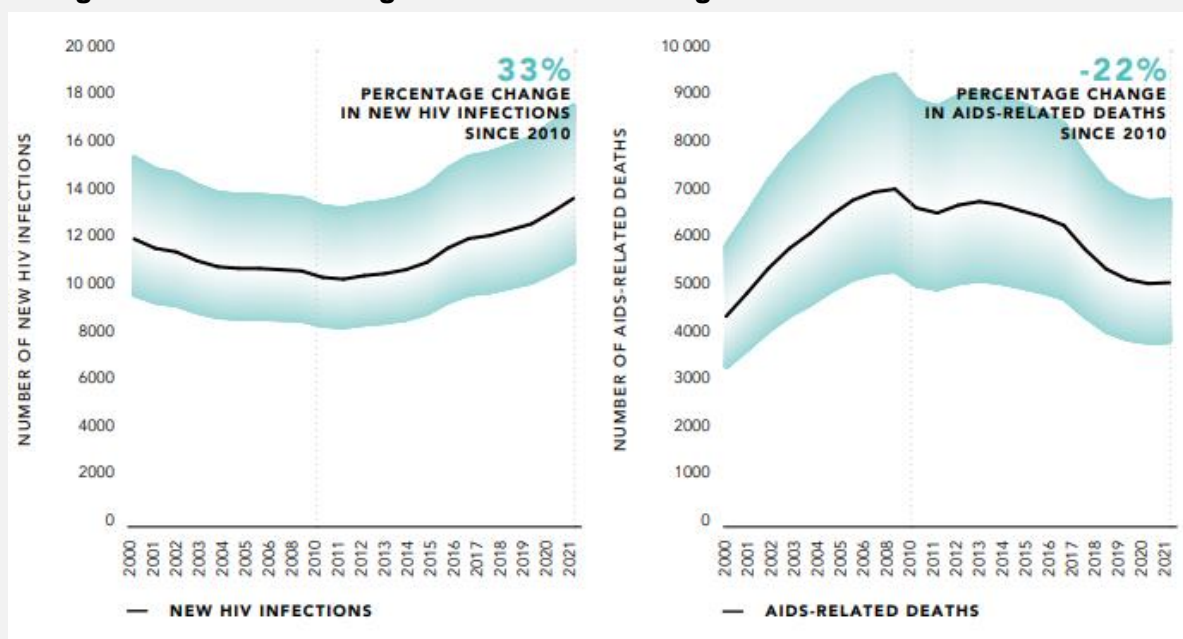


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# Results in Middle East and North Africa

## Progress towards bending the curves and saving lives<sup>1</sup>

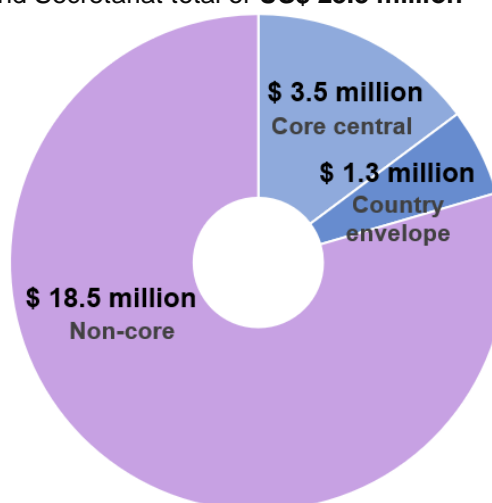


### Key results in the region thanks to support from the Joint Programme:

- 21% [18-24] of pregnant women living with HIV in the region receive ARV for PMTCT
- 50% [43-58] of all people living with HIV in the region are accessing antiretroviral therapy
- **7 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **4 countries** have stronger community-led HIV responses
- **6 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **1 country** implemented gender-responsive HIV services free of gender-based discrimination and violence
- **2 countries** implemented measures advancing full and sustainable HIV financing

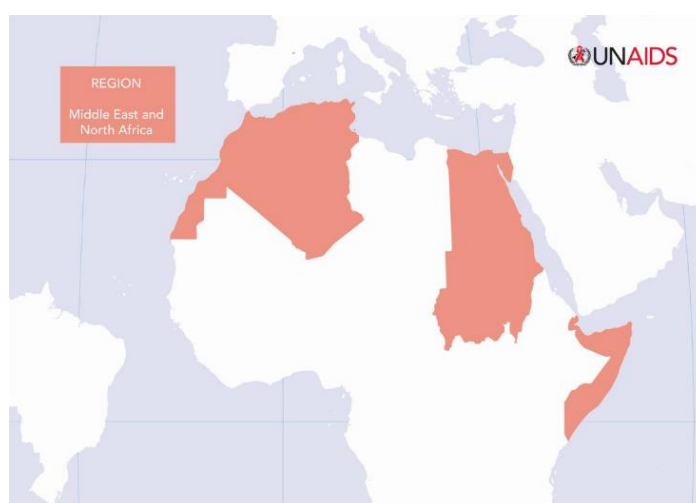
**7 countries with Joint UN Plans on AIDS** aligned to national priorities and the Global AIDS Strategy

**Middle East and North Africa: 2022 Core and non-core expenditures and encumbrances by funding source (in millions of US\$) - Cosponsors and Secretariat total of US\$ 23.3 million**



<sup>1</sup> Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>.

