
2014 regional summary report

Middle East and North Africa

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INTRODUCTION

This report provides a summary of the key UNAIDS achievements in 2014 in the Middle East and North Africa (MENA) region, grouped by the three strategic directions of the UNAIDS 2011–2015 strategy. It lists major challenges and key future interventions and outlines the way the regional Joint Team operates. It can be read as a standalone report; although it is principally designed to complement other UNAIDS reporting at the country and global level.

ACHIEVEMENTS

Strategic direction 1: revolutionize HIV prevention

Endorsement of the Arab AIDS Strategy 2014–2020 (AAS) has been one of the most important achievements in the region for the MENA AIDS response and for UNAIDS (which provided technical support and advocated for this strategy to be developed and endorsed). The AAS provides the framework for AIDS responses for the Arab Countries, with targets for universal access to HIV prevention, treatment and care, as well as support services for mobile populations (including displaced people, refugees and migrant workers). It also provides an opportunity for the League of Arab States to form an intercountry accountability mechanism to ensure the future of the AIDS response in the region, and to establish a framework for multisectoral engagement at regional and national levels in order to mobilize regional and domestic resources for scaling up AIDS responses.

An example of such multisectoral engagement was the High-level Meeting of Women Leaders in November 2014, which occurred through the joint efforts of the League of Arab States, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the UNAIDS Secretariat and the Government of Algeria.

UNAIDS has been essential in underlining the importance of AIDS in the post-2015 development agenda. Its advocacy at the regional level has led to Ending AIDS being reflected in all reports and documents around the post-2015 development agenda in the region, including the joint Non-Aligned Movement and G77 Declaration of Algiers in May 2014, the Open Working Group report and the call for action for AIDS responses in conservative communities made at the International Aid Society meeting in Vienna in April 2014.

With support from UNAIDS, a number of countries in the region (the Islamic Republic of Iran, Somalia, the State of Palestine, Sudan, Tunisia and Yemen) have developed or updated their national strategic plans (NSPs) and frameworks, or they have developed or submitted their concept note for applying to the New Funding Mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The inclusive national dialogue for the NSP and Concept Note Development in Somalia is recognized by many partners as an exemplary inclusive dialogue in a challenging context.

In the Islamic Republic of Iran, multi-stakeholder, evidence-based technical and policy dialogue between a diverse group of National AIDS Programme partners and stakeholders has ensured that new the NSP is better structured to address the needs of neglected key populations (such as young people and transgender populations). It also sets more ambitious targets in the areas of treatment and the elimination of mother-to-child transmission.

The UNAIDS Regional Support Team (RST) has scaled up comprehensive prevention programming, including the more effective use of strategic information, for key populations in the MENA region. It has helped mobilize resources for the AIDS response through the Global Fund New Funding Model for eligible countries—such as the Islamic Republic of Iran (US\$ 20 million), Somalia (US\$ 28 million), Sudan (US\$ 38 million)—and the Ford Foundation (US\$ 300 000). It also has advocated for increased domestic spending and resources for civil society organizations, people living with HIV and key population networks.

Through UNAIDS support, prevention services were made available to three key populations in Egypt—men who have sex with men, female sex workers and injecting drug users—through building the capacity of seven nongovernmental organizations (NGOs) in four different governorates. Activities include providing HIV awareness and prevention packages, and supplying services for medical, legal and psychological support. By the end of 2014, these activities had reached 1 552 men who have sex with men in Alexandria and 458 sex workers (192 of whom visited voluntary counselling and testing services). The program for injecting drug users was successfully launched at the end of 2014, with technical support from the United Nations Office on Drugs and Crime (UNODC). Sixty participants from both NGOs and the Egyptian Ministry of Health and Population received refresher training on harm reduction strategies, including opioid substitution therapy.

Interventions in 2014 by the Office of the United Nations High Commissioner for Refugees (UNHCR) focused on raising awareness and distributing condoms in refugee camp and urban programmes, in order to reach all populations and vulnerable groups. Voluntary counselling and testing also was promoted among refugees, and some 2000 HIV tests were conducted in 2014 for refugees and asylum seekers in Egypt and Yemen.

Strategic direction 2: catalyse the next phase of treatment, care and support

In 2014, the AAS laid specific foundations for ending the AIDS epidemic by 2030. The League of Arab States endorsed a target of 80% treatment coverage in the region by 2020, along with other targets related to prevention, treatment, care and support. With UNAIDS support through a regional consultation, countries set numerical testing and treatment targets that were consolidated in the global 90-90-90 targets; they also served as national strategic planning targets. Estimates by UNAIDS suggest that if countries reach the targets, the region will pass the tipping point in its epidemic by 2015, meaning that more people will be starting treatment each year than are being infected.

Through UNAIDS support, the Ministry of Health in Algeria has updated its treatment

targets for 2016–2020, bringing them into line with the 90-90-90 targets. To be able to use the “test and offer” approach, the country also increased its number of treatment centres from nine to 16.

In Egypt, new national clinical care guidelines was launched in May in accordance with technical support by the World Health Organization (WHO) and the UNAIDS Secretariat. UNAIDS supplied assistance with providing 1700 people living with HIV from both host and displaced communities with antiretroviral therapy. The United Nations Children’s Fund (UNICEF) collaborated with the Egyptian National AIDS Programme in developing a procurement and supply management plan. This activity was coupled with test–treat–retain cascade analysis to help identify gaps in the treatment cascade and provide concrete recommendations for plugging these gaps. Additionally, UNICEF initiated a study in Cairo to explore the reasons behind poor antiretroviral therapy adherence. The study is part of a comprehensive initiative that includes treatment literacy seminars targeting people living with HIV and a system to remind people to take treatment.

