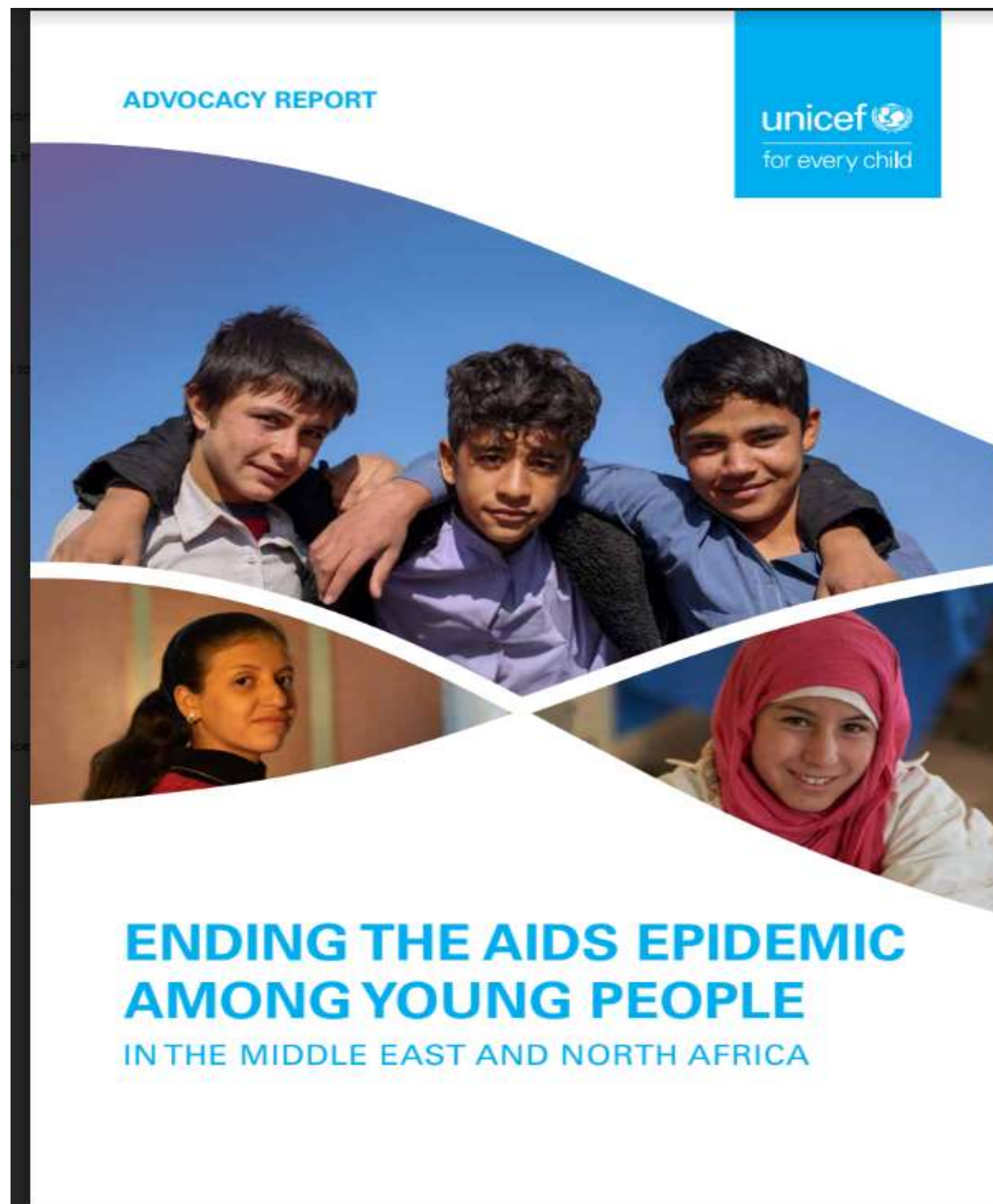
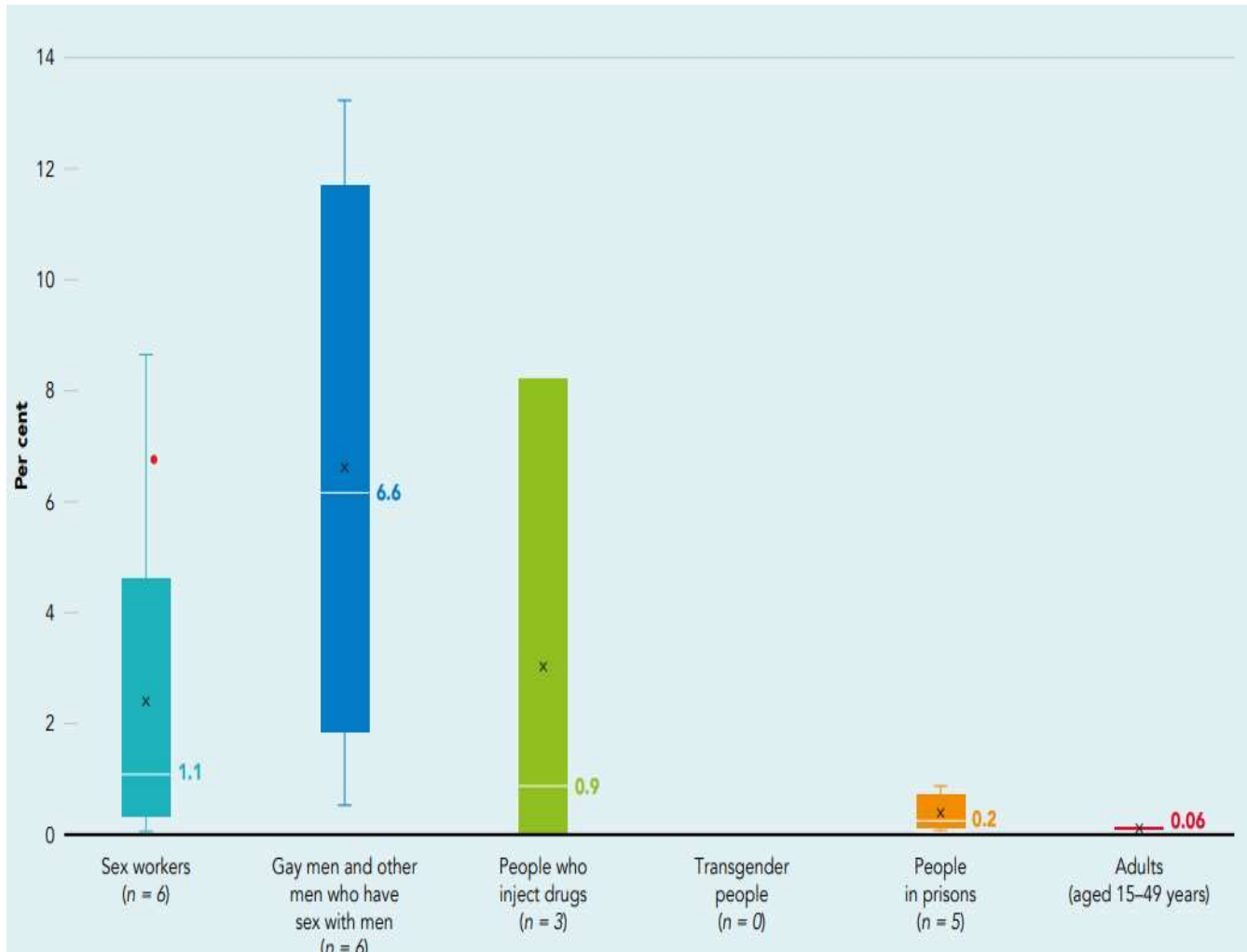


