

UNAIDS 2022

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# Middle East and North Africa

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**Regional report 2020-2021**

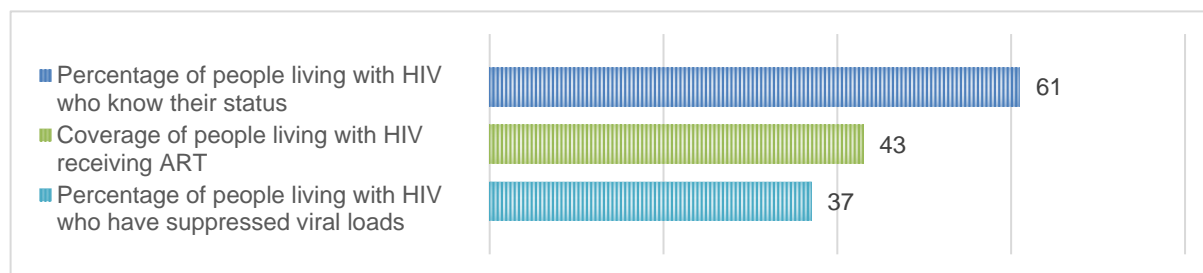


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## HIV testing and treatment cascade in the Middle East and North Africa<sup>1</sup> region (2020)

Regional and country-level data are available on [AIDSinfo](https://aidsinfo.unaids.org/).



Source: Global AIDS Monitoring 2020

## 2021 reporting on selected 2016-2021 UBRAF indicators

Number of countries in the Middle East and North Africa region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: **8**

2016–2021 UBRAF Indicators	2021
1.2: Countries adopting WHO HIV treatment guidelines	3
1.5b: Countries offering HIV-related services for populations affected by humanitarian emergencies	6 (refugees and asylum seekers)
	4 (internally displaced persons)
	3 (people affected by emergencies)
2.1: Countries implementing latest EMTCT guidance	3
4.1: Countries with comprehensive packages of services for key populations defined and included in national strategies	5 (gay men and other men who have sex with men, and sex workers)
	3 (prisons and closed settings)
5.1: Countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	5
7.1a: Countries with a HIV sustainability plan developed	1

<sup>1</sup> Note that in January 2022, the Islamic Republic of Iran was moved to UNAIDS Asia-Pacific region. As this report covers achievements for January 2020 to December 2021, and for consistency throughout the UBRAF 2016–2021 cycle, the Islamic Republic of Iran is included as part of the Middle East and North African region in this Performance Monitoring Report.

### *Featured stories*

- Regional network of people living with HIV launched in the Middle East and North Africa ([link](#))
- Middle East Response Initiative on sustaining HIV, TB and malaria services for key and vulnerable populations, including people on the move in countries affected by humanitarian emergencies ([link 1](#) / [link 2](#))
- New awareness campaign on gender-based violence in the Middle East and North Africa ([link](#))

## **Joint Programme contributions towards achievement of 2020–2021 regional priorities**

In the Middle East and North Africa, the Joint Programme continued to provide extensive support to hasten the slow progress towards the 95–95–95 targets. Catalytic efforts brought significant results in improving access to HIV treatment and differentiated care, COVID-19 prevention, and ensuring continuity of HIV services among people living with HIV. HIV self-testing pilot programmes were implemented, while social media-based campaigns promoted increased uptake access of testing, with over half a million people in 13 countries learning their HIV status.

Primary health-care services, including integrated HIV and maternal and child health services, reached pregnant and breastfeeding mothers in many countries minimizing vertical transmissions. To address increasing new HIV infections in the region, HIV prevention and harm reduction programmes were scaled up in prisons and extended to thousands of people from key populations, including prisoners, people who inject drugs, and their families. Advocacy and technical support focused on encouraging the removal of harmful national policies and laws, including HIV-related travel restrictions.

### *Testing, treatment and elimination of mother-to-child transmission*

Egypt, the Islamic Republic of Iran and Sudan received technical assistance to update their national testing and treatment guidelines, while 18 countries adopted the treat all policy for ART. Technical support to 19 countries led to the implementation of differentiated service delivery and multimonth dispensing of ARVs, thus enhancing service continuity and health outcomes of people living with HIV.