The number of people living with HIV on treatment in the region has increased by more than 50% over two years. However, antiretroviral therapy coverage is still the lowest among all regions, meaning far more effort is needed to reach the 90-90-90 targets.

WHO supported civil society organizations and governments in the Islamic Republic of Iran, Morocco and Sudan with applying its HIV test–treat–retain cascade analysis tool to assess bottlenecks in the treatment cascade (including for key populations) and to develop treatment acceleration plans.

In the Islamic Republic of Iran, more than 30 000 people have benefited from HIV-related services that have been partly or entirely supported by United Nations organizations. This includes the provision of first- and second-line antiretroviral therapy and 100% of antiretroviral therapy needs to prevent mother-to-child transmission.

Treatment and elimination of mother-to-child transmission has been supported in the region by UNICEF, WHO and the UNAIDS Secretariat. This has been accomplished by scaling up services and setting targets in testing and treatment, including in relation to mother-to-child transmission. This includes support integrating services to prevent mother-to-child transmission into sexual and reproductive health (SRH), family planning, and antenatal and postnatal services. In Algeria and Oman, this support has led to universal provider-initiated counselling and testing in antenatal clinics.

The MENA UNAIDS RST also has worked closely with the League of Arab States and Cosponsors—particularly UN Women and WHO—on treatment, strategic information, leadership and support to women living with HIV.

Strategic direction 3: advance human rights and gender equality for the HIV response

UNAIDS conducted advocacy and continued to have a lead role in partnerships with Cosponsors, governments and civil society organizations as part of efforts to reach zero discrimination, achieve gender equality and remove HIV-related travel restrictions in the MENA region.

Some specific partnerships include a UNAIDS partnership with the International Development Law Organization (IDLO) on HIV legal support in MENA, and a partnership between UNDP, the International Labour Organization (ILO) and the UNAIDS Secretariat to remove HIV-related travel restrictions and enhance the rights of migrants to health services. Other examples include supporting the work of MENA-Rosa—the first regional association dedicated to women touched by HIV—and M-Coalition, the first coalition in MENA of men who have sex with men and HIV, which was launched at the International AIDS Conference in 2014.

As part of the SRH and HIV agendas in Lebanon, Morocco and Tunisia, the United Nations Population Fund (UNFPA) partnered with networks of community-led organizations and organizations of people living with HIV, young key populations, women and young people. This partnership supported policy analysis, developed recommendations and advocated for the sexual reproductive health and rights (SRHR) of people living with HIV and key populations. Separately, the People Living with HIV Stigma Index for Lebanon was finalized and disseminated.

To better understand the challenges facing people living with HIV in Egypt, and develop concrete recommendations for addressing these, a Stigma Index study was concluded and disseminated in May 2014. A gender assessment study convening the National Council for Women, National Population Council, civil society organizations and selected women living with HIV also was conducted; it proposed concrete actions for a gender-transformative response.

In Morocco, more than 100 stakeholders participated in the May 2014 launch of the country's Human Rights and HIV Strategy by high-level officials. The Strategy aims to promote and protect human rights related to HIV through the mobilization of governmental sectors and civil society organizations. More than 40 stakeholders participated in the preparation of UN Women's gender audit and action plan to improve gender responsive policies and programmes in Morocco.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

The ongoing humanitarian situation across the MENA region has posed a serious challenge to the AIDS response. Populations living with and affected by HIV—whether they are from displaced or host communities—have suffered disrupted services, increased

vulnerabilities and rapidly changing needs and priorities.

Stigma and discrimination, which are strengthened by punitive laws and policies in many countries, are one of the main challenges that have seriously restricted the HIV response in the region, despite the passion and dedication of public health and civil society actors.

The lack of political will on the part of host governments in Gulf Cooperation Council (GCC) countries remains a challenge to efforts to remove HIV-related travel restrictions in many migrant receiving countries.

KEY FUTURE INTERVENTIONS

Key future interventions in the MENA region will include:

- developing an accountability framework for the AAS and supporting both the league of Arab States and Member States in developing action plans for the implementation of the AAS in 2015;
- increasing targeted interactions and continuing engagement and partnership with religious leaders and media;
- focusing on key populations and key locations in cities—and on economic and vulnerability corridors—to increase the effectiveness and efficiency of services and resources invested in the HIV response;
- improving understanding of the situation of key populations and those left behind in order to support more effective testing and treatment services;
- maximizing opportunities and efficiency of investments for the AIDS response in the region through mobilizing global, regional and domestic resources, and by promoting regional solidarity and a framework of shared responsibility; and
- strengthening the regional and national capacity of civil society organizations and networks, South–South cooperation and technical support.

THE UNAIDS REGIONAL COORDINATION MECHANISM

The regional Joint Team on AIDS and its technical working groups are the key coordination mechanisms for UNAIDS in the region. The Joint Team has at least one annual meeting in which member organizations review their progress and present their work plans to eliminate the duplication of activities. The working groups provide a structure to better collaborate on specific technical areas, such as strategic information, treatment and prevention among key populations, and the prevention of mother-to-child transmission.

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