HIV and Young Key Populations in Middle East and North Africa Region

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UNICEF Middle East and North Africa Regional
Office



HIV Epidemic Trends: Middle East and North Africa, 2023



61% Percentage change in new HIV infections (2010 – 2022)

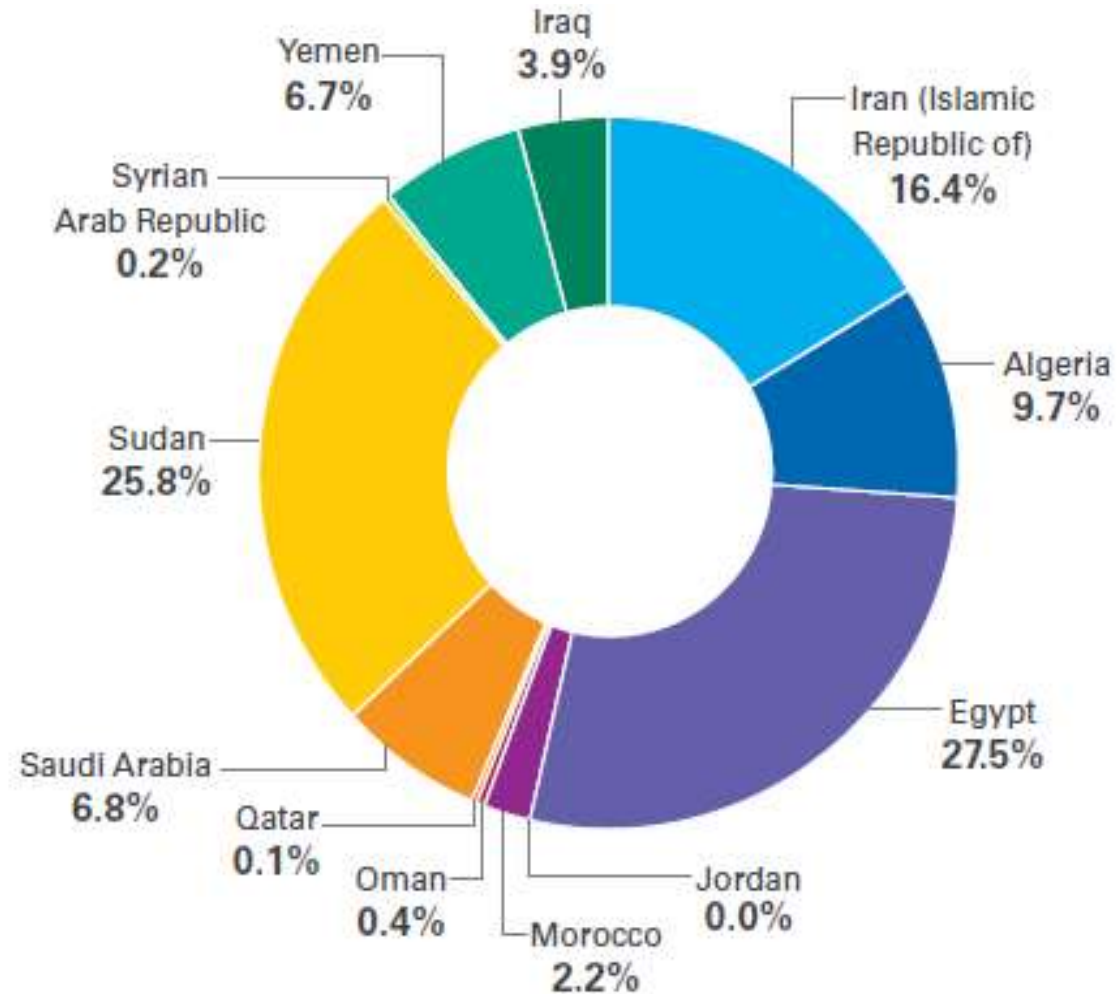
HIV prevalence among key populations compared with adults (15–49 years) 2018–2022

- 1.1% among sex workers
- 6.6% among gay men and other men who have sex with men
- 0.9% among people who inject drugs
- 0.2% among people in prisons

The estimated HIV prevalence among adults (15 – 49 years) is **0.06%**

Sources: UNAIDS Global AIDS Monitoring, 2023; UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>). Notes: n = number of countries. Total number of reporting countries = 20. The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that an estimate is precise, while wide bounds indicate greater uncertainty regarding the estimate.

Geographical distribution of new HIV infections among young people, aged 15–24 years, Middle East and North Africa, 2022