With the Joint Programme's support, Lebanon, Jordan and Yemen updated clinical and programmatic guidelines to improve service access for vulnerable and key populations through the Global Fund Middle East Response Initiative. In 2020–2021, the Initiative provided ART to 5450 people living with HIV annually, as well as HIV testing services to 156 190 people from vulnerable and key populations. Individuals who tested HIV-positive were linked to treatment and care services. Furthermore, a "search and rescue" initiative was rolled out in Jordan, Somalia and Sudan, which improved the tracing of people living with HIV who had been lost to follow-up and made it possible to relink them to ART services.

Pilot HIV self-testing programmes were supported in the Islamic Republic of Iran, Lebanon and Morocco. For World AIDS Day 2021, the regional Joint Team launched a social media-based testing campaign to improve access and uptake of HIV testing services among key populations across the region. The campaign reached 18.3 million people and resulted in 100 000 people being directed to WHO's HIV testing centres web page. In December 2021, approximately 560 000 people in 13 countries took an HIV test conducted, of whom 1587 people tested positive for HIV. That represented a 2.3-fold increase in the average monthly number of HIV tests from January to November 2021, and a two-fold increase in case identification.

Assessments were conducted in Algeria, Egypt, the Islamic Republic of Iran, Morocco, Tunisia and Yemen to assess the impact of the COVID-19 pandemic and the needs among people living with HIV. A rapid assessment in Tunisia, with support from the Joint Programme, resulted in implementation of a volunteer-based home delivery of ART.

Nearly US\$ 2.5 million from existing Global Fund grants was reprogrammed with the Joint Programme's strategic guidance and support to assist nine countries. This helped them sustain HIV services, including through the procurement of personal protective equipment, ARVs and other HIV-related commodities, and medical equipment, as well as train health-care workers in providing ART services during the early phase of the COVID-19 pandemic. In Algeria, Egypt, Morocco, Palestine, Sudan and Tunisia, an estimated five million pieces of personal protective equipment were procured and distributed to inmates, prison staff and key populations. The regional Joint Team actively contributed to a technology and skills transfer programme in Djibouti, which enabled people living with HIV to manufacture personal protective equipment and support their livelihoods.

To sustain HIV services during the political instability in Sudan, the Joint Programme conducted a rapid situation analysis of treatment services, funded by Global Fund grants. Findings of the assessment informed interventions to strengthen the continuity of ART services for people living with HIV through the use of multimonth dispensing and community-led home delivery of ARVs. The country also received 16 460 items of personal protective equipment for preventing COVID-19 in closed settings.

The Joint Programme provided technical support to Algeria, Egypt, the Islamic Republic of Iran, Morocco and Tunisia to integrate PMTCT programmes in maternal and child health services. Oman was supported to complete the EMTCT validation process; reports have been submitted to the Global Validation Advisory Committee. Oman is expected to be the first country in the region to receive EMTCT validation.

Projects on multisectoral determinants of health led to institutional development and capacity building for the HIV response, strengthening the delivery of integrated services, where appropriate, and increasing access to health and social protection services for people living with HIV and vulnerable populations. Projects in Djibouti, Egypt and Morocco focused on the needs of adolescent girls, women and children to improve their access to and use of quality health-care services. The Morocco project provided antenatal care, including PMTCT, to 256 180 vulnerable pregnant women.

### *HIV combination prevention among key and vulnerable populations*

New HIV infections among key populations have increased across the region in the past decade. To intensify combination prevention, the Joint Programme supported a situational assessment of drug use across 11 countries to guide policy development and priority settings in the region. Final reports are due in 2022. Secondary analysis of data on knowledge, attitudes and perceptions of HIV among key populations in Lebanon, and among refugees and migrants in Jordan, is underway to improve understandings of the vulnerability of these groups. Results from the analysis will contribute to improved understandings of HIV knowledge and programming among key populations, including adolescents and young people in the region.

