
HIV/AIDS in the Eastern Mediterranean Region

Talking sustainability

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Eastern Mediterranean Region

OVERCOMING DISRUPTION

Transforming the AIDS response

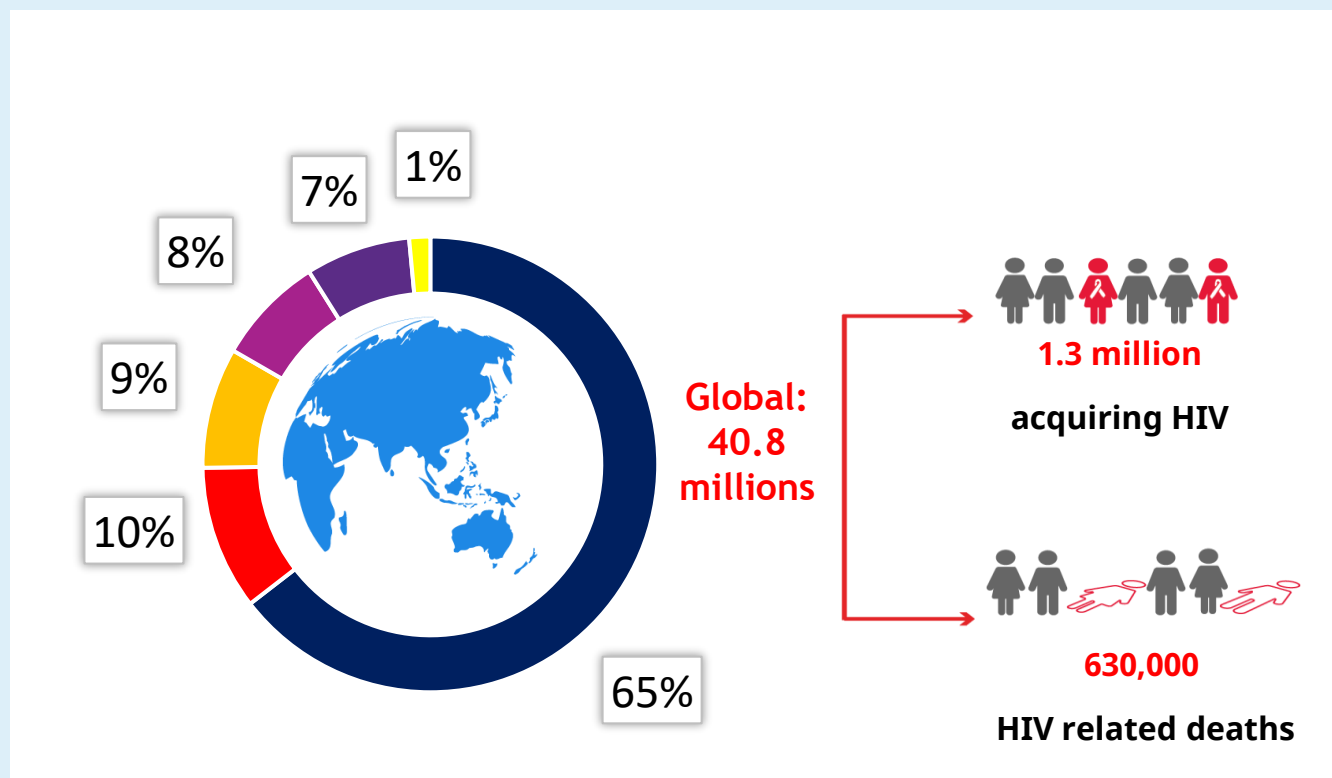


WORLD AIDS DAY | 2025

Outline

- ❑ Global and regional picture of the burden
- ❑ HIV response in the region (prevention, testing and treatment)
- ❑ Financing landscape for HIV in the EMR
- ❑ Key highlights and successes from the region