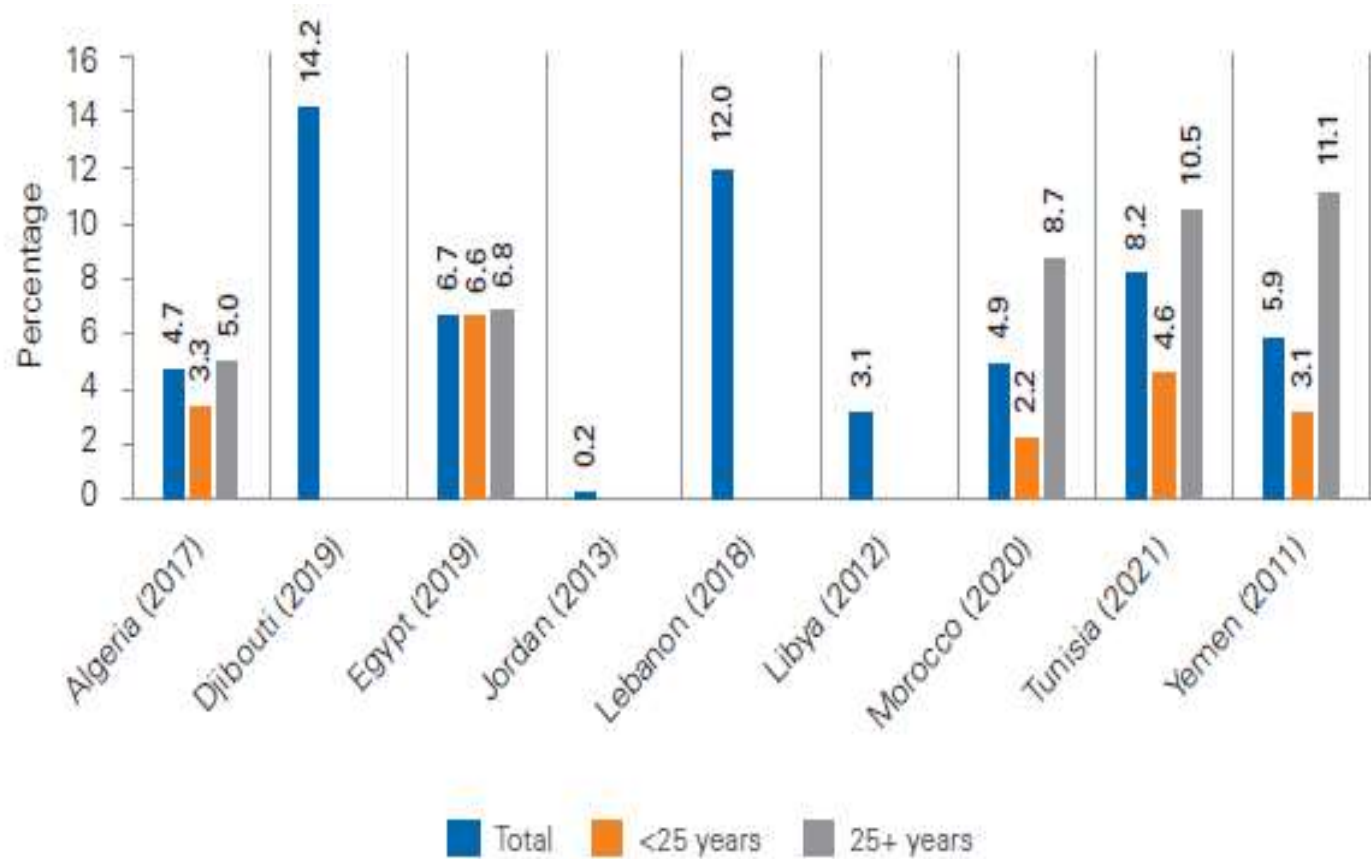


A closer look at trends shows that new infections among young people are rising sharply in Saudi Arabia, increasing steadily in Algeria, Egypt, Sudan and Yemen, and may be levelling off in Iran.

Note: For some countries, the number of new infections is estimated as <1000 or <500; in those cases, the estimates have been rounded to the highest number. Estimates were not available for Bahrain, Djibouti, Kuwait, Lebanon, Libya, State of Palestine, Tunisia and United Arab Emirates.

Source: UNAIDS epidemiological estimates, 2023

HIV prevalence among men who have sex with men, various age ranges, MENA countries with data, post-2010

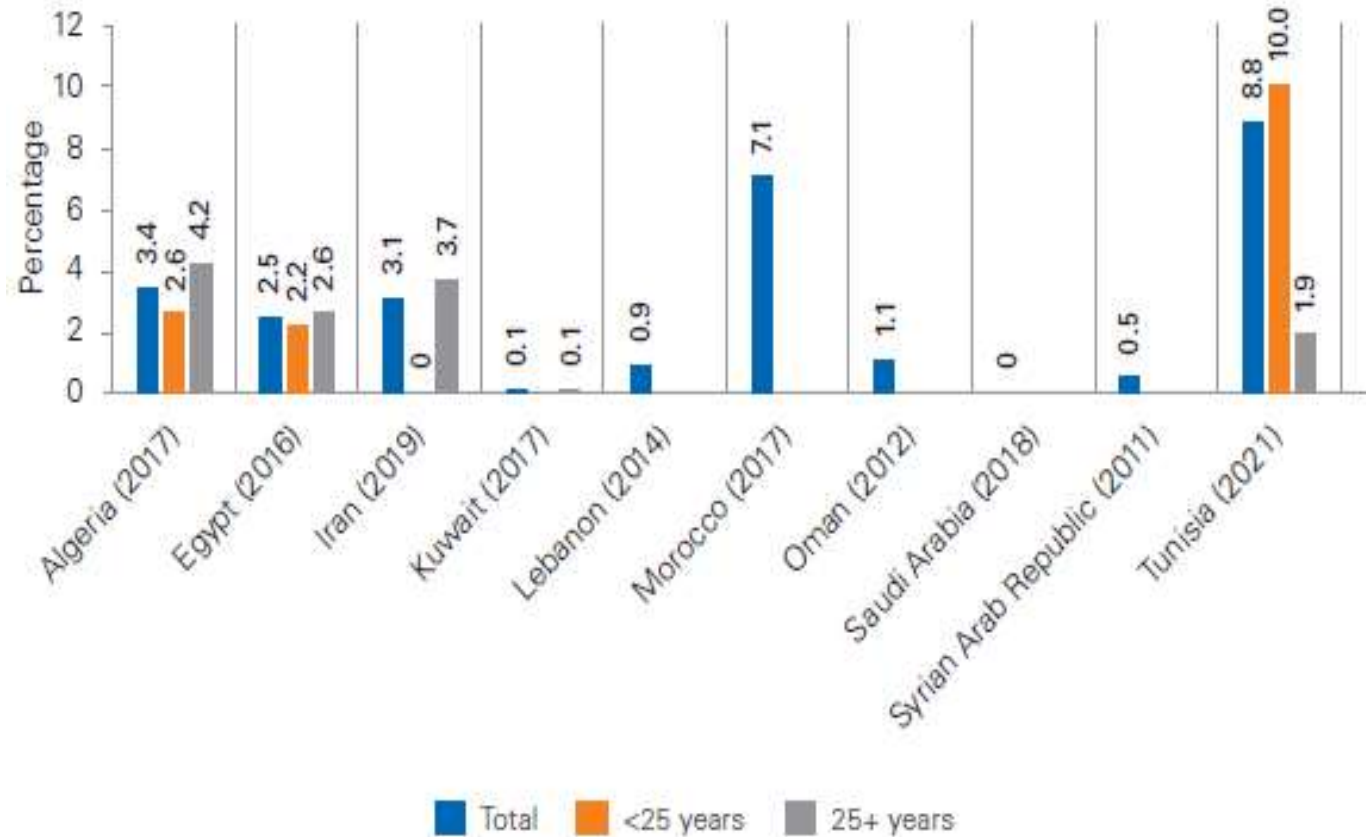


One of the hardest groups to reach with HIV and other health services due to severe stigmatization and discrimination

Note: Due to often-hostile contexts and the use of different sampling methods, the reliability of HIV prevalence data for key populations varies. In this case, except for Algeria, the data can be considered moderately reliable.

Sources: Bilan des activités des centres de dépistage du VIH/sida 2017 (Algeria); Données de routine, Rapport Oct 2018–Sept 2019 Projet Linkages FHI360 (Djibouti); FHI and Freedom (Egypt); IBBS (Jordan and Lebanon); Étude bio-comportementale intégrée PDS (Morocco and Tunisia)

HIV prevalence among people who inject drugs, various age ranges, MENA countries with data, post-2010

