UNAIDS 2019

Middle East and North Africa

Regional report 2018

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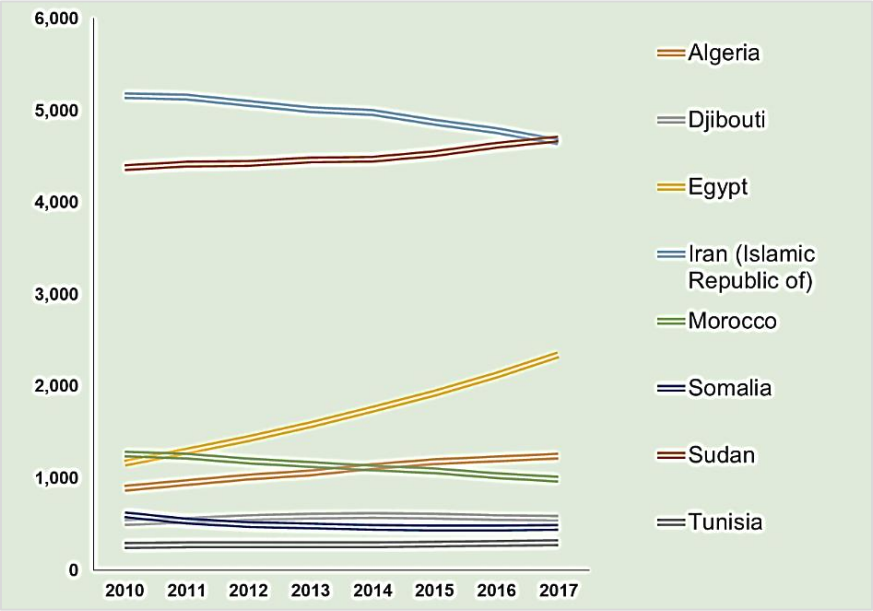
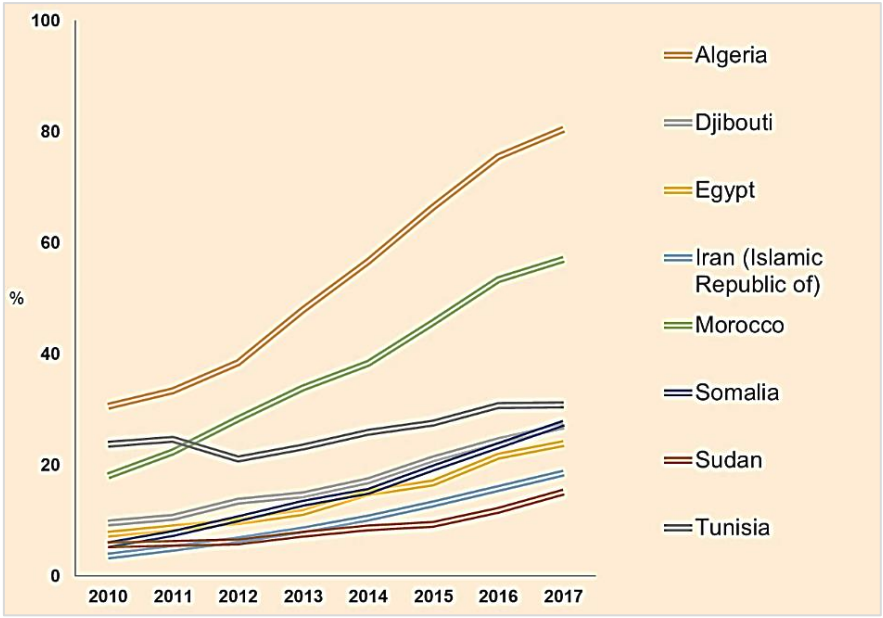


Rate of new HIV infections in Middle East and North Africa



ART coverage in Middle East and North Africa

Progress towards the Fast-Track targets

Indicators prioritized by the Regional Joint Team	Status	Remarks
70% of people living with HIV know their HIV status.	• NOT ON TRACK	In 2017, an estimated 50% of people living with HIV knew their HIV status (up from 48% in 2015).
50% of people living with HIV are receiving ART.	• NOT ON TRACK	An estimated 29% of people living with HIV received ART (up from 22% in 2015).
At least 80% of people receiving ART achieve viral suppression.	• ON TRACK	The percentage of people receiving ART who achieved viral suppression increased from 67% in 2015 to 76% in 2017.
Reduce the annual number of new HIV infections to fewer than 12 000.	• NOT ON TRACK	There were an estimated 18 000 new HIV infections (all ages) in 2017.