HIV burden: Global and by WHO region - 2024

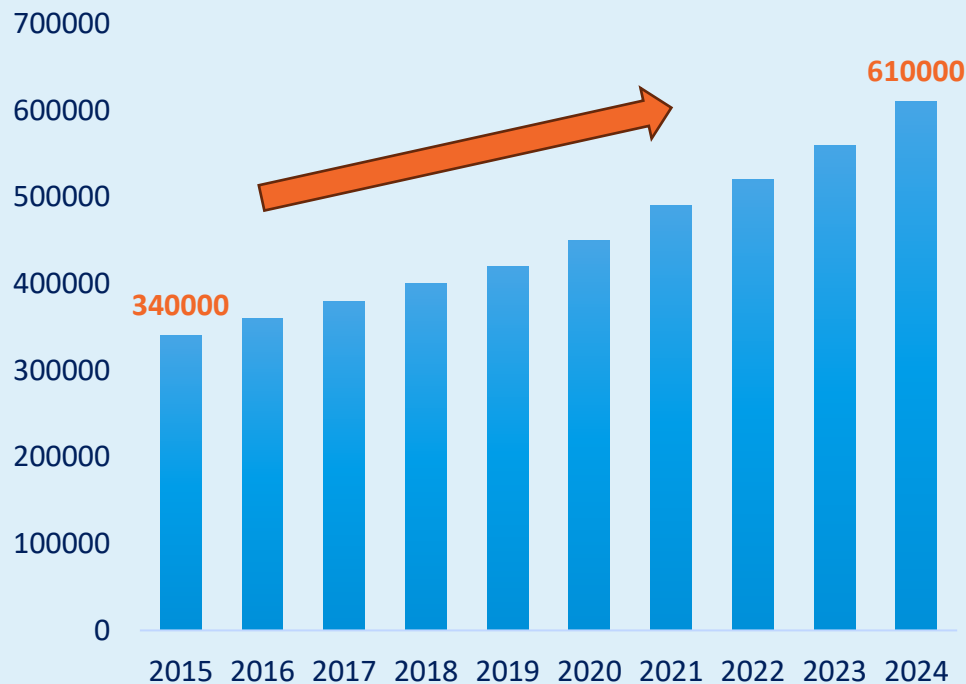


❑ African region still the biggest contributor to the HIV epidemic globally **[65%]**

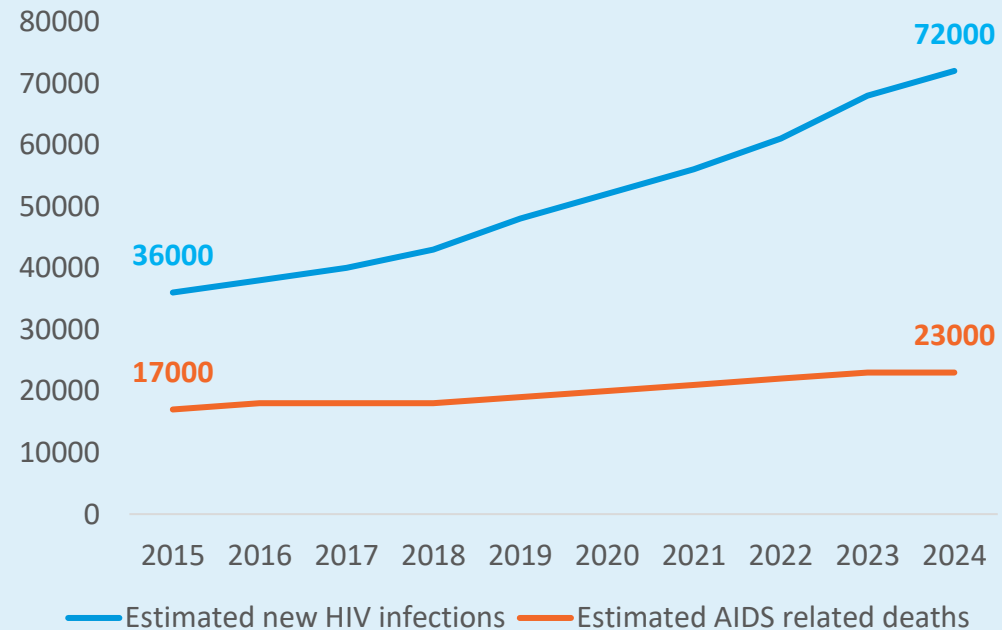
- African Region: 26.3 million
- Region of the Americas: 4.2 million
- South-East Asia Region: 3.7 million
- European Region: 3.2 million
- Western Pacific Region: 3.0 million
- **Eastern Mediterranean Region: 610,000**