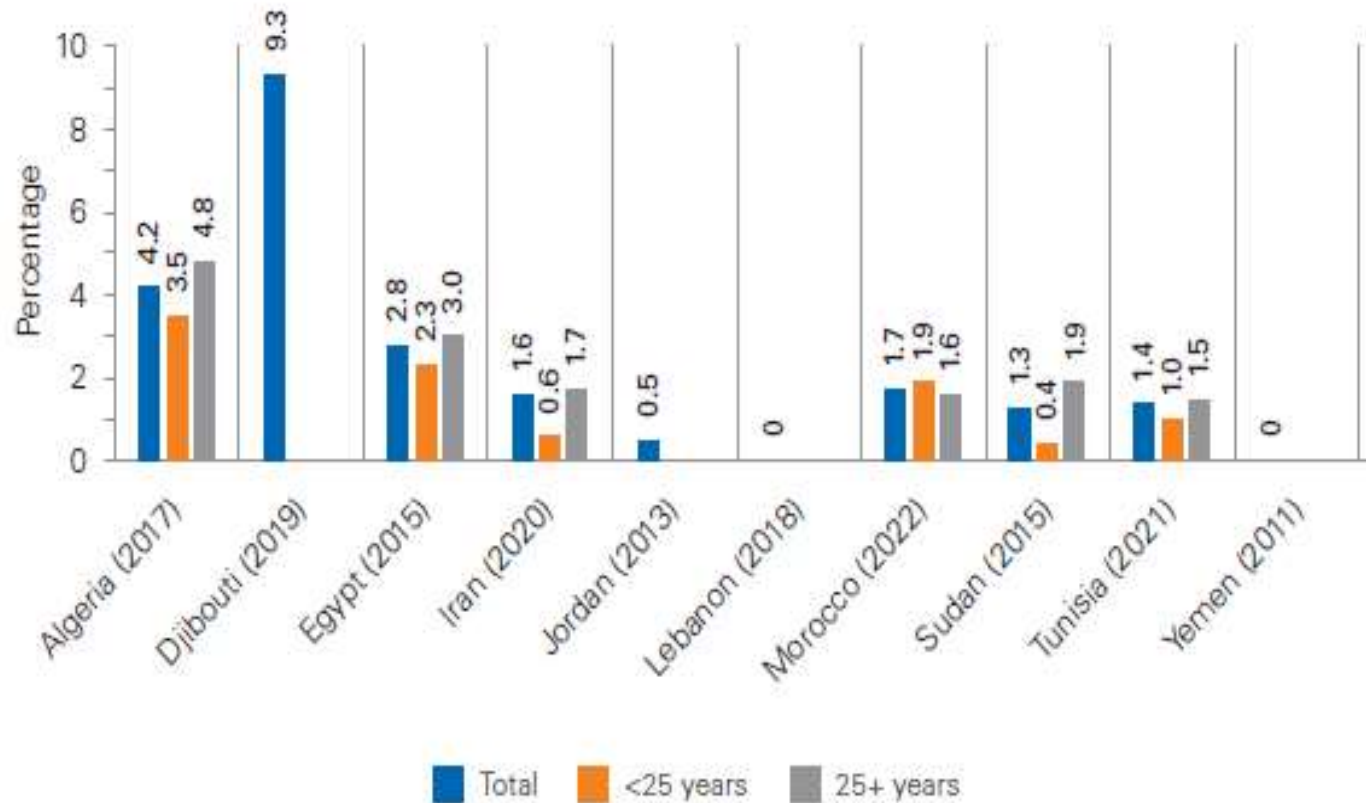


Despite compelling evidence of the effectiveness of harm reduction programmes in preventing HIV and other health threats, these interventions remain very limited in the region

Note: Due to often-hostile contexts and the use of different sampling methods, the reliability of HIV prevalence data for key populations varies. In this case, the most reliable data were from Iran, Morocco and Tunisia.

Sources: Bilan des activités des centres de dépistage du VIH/sida 2017 (Algeria); voluntary counselling and testing data (Egypt); Behavioral Surveillance Survey, 2018 (Iran); addiction centre data (Kuwait); Etude Bio-comportementales intégrées auprès des PID (Morocco); national programme data (Saudi Arabia); Enquête IBBS 2021 Usagers des drogues injectables (Tunisia).

HIV prevalence among young women who sell sex, various age ranges, MENA countries with data, post-2010

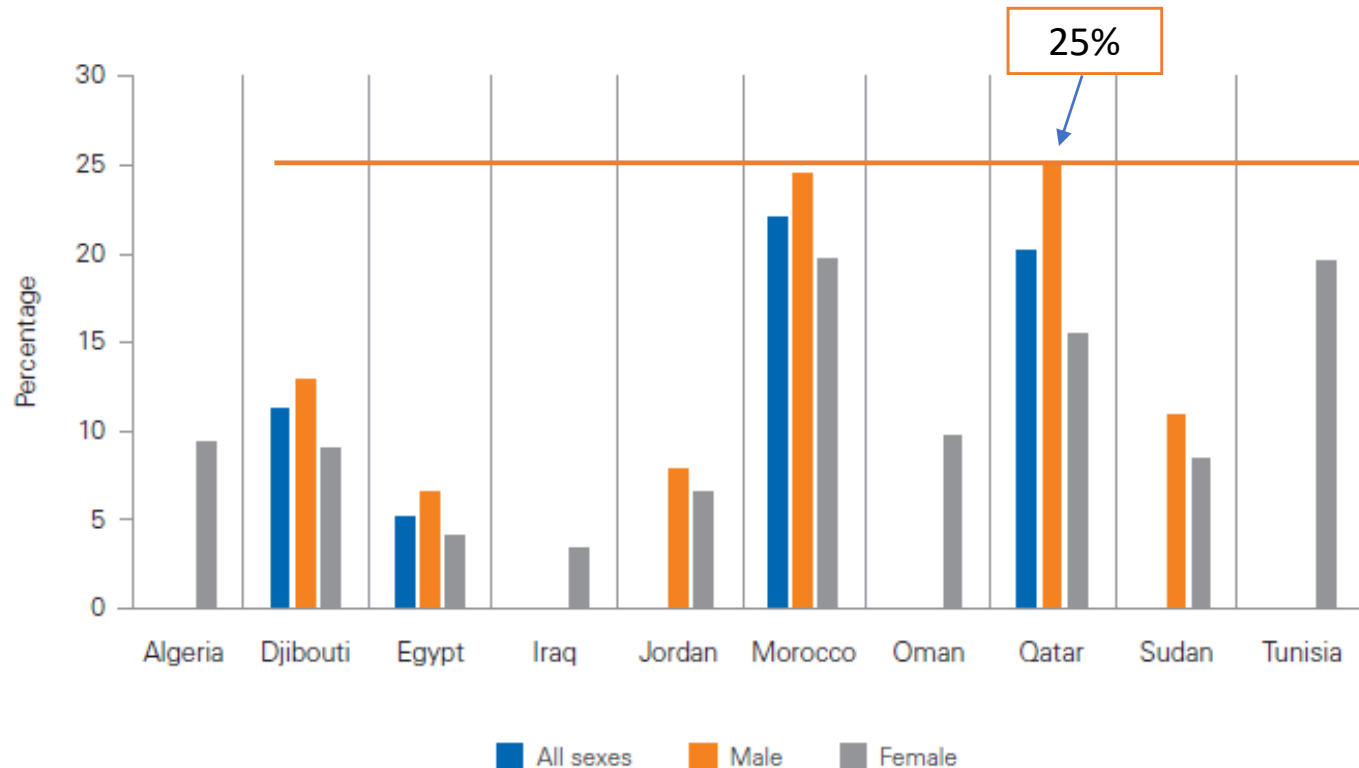


Limited study evidence suggests that the median age at which women initiate selling sex is about 23 years

Note: Due to often-hostile contexts and the use of different sampling methods, the reliability of HIV prevalence data for key populations varies. In this case, the most reliable data were from Djibouti, Iran, Morocco, Sudan and Tunisia.

Sources: Bilan des activités des centres de dépistage du VIH/sida 2017 (Algeria); Données de routine, Rapport Oct 2018-Sept 2019 Projet Linkages FHI360 (Djibouti); Al-Shehab Organization Network of Associations for Harm Reduction (Egypt); Behavioral Surveillance Survey, 2020 (Iran); IBBS (Jordan, Lebanon, Morocco, Sudan, Tunisia).