The Middle East and North Africa is one of two regions where new HIV infections have increased since 2010. The region's HIV epidemic is heavily concentrated among key populations and their sexual partners.

Results across the 90–90–90 cascade are well below global averages. Only half the people living with HIV knew their HIV status in 2017, only 29% of people living with HIV were receiving ART, and only 22% achieved viral suppression.

Joint Programme contributions

Collaboration within the Joint Programme has improved in the Middle East and North Africa. This is due largely to the new UNAIDS operating model and UBRAF's integrated approach, as well as the development of regional priorities and UN Joint Plans.

The Joint Programme strengthened its partnership with the Global Fund for grant development and implementation. This facilitated a new national grant (2019-–2021) in Egypt, where UNDP, WHO and the UNAIDS Secretariat supported the funding application and the grant making process.

The Yemen HIV Crisis Group (which includes several Cosponsors) devoted special attention to human rights violations in the context of military actions and unrest in that country. It successfully advocated for the release of all people living with HIV and HIV workers and for the restoration of treatment and diagnostic services in the North of Yemen. The Yemen HIV Crisis Group also responded collectively to the proposed discriminatory amendments to the national HIV law in Yemen, drawing on a legal analysis drafted by UNDP.

The UNODC and the General Secretariat of the League of Arab States signed a Memorandum of Understanding in 2018 to promote evidence-based HIV and drug use prevention, treatment and care services.

The Joint Programme led the development of the funding request for the second phase of the Global Fund's Middle East Response (2019-–2021)—with the IOM, as Principal Recipient, working with national AIDS programmes in Jordan, Lebanon, Syria and Yemen. The Global Fund's Middle East Response now includes a Technical Support Group which is co-chaired by the WHO 's Eastern Mediterranean Office and UNAIDS, with the IOM support coordination of grant implementation.

The Joint Programme devoted substantial effort to assist countries in closing gaps in the 90–90–90 continuum. For example, WHO supported the Islamic Republic of Iran and Sudan to perform HIV treatment cascade assessments. It also supported the integration of HIV and harm reduction in the Islamic Republic of Iran and assisted Afghanistan and Morocco in updating their treatment guidelines.

The IOM supported the National AIDS Programme of Lebanon in conducting an IBBS study, with technical support from UNAIDS and WHO. UNDP carried out a national socioeconomic profiling exercise among people living with HIV in Sudan and mapped social protection schemes in the country. Sustained UN advocacy led to the Government decreeing that people receiving ART should be covered under the national social health insurance system, which the Ministry of Social Welfare manages.

UNODC introduced voluntary counselling and testing services in prisons in Egypt, Morocco and Tunisia, and reached almost 40 000 prisoners and staff in the region with HIV prevention, treatment and care services.

UNHCR provided HIV voluntary counselling and testing to more than 12 000 refugees in Egypt, the Islamic Republic of Iran, Jordan and Sudan, and provided ART training and services in Djibouti and Sudan. Working with the IOM, the Joint Programme supported HIV treatment services at all five ART sites in Yemen. WFP provided food and nutrition support to more than 5000 people Djibouti and Somalia.

The Joint Programme promoted policy changes for the integration of HIV prevention in maternal and child health services. UNAIDS, UNICEF and WHO set up a regional validation team for eMTCT, provided PMTCT-related technical guidance to the Islamic Republic of Iran, developed a certification process for Kuwait, and trained 48 health-care workers in PMTCT-related services in Yemen. UNICEF and WHO supported Algeria's and the Islamic Republic of Iran's review of PMTCT services and assisted Libya in developing a PMTCT strategy.

The Joint Programme organized a consultation on fast-tracking combination prevention programmes in the region. The UNAIDS Secretariat and WHO developed a multicountry Global Fund grant programme for key populations across the region. UNFPA supported the integration of HIV in national life skills and citizenship education programmes. WHO supported a national consultation in Pakistan on PrEP, while UNODC assisted Iraq in introducing evidence-based HIV and drug services, and assisted in piloting opioid substitution therapy in Jordan.