Burden: estimated people living with HIV (PLHIV), new infections and AIDS related deaths

Estimated PLHIV (2015 -2024)



Estimated New HIV infections and AIDS related deaths (2015-2024)



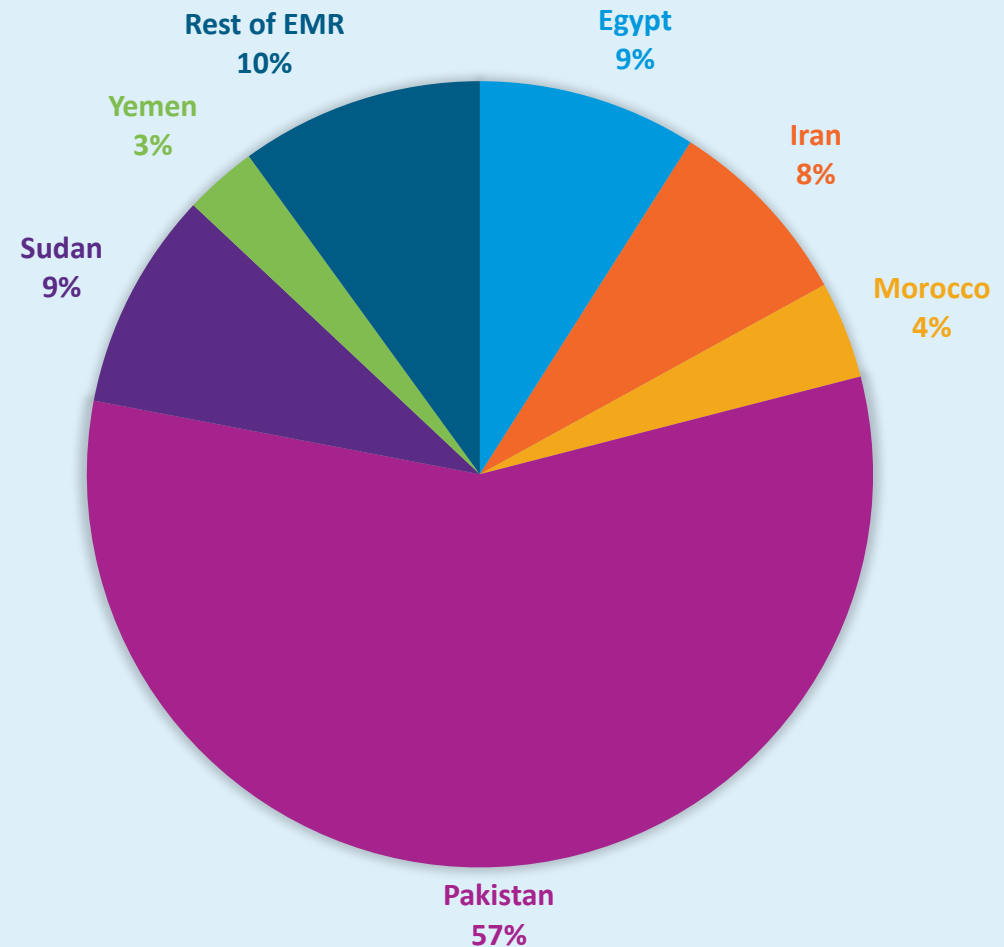
100%
increase
in annual
new HIV
infections
[doubled]