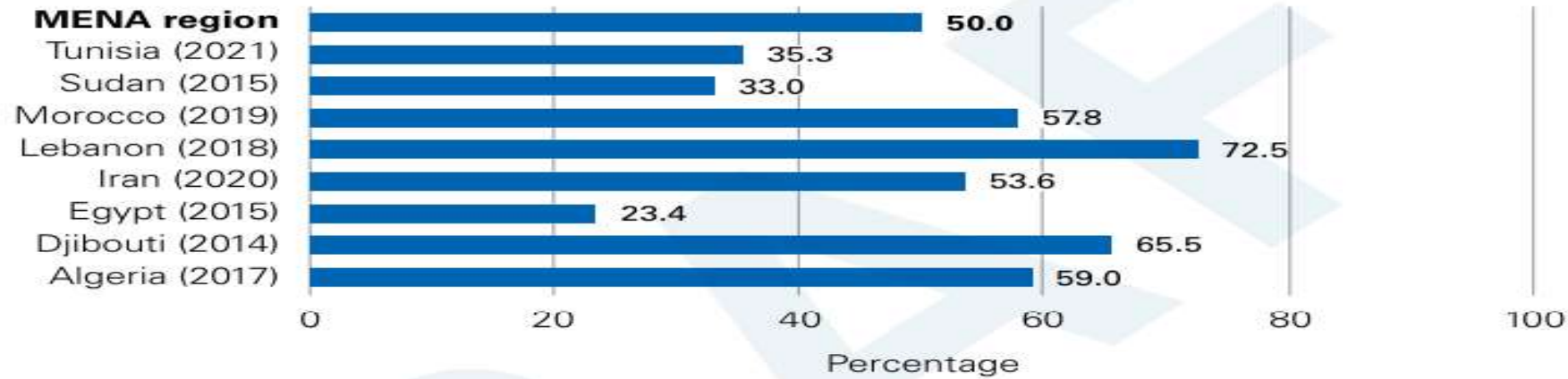
Knowledge about HIV among young people (aged 15-24 years) is concerningly low...



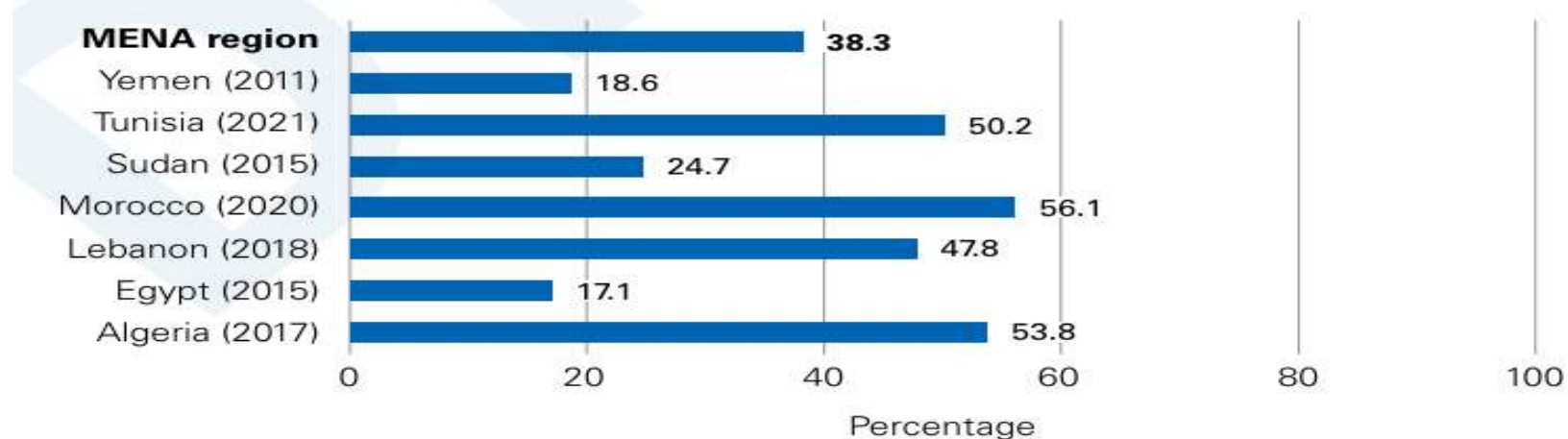
Low levels of HIV knowledge among young people in the region, between **5 per cent** and **25 per cent**. Most of data at least a decade old.

More current data documenting young people's HIV knowledge needed.

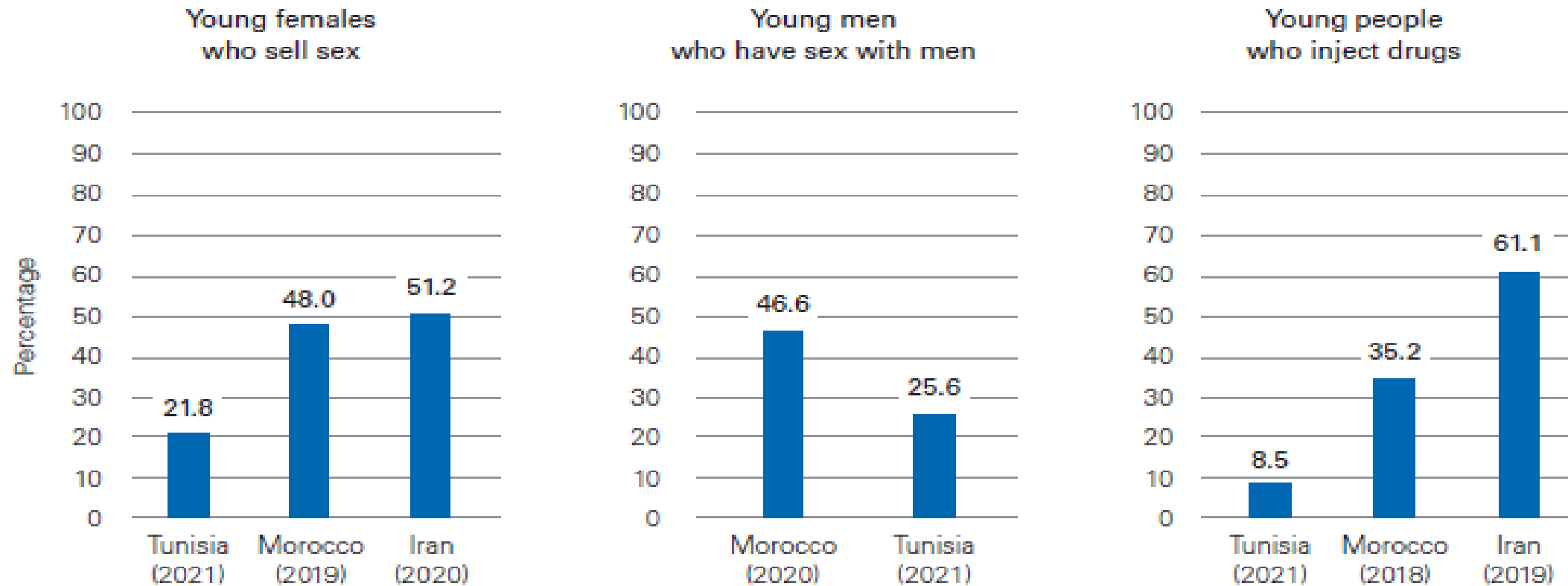
Percentage of young females who sell sex (aged 18–24 years) who reported using a condom at last sexual intercourse with a paying partner, by country, Middle East and North Africa, studies from 2014–2021