The UN-led health in prisons programme provided access to health care, including HIV services, to 80 000 inmates in Algeria, Egypt, Jordan, Lebanon, Libya, Morocco, Sudan and Tunisia. In Egypt, the programme extended HIV, hepatitis B and C, and syphilis services to 28 500 prisoners. It also helped prisons adopt policies for opioid agonist therapy; develop minimum packages of prison health services, training manuals and facilitator guides on HIV and noncommunicable diseases; and re-equip clinics in 10 prisons. Some 150 000 people from populations at high risk and their families were immunized against hepatitis B and 5000 people accessed harm reduction services via outreach or drop-in centres in the cities of Alexandria, Cairo, Fayome, Luxor and Minia. The programme also supported access to opioid agonist therapy services for 1200 people who use drugs in Lebanon, and better access to HIV services to 9000 inmates in five prisons in Morocco.

In 2020–2021, the Joint Programme supported countries across the region to mitigate the impact of COVID-19 pandemic on key populations. More than seven million items of COVID-19 protection equipment and related commodities (including masks, gloves, glucose strips and sanitizers) were distributed to prevent infections and improve health outcomes of prisoners and people who inject drugs in Egypt. The Joint Programme supported the Ministry of Health and prison administration in Jordan in procuring and distributing 2750 COVID-19 protection and diagnosis items, ranging from COVID-19 rapid test kits to gloves and thermometers.

### *Addressing stigma and discrimination and promoting gender equality and women's empowerment*

Stigma, discrimination, gender inequality, punitive laws and constraints on civil society are some of the main challenges affecting the HIV response. Although many countries provided some socioeconomic support as mitigation measures against COVID-19 pandemic, these challenges also affected people living with HIV, women and key populations in their access to such support services. Lessons showed the need for scaling up equitable access to high-quality, innovative HIV combination prevention, testing and treatment, with a focus on key populations, using integrated and differentiated service delivery models to better reach communities across the region. There is also a need to promote a gender-equality and rights-based response to ensure that no-one is left behind.

The Joint Programme's partnerships with community leaders who are living with HIV was strengthened with the launch of the first regional network of people living with HIV, [MENA Plus](#). It is aimed at enhancing the leadership, representation and effective participation of

people living with HIV in HIV responses across the region. The Joint Programme provided technical support to strengthen national capacities for the inclusion of people living with HIV and key populations in social protection schemes in Egypt and Somalia. In Egypt, institutional development, capacity building and technical support for programmes on multisectoral determinants of health led to increased delivery of integrated services, as well as improved access to health and social protection services among people living with and at risk of HIV. In Somalia, people living with HIV, and both state and civil society structures were sensitized on policies and existing safety net schemes. This led to the elaboration of an action plan to improve access to social protection for people living with HIV.

Support was provided for the roll-out of the Stigma Index 2.0 in the Islamic Republic of Iran and Tunisia. Advocacy and the revision of national policies and laws based on assessments of the legal environment resulted in the development of a rights-based national strategic plan in Somalia and the lifting of HIV-related travel restrictions in Sudan.

In 2020 the Joint Programme and its partners implemented multisectoral projects to prevent and respond to sexual- and gender-based violence through medical and psychosocial services, protection and legal services. This included the provision of post-exposure prophylaxis to survivors of sexual assault. For instance, in Morocco, a protection hotline for women was established to enable greater access to services and information, address the impact of COVID-19 and respond to the needs of refugees. In Lebanon, digital content with informative awareness-raising materials about COVID-19 and about emerging risks for women and girls was shared with refugee and host communities.

#### *Essential HIV services for persons affected by humanitarian emergencies*

The Joint Programme supported the delivery and expansion of various HIV services, including PrEP and HIV testing services, with a focus on refugees and asylum seekers in Algeria, Djibouti, Egypt, the Islamic Republic of Iran, Jordan, Lebanon, Libya, Morocco, Sudan and Yemen. For example, 28 500 refugees were sensitized on prevention of HIV and GBV in Yemen, while 7900 refugees accessed harm reduction programmes in the Islamic Republic of Iran. Heightened advocacy in Algeria resulted in the inclusion of refugees and asylum seekers in national policies and strategies, including the country's national strategic plan for 2020–2024.

Protection concerns and access to services are paramount for populations affected by humanitarian emergencies. Mandatory HIV testing still occurs in the region. In a few countries, foreigners living with HIV, including refugees and asylum seekers, are subject to deportation. With the largest concentration of humanitarian crises in the world, the region has to ensure that all affected people can access a full range of HIV services and GBV programmes, and that these are fully represented in emergency, disaster and pandemic response plans.