35%
increase
in AIDS
related
deaths

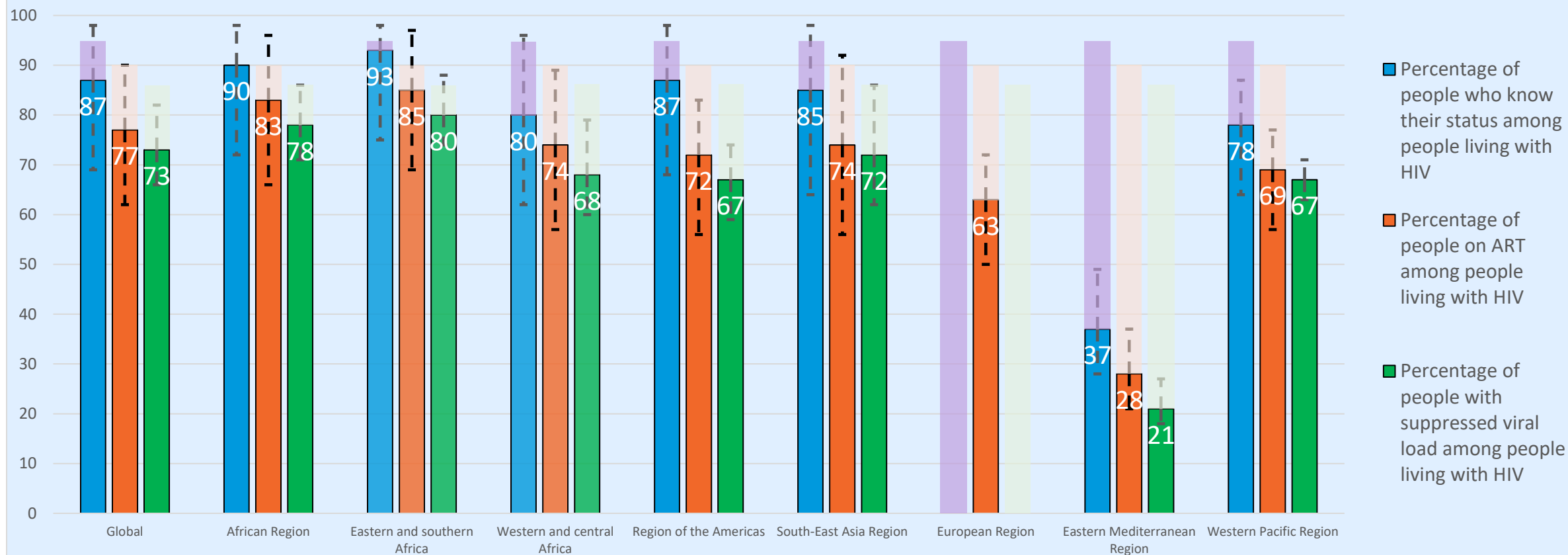
PLHIV distribution in the EMR 2024

Out of 610,000 of estimated PLHIV;