*In the Middle East and North Africa region, thanks to the Joint Programme's capacity building and strategic information to scale up HIV and other essential health-care and social protection services, health facilities, health-care workers and civil society are now better equipped to deliver those services to people living with HIV, women, (former) prisoners, refugees and key populations. In particular, people in prisons and other closed settings have greater access to health care, including HIV and STI prevention and treatment services. Algeria rolled out its first opioid agonist therapy programme, thus further expanding the availability of quality harm reduction programmes in the region. Oman became the first country in the region to receive validation of EMTCT of HIV and syphilis, thanks to support from the Joint Programme. Intense advocacy and technical support allowed thousands of people living with HIV to register and benefit from social protection programmes. Partnership with the Global Fund, social contracting guidelines and investment assessments improved resource mobilization for HIV programmes and delivery of services.*



**UBRAF Outcome 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.**

Revised national HIV/AIDS strategic plans in five countries sharpened the focus on reducing HIV-related inequalities and aligning programmes with the Global AIDS Strategy, while updated HIV prevention, testing, and treatment guidelines in six countries enhanced the quality and access to services. Strategic evidence for the HIV response—including updated HIV estimates and Global AIDS Monitoring reports in 18 countries, as well as 22 country profiles—contributed to improved understandings of national epidemics and helped inform better-targeted responses (WHO, UNAIDS Secretariat).

With technical and financial assistance from the Joint Programme, HIV and harm reduction services expanded for key populations, including people in prison, refugees and people who use drugs. An assessment of the needs of people in closed settings focused on the access to HIV treatment and continuity of care after incarceration. It informed procurement of medical equipment and essential medicines as well as training of 70 health-care providers and counsellors leading to expanded access to comprehensive prison-based health-care services, including HIV, hepatitis B and C and syphilis prevention and treatment in prisons in Egypt, Morocco, the Sudan and Tunisia (UNODC, UNAIDS Secretariat). As a result, more than 21 000 people in prisons (including 1,200 women) and other people at high risk of HIV (including former prisoners) accessed HIV,

TB, and hepatitis B and C screening and information. An estimated 97 000 people at high risk of HIV and former inmates were also immunized against hepatitis C, and 16 000 people were sensitized on HIV prevention, treatment and care, as well as on other communicable and noncommunicable diseases.

With support from the Joint Programme, Algeria rolled out an opioid agonist therapy programme for the first time, joining Egypt, Lebanon and Morocco as countries providing this service in the region. In Egypt, Libya, Morocco, the Sudan and Tunisia, the training of 550 health-care professionals and procurement of medical equipment further strengthened harm reduction services among former inmates and people from key populations who use drugs (UNODC). Twenty-four drop-in-centres in Algeria and Morocco are now better equipped to provide tailored and integrated services, including referrals to mental, psychosocial and social protection for refugees from key populations (UNHCR).

Under the Global Fund's Middle East Response multicountry project on HIV, TB and malaria services, 58 140 internally displaced persons, refugees, migrants and hard-to-reach populations were tested for HIV and 6,130 people living with HIV accessed ART in Jordan, Lebanon, Palestinian Territories, the Syrian Arab Republic and Yemen (WHO, UNAIDS Secretariat, IOM).

A regional testing campaign rolled out in December 2022 for World AIDS Day promoted network-based HIV testing and showed the effectiveness of social networks for improving diagnosis coverage and closing the gap towards the first "95" target (WHO).

Oman became the first country in the region to receive validation of EMTCT of HIV and syphilis (UNICEF, WHO, UNAIDS Secretariat). In Yemen, almost 7,000 pregnant women were tested for HIV through a Joint Programme collaboration with Yemen's National Action Plan on Women, Peace, and Security (UNICEF, UNAIDS Secretariat, IOM). In Algeria, the integration of PMTCT services into primary health-care expanded access to those services, including among refugees. As a result, more than 4,200 pregnant women who were refugees or affected by humanitarian emergencies were tested for HIV during their antenatal care consultations.

**UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.**

The Joint Programme's support enabled community-led HIV services to expand their efforts to achieve more equitable access to quality services and information across the region. For instance, thanks to partnerships with community networks, the new regional community leadership toolkit in Arabic is expected to strengthen community-led responses and monitoring, as well as community coordination, advocacy and leadership in the region (UNAIDS Secretariat).

Following technical support from the Joint Programme, 25 civil society organizations in seven countries have developed a better understanding of the Global Fund Cycle 7

requirements and improved their capacities to define key priorities, such as human rights and gender equality, in the grant proposals (UNDP, WHO, UNAIDS Secretariat).

A situational analysis of people living with HIV and their networks in the region identified challenges, including inequalities to health services, and lessons learned from the response to COVID-19. The knowledge is important to further advance the rights of people living with HIV and to empower them to play an even more active role in the HIV response (UNAIDS Secretariat).