UNODC also provided capacity-building support to prison service providers in Egypt and Morocco, assisted in drafting a drug control strategy in Kuwait, and participated in the establishment of the first national drug rehabilitation centre in Palestine. In Morocco, UNODC trained 30 law enforcement officials and representatives of civil society organizations on HIV, stigma and discrimination, and arranged a workshop on gender-responsive HIV services for women who inject drugs.

The Joint Programme put considerable effort into integrating human rights principles and gender-responsive approaches into HIV and related programmes. WHO and the UNAIDS Secretariat helped ensure that surveillance and programmatic data from the region are disaggregated by age and sex. The Joint Programme implemented the first regional programme on HIV and gender-based violence, covering nine countries. It worked with medical student associations and other stakeholders as part of a campaign to eliminate stigma and discrimination in health-care settings.

UNAIDS supported the implementation of a regional initiative to increase treatment literacy and strengthen the capacity of community organizations and national programmes to address the needs of women living with HIV. Working with the IOM, the Joint Programme assessed and advocated against a proposed clause in Yemen’s HIV patient law, which might violate human rights.

UNDP supported four regional networks and 24 civil society organizations in 6 countries to develop Global Fund grant applications. UNDP also rolled out legal environment assessments in Somalia and Sudan as follow-up to the report of the Global Commission on HIV and the Law.

UN Women supported integrated HIV and gender-based violence interventions in Palestine and mapped laws and services related to HIV and gender-based in Kuwait. WFP assisted in integrating nutrition programming in all HIV and TB services in Somalia, where it deployed the service delivery management tool, SCOPE, in all nutrition programmes. The tool enhances data sharing among partners and enables effective joint targeting and implementation of programmes, leading to better outcomes.

In the Middle East and North Africa, the Joint UN Teams on AIDS supported the achievement of specific people-centred targets related to testing and treatment, key populations, and stigma and discrimination, as well as sustainability.

Challenges and bottlenecks

There has been an increase in new HIV infections in the Middle East and North Africa region particularly among key populations. There were an estimated 18 000 new HIV infections in 2017, 12% more than in 2010. Almost two thirds of new HIV infections in 2017 occurred in Egypt, the Islamic Republic of Iran and Sudan. There were an estimated 10 000 deaths from HIV-related illnesses in 2017, an 11% increase since 2010.

Progress towards the 90–90–90 targets is well behind the global average. Only half of the estimated 222 000 people living with HIV at the end of 2017 knew their HIV status, and a mere 29% of people living with HIV were receiving ART.

The resources currently available for HIV fall well short of the estimated needs for achieving the 2020 Fast-Track Targets, although almost three quarters (72%) of the USD 242 million available in 2017 was domestically sourced. Declining donor resources (a 30% drop in the past decade) means there will be continued pressure on countries to fund their own HIV responses. Countries also will need to allocate larger shares of their HIV budgets to prevention programmes, especially for key populations.

Millions of people are affected by humanitarian emergencies across the region, with numbers of refugees and displaced people rising to unprecedented levels. Jordan, Lebanon and Turkey host more than 5 million Syrian refugees, for example. An alarming 22 million people in Yemen need humanitarian or protection assistance. The destruction of health-care facilities and high turnover of health service providers in many countries places great stress on health systems and communities.

Punitive laws, stigma and discrimination add to the overall deterioration of human rights situations in the region and greatly limit key populations' access to HIV and other health services.

Despite recent improvements, greater investment in strategic information systems is needed to guide effective programme planning, implementation and monitoring.

Key future actions

The Joint Programme will work to improve access to HIV testing and counselling services, medicines and other essential health technologies and to promote uptake of differentiated service delivery models. WHO will focus on improving access to the continuum of HIV diagnosis, care and treatment through new integrated and differentiated service delivery and by supporting countries to continue their transitions from donor to domestic funding. Specific efforts will be made to increase service access for people who inject drugs or who are incarcerated.

UNAIDS will strengthen regional efforts to expand HIV prevention and it will continue supporting the eMTCT certification processes in the Islamic Republic of Iran, Kuwait, Morocco and Oman. It will actively support the IOM initiative to expand HIV services in humanitarian settings.

The Joint Programme will mobilize resources and arrange dialogues on legal reform and legal literacy to strengthen civil society organizations' legal aid capacities in order to improve HIV services for key populations. To enhance coordination and accountability, it will organize a regional Cosponsors meeting on advancing UN reform. It will also implement the UN Joint Plan’s partnership with the Global Fund. UNAIDS' focus on the linkages between HIV and violence against women in the region will continue.