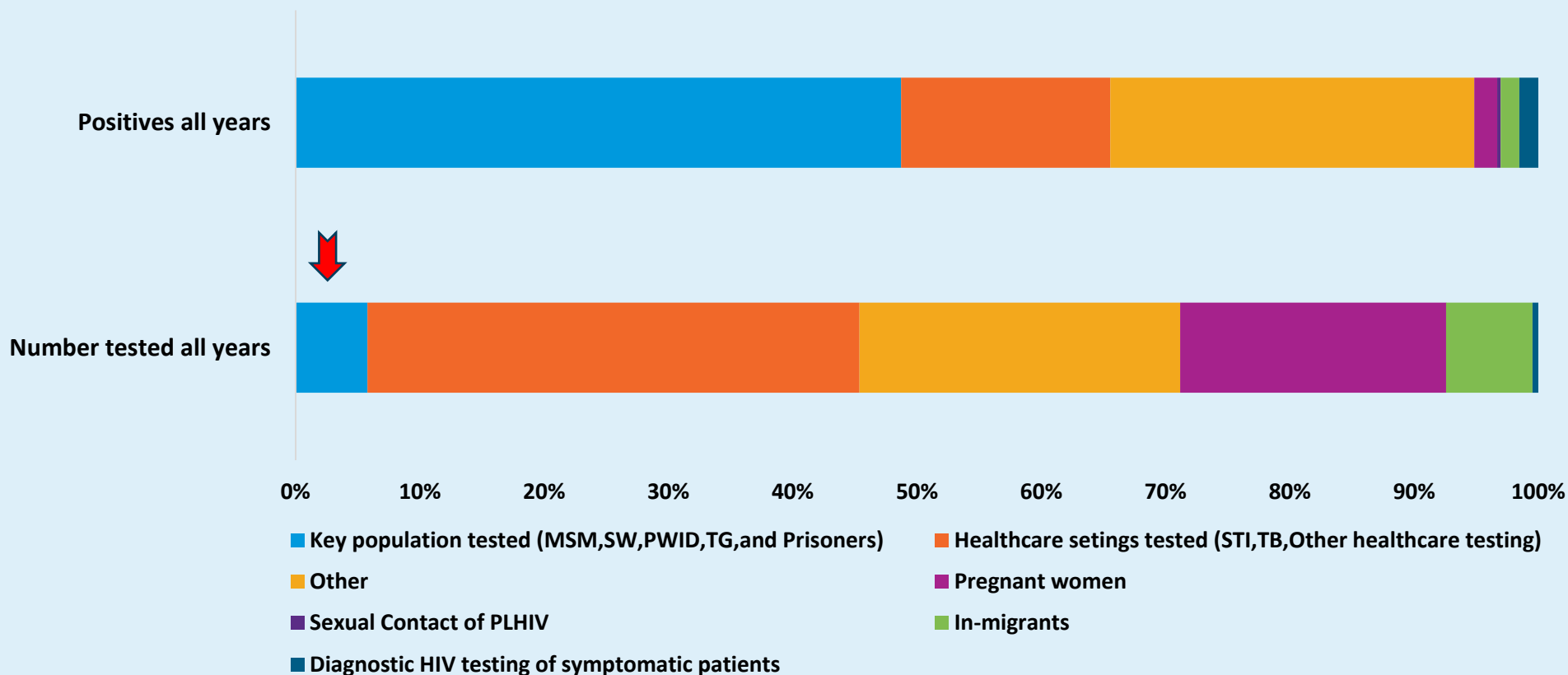
- ☐ **Pakistan** accounts for **57%** of PLHIV burden
- ☐ **Five additional countries** (Egypt, Iran, Sudan, Morocco, Yemen) account for **33%** of PLHIV burden
- ☐ The rest of the countries account for remaining **10%** of PLHIV burden



EMR regional progress towards testing and treatment targets – the region is very much behind



Testing is not focused where needed most: HIV tests conducted and positivity, 2019-23



On average, over 6 million tests conducted annually

Among KP*, only 6% of tests yield - leading to 49% of positive cases

Majority (94%) of testing among low yield groups such as migrants, employment and pre-marital clients.