Algeria, Egypt and Morocco implemented gender-based violence services, including clinical management of rape survivors among refugees, thanks to the support from the Joint Programme (UNHCR). In Sudan, community outreach workers and gender activists from 22 civil society organizations are also better equipped to address gender-based violence; advocate for the rights of people who survived gender-based violence; and improve access to essential services (UNDP, UNFPA).

A new situational analysis on adolescents and young key populations, informed by the Integrated Biological and Behavioural Surveillance study, was conducted in Jordan and Lebanon in collaboration with ministries of health and the Eastern Mediterranean Public Health Network. It generated up-to-date evidence on the HIV knowledge of young people aged 18–24 years. In Jordan, analysis of knowledge, attitudes and perceptions of HIV among refugees and migrants further strengthened HIV prevention programmes among vulnerable young people (UNICEF, IOM, UNAIDS Secretariat). A situational analysis on HIV among adolescents and young key populations (18–24 years) was also completed in Tunisia and yielded much-needed information about the epidemic among young people at higher risk of HIV infection (UNICEF, UNAIDS Secretariat).

A new advocacy brief on HIV among adolescents and young people in the Middle East and North Africa highlights key challenges for HIV prevention, including behaviours that place adolescents and young people at risk of infection, stigma, inequalities and suboptimal HIV testing and treatment coverage (UNICEF).

A regional consultation held in Tunisia brought together youth focal points from nine countries and territories, regional partners and experts from other regions to discuss implementation of CSE in the region and the adaptation of international and regional technical guidance to national contexts, with a focus on innovative and digital approaches (UNFPA).

**UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.**

The Joint Programme made significant contributions to the mobilizing of external and domestic funding and the scaling up of integrated health and social protection services for key populations, including people affected by humanitarian crisis.

During the 69th Session of the WHO Regional Committee, Member States adopted the Regional Action Plan for the implementation of the Global Health Sector Strategies on HIV, Hepatitis and Sexually Transmitted Infections 2022–2030. It focuses on leveraging and optimizing primary health care and integration of those services, with advocacy and technical support provided by the Joint Programme. In addition, after a review of progress, Djibouti, the Sudan and Tunisia developed road maps to accelerate action towards the targets set in the Global AIDS Strategy and the 2021 Political Declaration, with a focus on the integration of HIV in public health and development programmes (UNAIDS Secretariat).

An HIV and social protection assessment in Somalia led to strengthened HIV sensitivity in the national social protection mechanism, thanks to advocacy and support from the Joint Programme. As a result, the 2,144 people living with HIV who were registered at treatment centres were enrolled on the Baxnaano Project, a social protection programme that provides regular cash transfers for vulnerable people in Somalia (World Bank). In Egypt, community sensitization on social protection programmes and partnerships with government and nongovernmental organizations registered 65 people living with HIV in the national social protection programme; and resulted in the inclusion of women living with HIV as a priority target group for these benefits (UNDP).

In 2022, a cascade analysis in Jordan, Lebanon, Palestinian Territories, the Syrian Arab Republic and Yemen was launched to identify bottlenecks preventing vulnerable and key populations affected by humanitarian emergencies from accessing HIV services (WHO, UNAIDS Secretariat, IOM). Results will help prioritize these populations in the upcoming Global Fund grant request.

In partnership with the Global Fund, a technical collaboration framework with mutually agreed priorities, including data for impact, enabling environment and sustainable financing accelerates and guides funding requests for the implementation of the Global AIDS Strategy 2021–2026 and the Global Fund Strategy Framework 2023–2028 (UNAIDS Secretariat). In 2022, more than US\$ 2.6 million was also mobilized from the Global Fund to maintain community-led HIV programmes and strengthen integrated and people-centred services in emergency settings in the region. The Joint Programme also mobilized US\$ 71 million from the Middle East Response Initiative 2022–2024 to sustain the HIV, TB responses in humanitarian settings (WHO, UNAIDS Secretariat, IOM).

Social contracting guidelines and HIV social return-on-investment case studies in Algeria, Morocco and Tunisia were developed. They contributed to stronger domestic and international resource mobilization for the HIV response; the integration of HIV into national development plans; and the fostering of government and civil society partnerships to scale up HIV services among key populations. For instance, the case studies highlighted a US\$ 7 return for every dollar invested in Morocco for specific HIV interventions (UNDP).



## Lessons learned

Lessons learned from the HIV response in the region underscored the benefit of community-led interventions and of scaling up HIV programmes, including HIV self-testing, PrEP and treatment services among key populations.

The Joint Programme's partnership with the Global Fund and its Middle East Response multicountry project for the provision of essential HIV, TB and malaria services in countries affected by humanitarian emergencies has proven to be effective in sustaining the HIV response despite competing needs in the region. This partnership could be replicated to other countries to further support the HIV response in humanitarian settings.

While initiatives have been launched at country level to improve the generation and use of strategic information, greater investments are needed in several countries across the region to address critical information gaps and improve country capacity to disseminate and use the newly generated data.

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