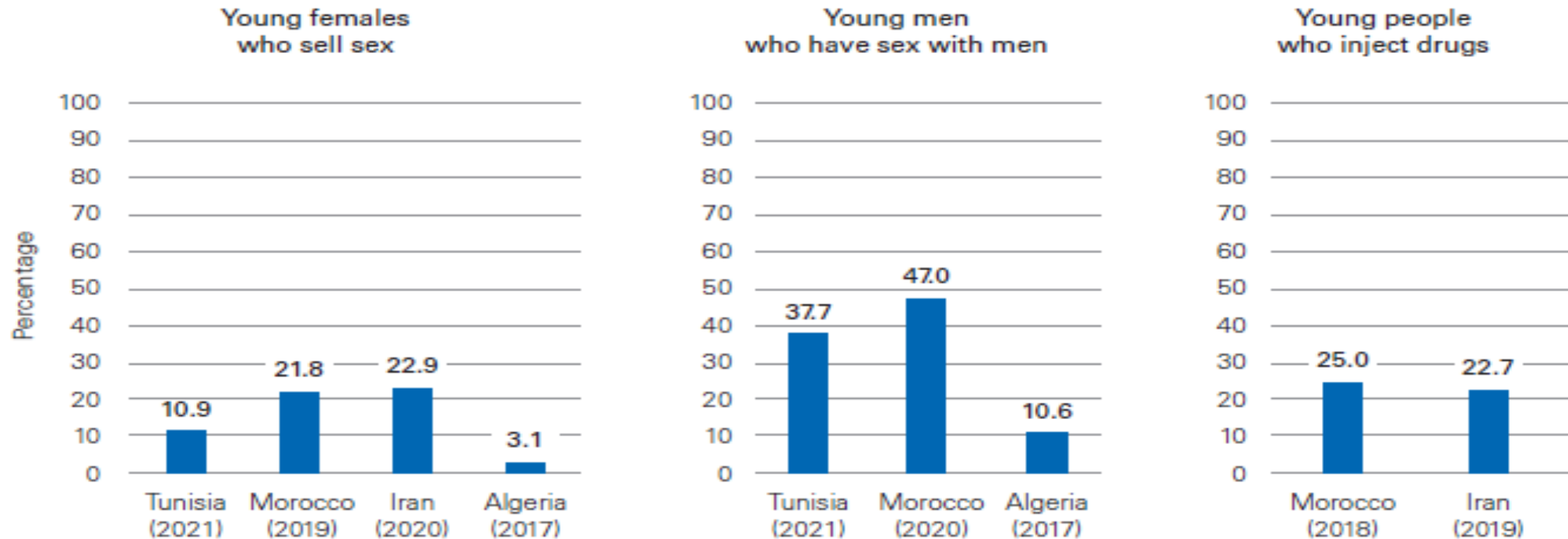
Percentage of young men who have sex with men (aged 18–24 years) who reported using a condom at last sexual intercourse with a male partner, by country, Middle East and North Africa, studies from 2011–2020



HIV testing and awareness of HIV status among young key populations, Middle East and North Africa, as of 2023 (<25 years)



How can we respond to the needs of young key populations (<25 years) with such limited data on HIV prevention programme coverage?



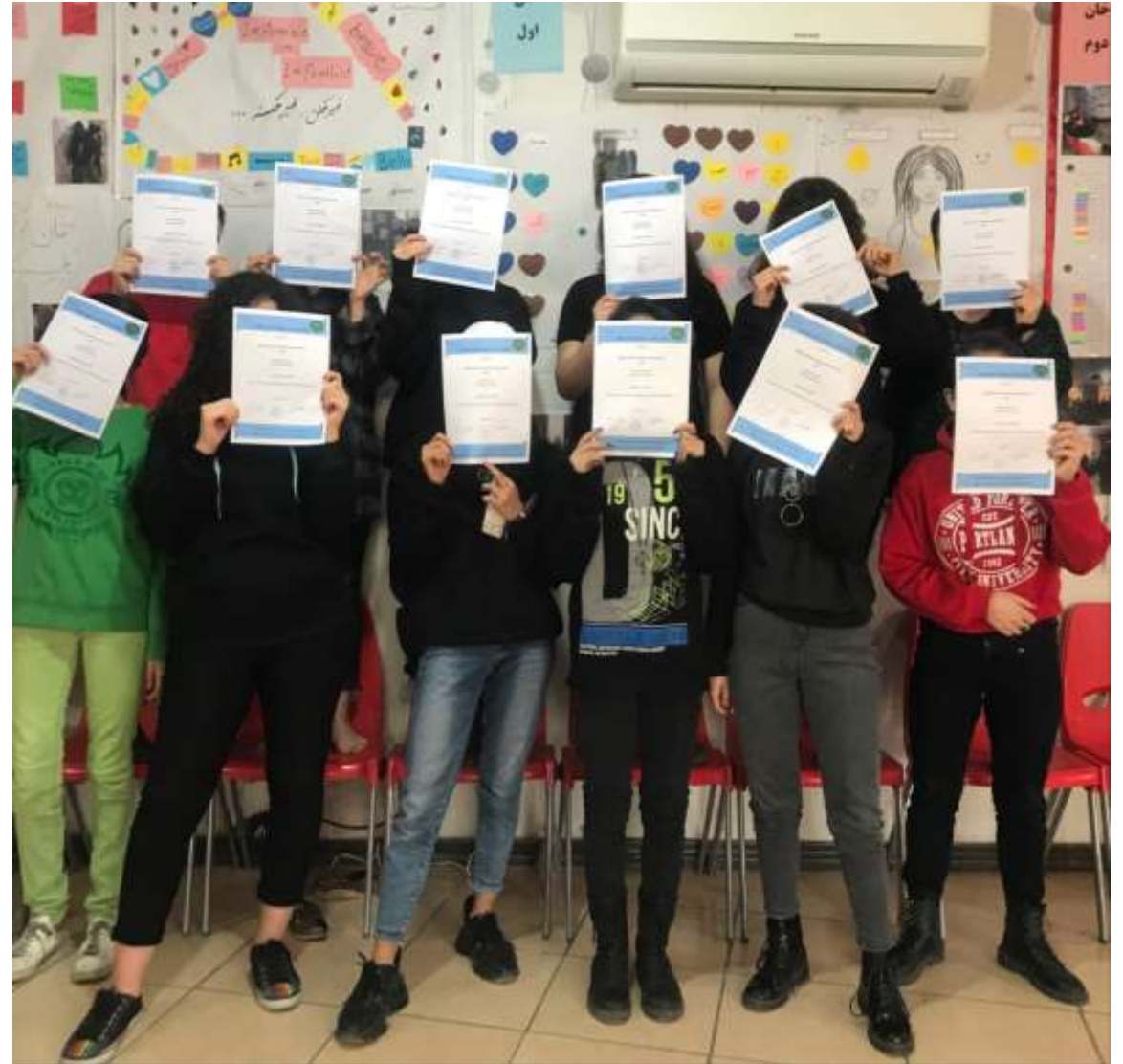
Governmental policies and laws restricting adolescents and/or key populations from services

Country	Laws requiring parental consent for adolescents to access:		
	Contraceptives, including condoms	HIV testing	SRH services
Algeria		Yes	Yes, for adolescents younger than 18 years
Bahrain			
Djibouti		Yes	
Egypt	Yes, for adolescents younger than 18 years	No	No
Iran, Islamic Republic of		Yes	Yes, for adolescents younger than 18 years
Iraq			
Jordan		No	No
Kuwait		Yes	Yes, for adolescents younger than 18 years
Lebanon			
Libya	No	Yes	No
Morocco	No	Yes	Yes, for adolescents younger than 18 years
Oman	No	No	Yes, for adolescents younger than 18 years
Qatar			
Saudi Arabia	No	No	Yes, for adolescents younger than 18 years
Sudan		Yes	No
Syrian Arab Republic		Yes	Yes, for adolescents younger than 18 years
Tunisia	Yes, for adolescents younger than 18 years	Yes	No
United Arab Emirates			
Yemen			