KP*: Key population

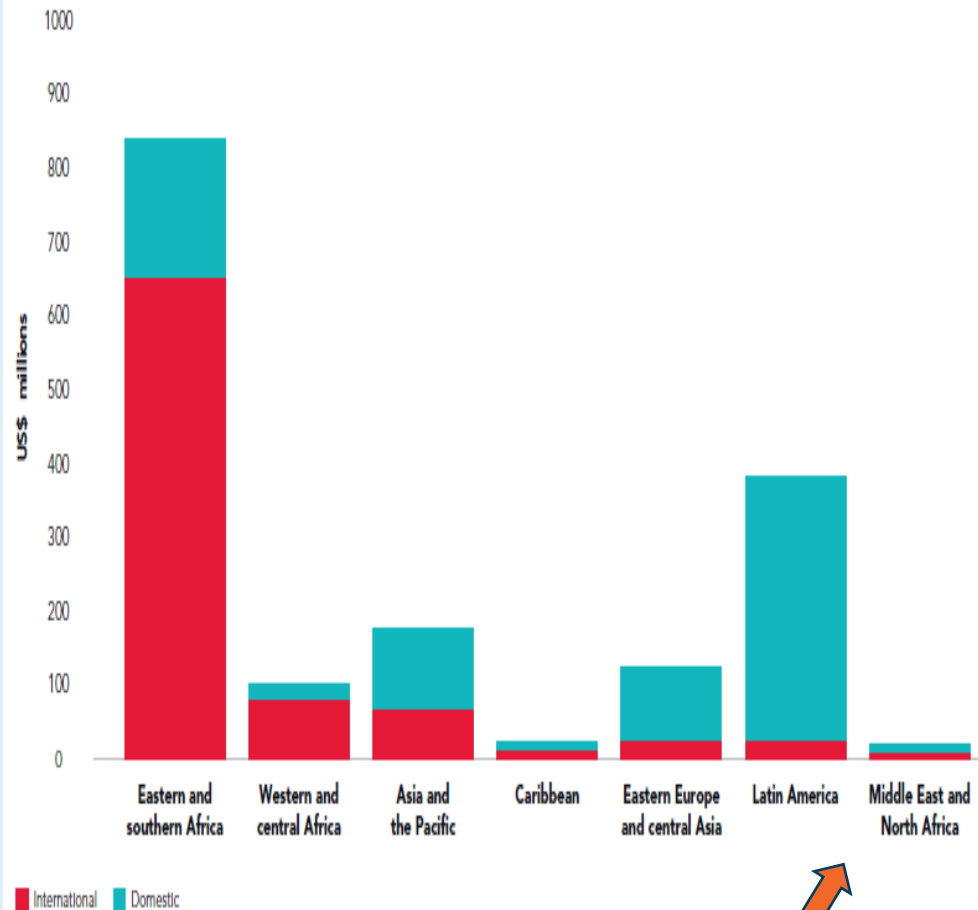
Prevention is not prioritized and not up to the scale needed

- ❑ HIV response is donor dependent mainly through The Global Fund grants (16 countries)
- ❑ Prevention component is limited and not up to the scale of the burden.
 - ❖ **Post and pre-exposure prophylaxis (PEP and PrEP)** are present only in **five** countries and the scale is very limited.
 - ❖ **Harm reduction** programmes for Injecting drug users only in **five** countries. [27 per person per year while the targets is 300 per person per year]

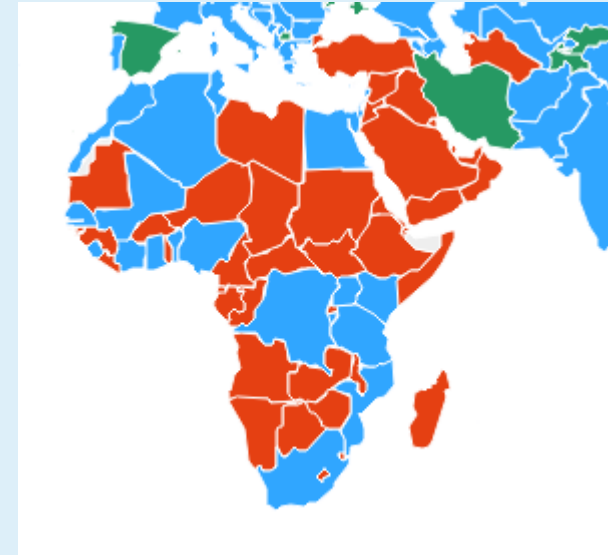


Eastern Mediterranean Region

Figure 8.2 Amount and source of HIV prevention spending, by region, 2023



Source: UNAIDS financial estimates, July, 2024 (<http://hivfinancial.unaids.org/hivfinancialdashboards.html>); Global AIDS Monitoring, 2024 (<https://aidsinfo.unaids.org/>).