#### *Sustainable HIV response*

Across the Middle East and North Africa, domestic and external resources for the HIV response continued to fluctuate in the past decade. In 2020 available resources amounted to less than 20% of the funding needed to scale up HIV programmes and achieve the 2025 targets. In service of a well-funded and sustained response, the Joint Programme provided technical assistance to the governments of Algeria and Morocco to prepare for their



transitions from Global Fund grants. The assistance focused on the mobilization of domestic resources to fully fund their HIV responses, as well as on the development of social contracting guidelines needed to operationalize public financing for and partnerships between Governments and civil society organizations for effective HIV responses.

The Joint Programme contributed to the development of national strategic plans in Djibouti, Egypt, Iraq, Jordan, Somalia, the Syrian Arab Republic and Tunisia, with an emphasis on domestic investments and the integration of HIV programmes with health system development efforts.

As of October 2021, the World Bank had committed over US\$ 5.4 billion to address the impact of COVID-19 across the region, helping countries strengthen their health systems and ensure continuity of essential health services for vulnerable populations, including people living with HIV. Similarly, US\$ 23.9 million was mobilized from the Global Fund COVID-19 Response Mechanism for 2021–2023 to overcome effects of pandemic on HIV, TB and malaria control in Iraq, Jordan, Lebanon, Palestine, the Syrian Arab Republic and Yemen.

## **Contribution to the integrated SDG agenda**

An alliance of 15 UN agencies, the Regional Health Alliance was established to accelerate progress towards the health-related SDGs in the Middle East and North Africa. As a member of the Alliance, the regional Joint Team made significant contributions to the development of the Regional Health Action Plan 2022–2023. The Action Plan addresses the implications of the COVID-19 and the systemic gaps which the pandemic has exposed and exacerbated in countries across the region. In line with the Action Plan, the Alliance conducted a mapping exercise to review country efforts to make use of innovations for the COVID-19 response. It also developed and launched a virtual training course to support full integration of primary health care into the COVID-19 response in all countries of the region.

Support was provided to ensure access to health, nutrition and social protection among people living with HIV and people at higher risk of HIV in the region. The Joint Programme promoted gender-responsive and rights-based HIV services (SDG 5 and 10) and advocated for equal access to HIV services for gay men and other men who have sex with men, female sex workers, people who use drugs, and people in prisons, while working to eliminate discrimination against key populations, including prisoners (SDG 16).

To sustain the progress made in the HIV and TB response, food security and nutrition support was consistently integrated into the multisectoral support of the Joint Programme to national HIV responses in the region, contributing to the SDGs 2 (zero hunger) and 17 (global partnerships).

## **ALGERIA – Mobilizing civil society for the integration of HIV and COVID-19 services**

The COVID-19 pandemic has disrupted combination HIV prevention programmes for vulnerable and key populations, as well as care and treatment services for people living with HIV. Efforts to strengthen NGO-led HIV programmes and community sensitization to promote the uptake of HIV and COVID-19 services were key for the Joint Programme in 2020–2021.

Under the Partnership to Accelerate COVID-19 Testing and in collaboration with the Ministry of Health and five NGOs (AIDS Algérie, ANisS, EI-HAYET, Rev+ and Solidarité AIDS), 168 community health workers were engaged to sensitize 5000 people on COVID-19 prevention, associated risks, testing and vaccination services in 15 cities across Algeria. The work included organizing 380 awareness-raising activities in "hot-spots", 140 orientation and support sessions for COVID testing and vaccination services, three advocacy workshops with health authorities and health professionals, and economic support to 200 vulnerable people living with HIV.

The COVID-19 pandemic has underscored the leading role civil society organizations play in ensuring the continuity of HIV services among vulnerable people living with HIV. Their activities included the provision of HIV and COVID-19 prevention services (e.g. COVID-19 testing and vaccinations), home delivery of ART, transportation to treatment centres, and provision of socioeconomic support. This greatly enlarged the opportunities for a more effective HIV response closer to, with and for communities.

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