In the Middle East and North Africa, country envelope resources were allocated primarily for testing and treatment (42.8%), key populations (13.7%), young people (12.5%) and eMTCT (8.6%) activities.

Expenditure information

Table 1
Expenditure and encumbrances in Middle East and North Africa in 2018, by organization (US$)

Organization	Core (globally allocated) (US$)	Core (country envelope) (US$)	Non-core (US$)	Grand total (US$)
UNHCR	374 500	50 650	4 722 274	5 147 424
UNICEF	124 610	91 756	651 114	867 480
WFP	59 698	36 284	267 500	363 482
UNDP	117 462	18 728	195 083	331 273
UNDP GF	-	-	11 011 517	11 011 517
UNFPA	189 252	114 150	2 783 084	3 086 487
UNODC	184 497	133 316	779 269	1 097 082
UN WOMEN	31 353	-	281 168	312 521
ILO	-	-	44 251	44 251
WHO	259 101	157 632	2 447 409	2 864 142
World Bank	27800	-	70 402	98 202
Secretariat	2 499 010	-	747 325	3 246 336
GRAND TOTAL	**3 867 284**	**602 516**	**24 000 397**	**28 470 197**

Table 2
Expenditure and encumbrances in Middle East and North Africa in 2018, by country (US$)

Country	Core (globally allocated) (US$)	Core (country envelope) (US$)	Non-core (US$)	Grand total (US$)
Algeria	220 020	-	129 699	349 719
Djibouti	218 908	-	3 461 973	3 680 880
Egypt	212 591	131 500	563 012	907 103
Iran (Islamic Republic of)	397 412	241 638	5 882 428	6 521 478
Iraq	-	-	264 039	264 039
Israel	53 500	-	46 589	100 089
Jordan	125 659	-	1 592 852	1 718 510
Lebanon	-	-	52 419	52 419
Libya – Tripoli	-	-	2 426	2 426
Morocco	551 273	-	379 353	930 626
Occupied Palestine Territories	-	-	44 565	44 565
Oman – Muscat	-	-	11 222	11 222
Republic of Yemen - Sana'a	-	-	14 714	14 714
Somalia	59 698	110 011	1 387 978	1 557 688
Sudan (Republic of)	235 408	119 366	5 090 898	5 445 671
Tunisia	124 053	-	458 020	582 073
Yemen	107 000	-	1 067 396	1 174 396
MENA regional	1 561 764	-	3 550 814	5 112 578
GRAND TOTAL	**3 867 284**	**602 516**	**24 000 397**	**28 470 197**

Table 3

Core and non-core expenditure and encumbrances in Middle East and North Africa in 2018, by Strategy Result Area (US$)

Strategy Result Area	Core* (US$)	Non-core (US$)	Total (US$)
SRA 1 – HIV testing and treatment	487 889	10 940 059	11 427 949
SRA 2 – eMTCT	10 612	871 673	882 286
SRA 3 – HIV prevention and young people	271 404	1 084 169	1 355 573
SRA 4 – HIV prevention and key populations	239 574	2 894 781	3 134 355
SRA 5 – Gender inequalities and gender-based violence	90 569	1 868 974	1 959 543
SRA 6 – Stigma, discrimination and human rights	86 809	1 428 521	1 515 330
SRA 7 – Investment and efficiency	82 390	1 224 502	1 306 891
SRA 8 – HIV and health services integration	99 027	2 940 393	3 039 420
TOTAL	**1 368 274**	**23 253 073**	**24 621 346**

* This does not include expenditures against country envelope funds.

Table 4
Core and non-core expenditure and encumbrances in Middle East and North Africa in 2018, by Secretariat function (US$)

Secretariat function	Core (US$)	Non-core (US$)	Total (US$)
S1 – Leadership advocacy and communication	553 014	341 948	894 962
S2 – Partnerships mobilization and innovation	453 064	102 864	555 928
S3 – Strategic information	485 213	-	485 213
S4 – Coordination convening and country implementation support	526 933	302 514	829 447
S5 – Governance and mutual accountability	480 787	-	480 787
TOTAL	**2 499 010**	**747 325**	**3 246 336**

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