■ NSP available in the community and prison
■ NSP available in the community
■ NSP not available

Impact on priority communicable diseases

- In the region

- ☐ The GF reduced its country envelopes [funding] across countries by **12-15%** of the allocation.
- ☐ This resulted in stopping some activities
- ☐ WHO worked with countries on revising interventions within country grants **prioritizing access to life saving treatment**
- ☐ Integration of interventions including capacity building activities.
- ☐ Freezing of activities to create a buffer for the priority activities

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Communicable diseases – HIV/AIDS

None of EMR countries was receiving direct US funding to support HIV activities. All money for HIV in the region are either from The GF, or domestic resources mainly.

In the worst-case scenario, HIV incidence and mortality could return to levels seen in the early 2000s.

Optimizing resources still important to avert a possible 50% increase in new HIV infections relative to status quo, within anticipated cuts

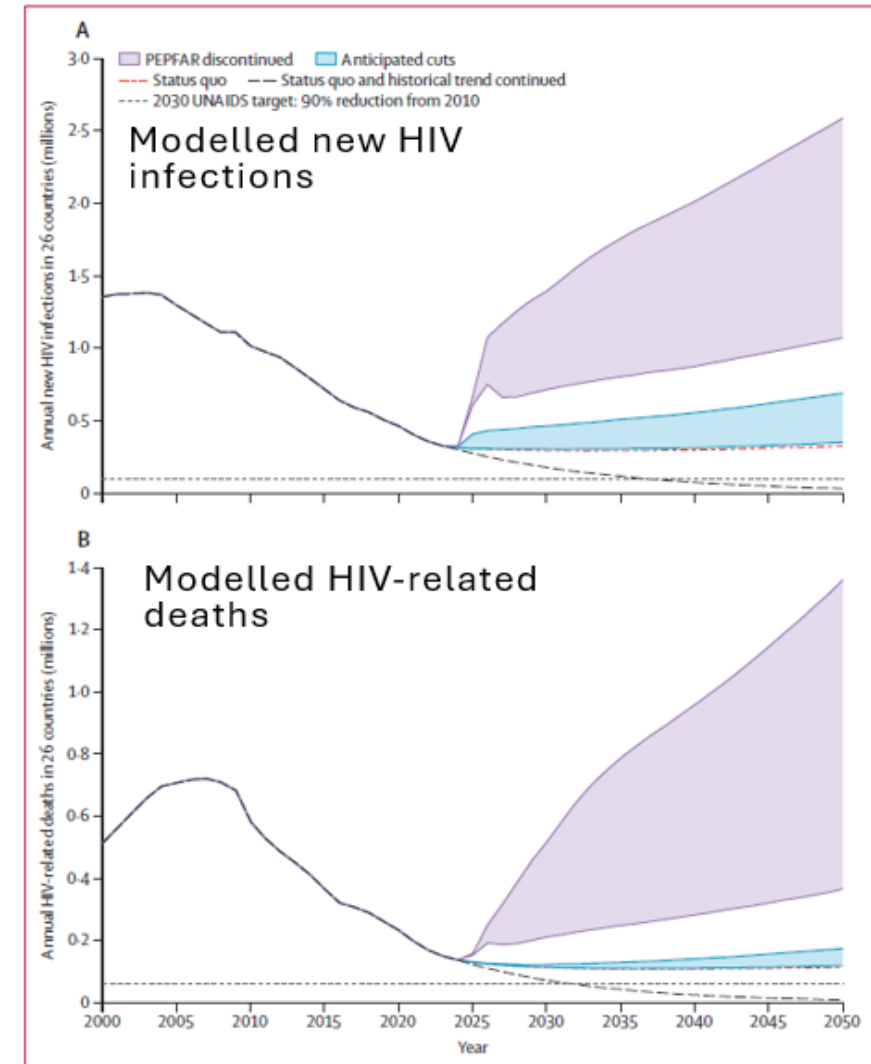
4.4 to 10.8 million additional new HIV infections by 2030