Country	Criminalization of cross-dressing	Criminalization of possession of small amounts of drugs	Criminalization of same-sex sexual acts in private	Criminalization of sex work	Criminalization of transgender people	Criminalization/prosecution of non-disclosure of or exposure to HIV transmission
Algeria	No	Yes	Yes, imprisonment (up to 14 years)	Yes		Neither criminalized nor prosecuted
Bahrain		Yes	No laws penalizing consensual sex	Yes		
Djibouti		Yes	No laws penalizing consensual sex	Yes		
Egypt	Yes, only under certain conditions	Yes	Yes, penalty not specified	Yes	No	Neither criminalized nor prosecuted
Iran, Islamic Republic of		Yes	Yes, death penalty	Yes	No	Neither criminalized nor prosecuted
Iraq		Yes	Yes, death penalty	Yes		
Jordan		Yes	No laws penalizing consensual sex	Yes		
Kuwait	Yes, only under certain conditions	Yes	Yes, imprisonment (up to 14 years)	Yes		Both criminalized and prosecuted
Lebanon		Yes	Yes, imprisonment (up to 14 years)	Yes		
Libya	Yes	Yes	Yes, imprisonment (up to 14 years)	Yes	Yes	Both criminalized and prosecuted
Morocco	Yes	Yes	Yes, penalty not specified	Yes	No	
Oman	Yes	Yes	Yes, imprisonment (up to 14 years)	Yes	Yes	
Qatar		Yes	Yes, death penalty	Yes		
Saudi Arabia	Yes	Yes	Yes, death penalty	Yes		Criminalized
Sudan		Yes	Yes, imprisonment (up to 14 years)	Yes	No	
Syrian Arab Republic	Yes, only under certain conditions	Yes	Yes, imprisonment (up to 14 years)	Yes		Prosecuted
Tunisia	Yes	Yes	Yes, imprisonment (up to 14 years)	Yes		Criminalized
United Arab Emirates	Yes	Yes	Yes, death penalty	Yes		Both criminalized and prosecuted
Yemen			Yes, death penalty	Yes		

Challenges

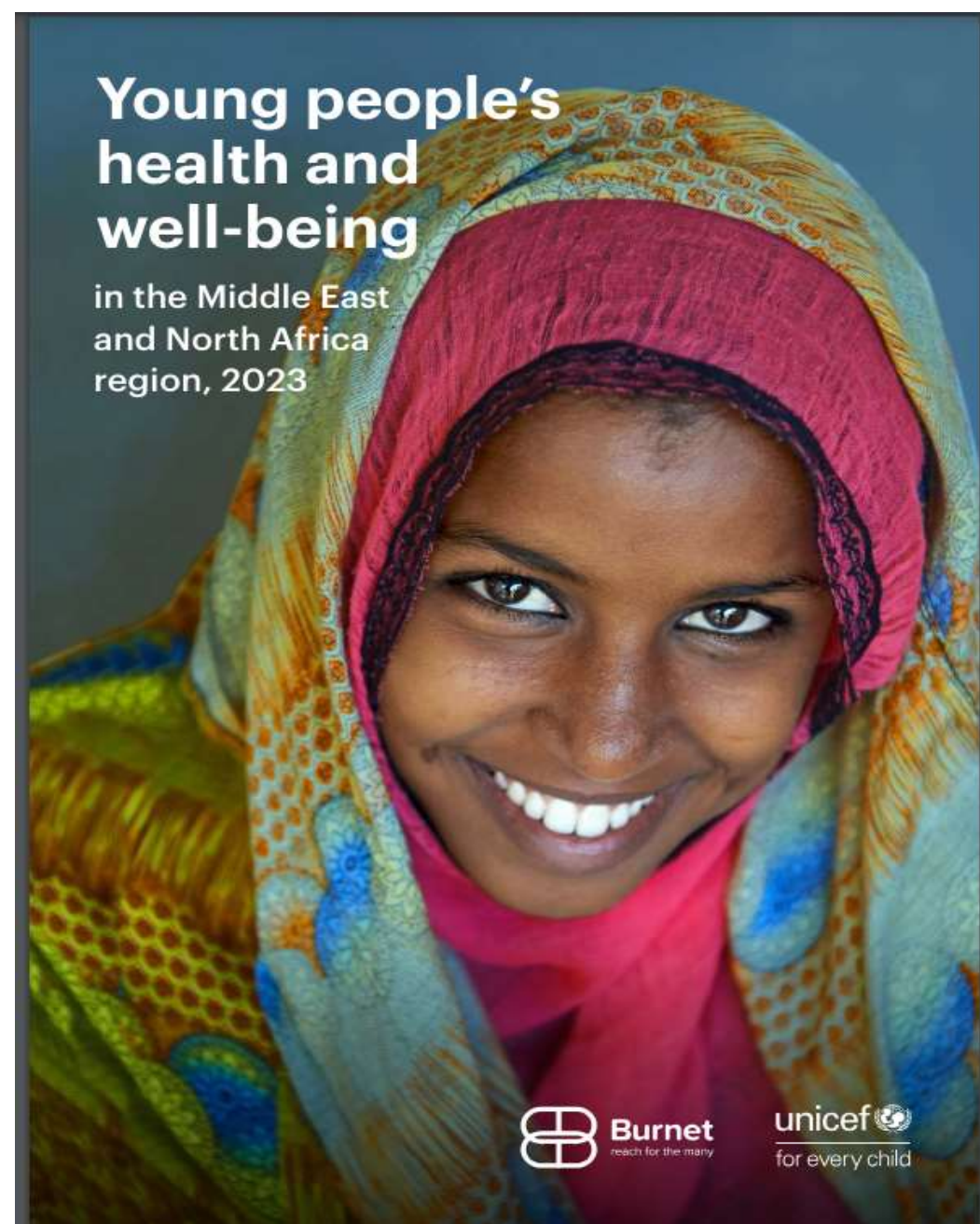
- Political will and funding
- Punitive and other obstructive laws
- Stigma and discrimination
- HIV-related data for young key populations (do not include 15 – 18-year-olds in HIV biological and behavioral surveillance surveys of key populations, age of consent)
- Stressed, unaffordable and exclusionary health services
- Limited community engagement



Opportunities – Strategic entry points

- Strengthening the evidence base-HIV prevalence, risk factors, and prevention and intervention programme coverage (Eg: IBBS, age disaggregated analysis – UNICEF has supported Jordan, Lebanon IBBS)
- Invest in **integrated HIV programmes** and **cross sectoral approaches** and focus them for maximum impact
- Increasing access to HIV testing and treatment through confidential and anonymous services (Eg: Anonymous HIV/Hepatitis B & C and Syphilis voluntary testing and counseling – Lebanon and Jordan – community organizations)
- Strengthen and use primary health care as a foundation for an effective HIV response among young people
- Empower and strengthen community systems, including through increased access to funding

Other Resources



Situational Analysis: Risks and Vulnerabilities - Adolescents and young people at risk of HIV (Secondary Data Analysis on IBBS)

