Middle East and North Africa (MENA):

Context and settings of vulnerability to HIV

Hammamet, Tunisia, 28 January 2009
Oussama Tawil
Outline

1. Rationale and definition
2. Sources of information
3. Region, sub-region and country
4. Examples of ‘drivers’ of the epidemic
5. Programmatic relevance
Rationale: Why should we focus on vulnerability?

- Evolution of the global experience in the AIDS response
- Relevance to low, concentrated and generalized epidemiological profiles
- Programmatic goal: Scaling up towards Universal Access for all in need
  - Inclusion of all areas, but focus on prevention
  - Enabling environment
- ‘Know your Epidemic’: HIV infection, risk and vulnerability
- Future programmatic focus and resources
Sources of Information: What do we know?

• HIV and AIDS case reporting [disaggregated]
• Surveillance systems
• Prevalence and behavioral surveys
• Rapid situation assessments [e.g. 10 countries based on review of existing data, quantitative and qualitative data collection]
• Literature reviews: comprehensive, thematic [young people, migration]
• Broader health, social and development data and instruments
Background on HIV situation

- Emerging evidence of increase in reported cases and higher HIV prevalence among specific populations and regions over recent years

- ‘No single epidemic’: variation across countries, but likelihood of countries moving into concentrated epidemic

- Majority of cases due to unprotected sexual contacts, but drug injecting on the increase

- Increased HIV prevalence and evidence of risk among specific populations [men who have sex with men]

- Overlap of unprotected and sexual risk factors, low adoption of prevention, socially marginalized and underserved populations

- Increasing HIV infection among women and parent-to-child transmission
Range of vulnerability

• Changing sexual norms and behaviors among younger generations
• Drug cultivation, trafficking and use
• Prison settings
• Marginalization, discrimination and stigmatization
• Socio-economic and gender disparities in information and service provision
• Mobility, migration
• Conflict and instability, and consequences
Sub-regions

- Horn-of-Africa
- Western-Southern Asia
- Maghreb or North Africa
- Gulf States
- Machrek or ‘Middle East’
Context of Drug Use

• Patterns of drug cultivation, trafficking and use.
• Shift towards drug injecting, elevated rates of needle sharing.
• Sexual risks.
• Lack of access to needles, information and drug-related services.
Example: HIV in Iran

Transmission through Contaminated Blood

Transmission in Prisons / and among Injecting Drug Users

Sexual Transmission

Number of new Infections through Contaminated Blood: Better Detection in Prisons

Expansion of VCCTs

Establishment of VCCTs

Example: HIV in Iran

UNAIDS Iran
Needle Sharing

Emergence of drug injecting as a driving factor of the epidemic

Elevated levels of needle sharing
Example: Drug Use and HIV in Morocco

Assessment on IDU & HIV
[UNAIDS/UNODC support]

Policy Dialogue and Changes: Methadone Substitution Therapy
Adopted in 2006
[UNAIDS/UNODC support]

National Programme on Drug Use and HIV in 2006 – Part of NSP
[UNAIDS/UNODC support]

Implementation Initiated in 2007

47% sharing among IDU

Drop in Centers, outreach in Tanger, Tetouan
[UNAIDS/UNODC support]

DU in the surveillance system

Protocol on Subst. Therapy

GFATM resources
Mobility, migration

- First wave of cases in many countries among mobile populations

- North Africa, Horn-of-Africa, Lebanon, Jordan, Libya and Gulf States

- Gulf States:
  - 25% to 86% of the population of Gulf States are migrant workers
  - Predominantly male labor migrants but increasing ‘feminization’, socio-economic differences
  - Heightened vulnerability to risks; lack of access to information, services and labor protection
  - Represent large number of reported cases in their countries [e.g. majority of cases and on treatment in Pakistan], equally among female partners and children

- Policies of screening practiced and forced repatriation
Marginalization, Discrimination and Stigmatization

• Increased risks among socially marginalized on the basis of life-style, behavior or status

• Lack of adapted information and services, fear of confidentiality, legal or social constraints

• Involvement of the concerned population is essential
Proposed way forward for NSP

• Infection, risks and vulnerability linked
• Integration into situation assessments and in-depth data collection
• Vulnerability is related to social ‘fault-lines’, requiring a wider programmatic and sector approach [education, labor, interior, context]
• Inform current and long-term NSP prevention component
• Programming around a specific population, context or setting, taking into account geographical differences
• Necessity to address the policy aspects in order to have results with most-at-risk and other vulnerable populations