770 000 to 2.9 million additional HIV-related deaths by 2030

Most impacted will be AFRO region due to dependence heavily on PEPFAR funding.



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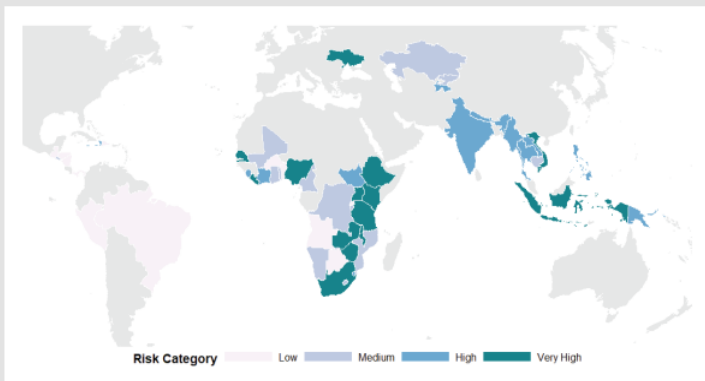


Key populations are disproportionately affected

Sustaining **community-based, peer-led service delivery models** are critical in reaching key populations with tailored services, as they are often the only trusted and accessible channels.

In scale year 2024, PEPFAR budgeted at least **9.2%** of its total budget, **or \$415.4 million, to HIV services targeting key populations**

FIGURE 3. Potential risk of KP budget cuts, by country.



Metric displayed is a standardized composite index of KP-focused programming as proportion of total PEPFAR program, number of beneficiaries of KP-focused prevention programs, reliance on foreign assistance, and criminalization of KPs.

80% of new HIV infections outside of sub-Saharan Africa and 25% of infections in sub-Saharan Africa were among key populations and their sexual partners.

Estimates indicate that 36% of PEPFAR partners closed within a week of the funding freeze, while another 19% reported not having enough funding to last more than a month without renewed support⁴.



Eastern Mediterranean Region

Highlights of some successes in the region

Morocco & Lebanon & KSA & UAE

- ❑ Close to achieving the global HIV/AIDS targets
- ❑ Strong community engagement [Leb, MOR]

Oman

- ❑ First country in the region achieve elimination of mother to child transmission of HIV and Syphilis [EMTCT HIV and Syphilis]

Egypt

- ❑ Managed to implement one of the biggest public health campaigns for Hep C which will benefit other communicable diseases

KSA, Qatar

- ❑ Moving towards integrated strategies for integration of HIV, Hepatitis and STIs

Civil society and community

- ❑ a key role in supporting PLHIV during emergencies such as COVID and delivering key medications
- ❑ First line support for brings services close to key populations.
- ❑ Continuous advocacy to raise the voices of PLHIV.



Key takeaways

- ❑ The HIV burden in the EMR is rising sharply, with new infections, deaths and PLHIV increasing at worrying rates across the region.
- ❑ Prevention and testing services are not strategized towards key populations where most of the burden lies
- ❑ The region suffer from limited investment in HIV and scaling up the services adequately to be able to curb the epidemic and reinforce the regional HIV response.
- ❑ We have some good examples in the region we should expand and build upon and maximize for other countries.
- ❑ Sustainability should come from trained healthcare workers [equipped], and continuation of services not dependent on donor funding.