Jordan



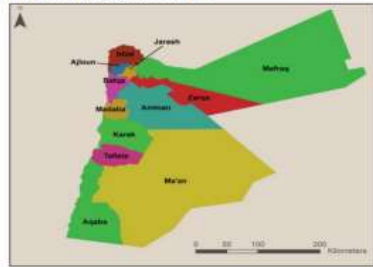
Ministry of Health
The Hashemite Kingdom of Jordan



Knowledge, Attitudes and Perceptions of HIV among Refugees and Migrants Between the ages of 18 and 24 in Jordan, 2021

1. BACKGROUND

Little is known about refugees and migrants between the ages of 18 to 24 years living in Jordan. In 2020-2021, the Eastern Mediterranean Public Health Network (EMPHNET), in collaboration with the International Organization for Migration, undertook a study to estimate the knowledge, attitudes and perceptions (KAP) of HIV/AIDS among refugees and migrants in Jordan.



migrants were sampled together using cluster sampling with clusters selected from either a census frame (for Jordanians) or a UNHCR database (Syrians). The four groups of migrants and refugees sampled were classified as "Jordanian", "urban and camp refugees" (Syrians only) and "migrants" (other nationalities than Syrian).¹ Once a random sample of clusters was selected, a systematic random sample of households were selected and visited. For each household, one eligible adult (18 years or older) was surveyed at random. The findings presented here are extracted from the larger KAP survey and represent young migrants and refugees between the ages of 18 and 24 years.

3. FINDINGS

The total sample size of migrants and refugees was 2127, out of which 553 (26%) were between the ages of 18 and 24. Thirty four percent were Jordanians, 28% were urban refugees, 25% were camp refugees and 13% were migrants. Urban and camp refugees were entirely made up of Syrians and comprised 41% of the sample. Of the migrants, Egyptians comprise the highest percentage (42.5%). Of those, 44.3% were male and 55.7% were female. One quarter were living in Amman or Mafraq, 16.3% in Zarqa and 27% in Irbid.

Age and other socio-demographics

Those aged 23 made up the largest age group. (Fig. 1).

Fig 1. Age



migrants are those who moved to Jordan from their place of usual residence across an international border, temporarily or permanently, and for a variety of reasons.

Insufficient knowledge about HIV transmission and prevention contributes to increased risk of infection. This may be especially true for young people who face numerous vulnerabilities due to their age, physical, emotional, financial, and psychological dependence, and lack of access to proper and verified information. Refugees and migrants who are living in poverty and unstable and insecure conditions and social environments are even more exposed to these challenges.

2. METHODS

Given the lack of information about refugee and migrant populations above the ages of 18 years in Jordan, data was collected through a KAP survey conducted in four governorates (Amman, Zarqa, Mafraq, and Irbid). This survey used a cross sectional design. Refugees and

¹Definitions of four groups of migrants and refugees sampled: Jordanians are internally displaced persons, urban refugees are Syrians who were settled in an urban area of Jordan, camp refugees are Syrians who are settled in refugee camp, and

Tunisia



HIV INTEGRATED BIOLOGICAL-BEHAVIORAL SURVEILLANCE SURVEY AMONG YOUNG PEOPLE WHO INJECT DRUGS, FEMALE SEX WORKERS, AND MALES WHO HAVE SEX WITH MALES, TUNISIA, 2021

1. BACKGROUND

People who inject drugs (PWID), men who have sex with men (MSM) and female sex workers (FSW) are core population groups for the transmission of HIV and other sexually transmitted infections. This is especially true for young PWID, MSM and FSW who may be less able to negotiate condom use, more likely to have sexual partners who are older than they and less likely to practice safe injection. Young PWID, MSM and FSW also face barriers to accessing available HIV prevention, harm reduction and other health services due to parental consent issues and fear of stigma and discrimination from society and healthcare workers. However, very little is known about young PWID, MSM and FSW in Tunisia in relation to their socio-demographic characteristics, sexual risks, access to services, HIV transmission knowledge and perceived risk and HIV prevalence.



2. METHODS

In 2021, HIV integrated biological behavioral surveillance surveys were conducted among PWID, MSM and FSW in Tunisia. Eligible participants were aged 18 years and above and fulfilled the characteristics outlined in Table 1.

Table 1. Population specific eligibility criteria

	PWID	MSM	FSW
Biological male			
Injected drugs in the past month		Had anal sex with a male in the past six months	Exchanged vaginal/anal sex for money or goods in the past 12 months

All populations were sampled using respondent driven sampling, a network-based sampling method. PWID were sampled in Tunis, Gafsa and Nabeul and FSW and MSM were sampled in Tunis, Sousse and Sfax. Data are weighted for differential network sizes in RDS Analyst (www.honimg.org) and population size differences. The findings presented here are extracted from the larger IBBS surveys and represent young PWID, FSW and MSM between the ages of 18 and 24 years.



3. FINDINGS

PWID comprised a total sample size of 780, out of which 211 (27%) were between the ages of 18 and 24. FSW comprised a total sample size of 780, out of which 101 (13%) were between the ages of 18 and 24 and MSM comprised a total sample size of 815, out of which 305 (38.5%) were between the ages of 18 and 24.

Age groups and other socio-demographics

The median age for young PWID and MSM was 21, and for young FSW was 22. Just over 20% of young PWID and FSW and 35.2% of young MSM were 18 or 19 years old (Fig. 1).

Figure 1. Age groups



Lebanon

A Situational Overview: HIV among Young Key Populations in Lebanon

1. BACKGROUND

Sex workers (SW) and men who have sex with men (MSM) are core population groups for the transmission of HIV and other sexually transmitted infections (STI). This is especially true for young SW and MSM who may be less able to negotiate condom use and more likely to have sexual partners who are older than they. Young SW and MSM also face barriers to accessing available HIV prevention and other health care services due to parental consent issues and fear of stigma and discrimination from society and healthcare workers.

Fig. 1 Map of Lebanon

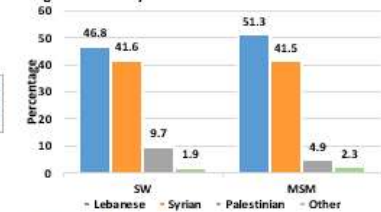


comprised a total sample size of 912, out of which 224 (24.6%) were between the ages of 18 and 24.

Nationality

Most young SW and MSM were Lebanese and 42% were Syrian. Ten percent of young SW and 5% of young MSM were Palestinian (Fig. 2.)

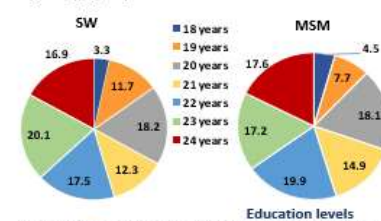
Fig. 2 Nationality



Age groups

The largest proportion of young SW were in the 23-year-old age group and the largest proportion of young MSM were in the 22-year-old age group (Fig. 3). Three percent of young SW and 4.5% of MSM were 18 years of age.

Figs. 3 Age groups



Education levels

A much higher percentage of young SW, compared to young MSM, have no schooling (Fig 4). One third of young MSM have university education, whereas only 2% of young SW have university education. The highest percentage of young SW have only primary education (29%).

3. FINDINGS

SW comprised a total sample size of 536, out of which 154 (28.7%) were between the ages of 18 and 24 and MSM

Leveraging partnerships to achieve results: UNAIDS, WHO, IOM, Global Fund

• **Thank You**

