MIDDLE EAST AND NORTH AFRICA

The advance of AIDS in the Middle East and North Africa has continued with latest estimates showing that 67,000 people became infected with HIV in 2005. Approximately 510,000 people are living with HIV in the region. An estimated 58,000 adults and children died of AIDS-related illnesses in 2005.

- Available evidence reveals trends of increasing HIV infections in countries such as Algeria, Libya, Morocco, and Somalia. The main mode of HIV transmission in this region is unprotected sexual contact, although injecting drug use is an increasingly important factor and is the predominant mode of infection in Iran and Libya.
- Except for Sudan, national HIV prevalence levels are low in all countries of this region. However, most of the epidemics are concentrated geographically and among particular at-risk populations, including sex workers and their clients, drug injectors, and men who have sex with men.
- By far the worst-affected country in this region is Sudan, with the highest infections levels found in the south. However, there are recent signs that HIV may be acquiring a stronger presence in the north than previously thought. Among women attending sexually transmitted infection clinics in the capital, over 2% tested positive in 2004, while HIV prevalence of 1% has been found among university students and internally displaced people in states both in the north and south of the country.
- According to a recent behavioural study in Sudan, only three quarters of pregnant women have ever heard of AIDS, and fully one fifth of the surveyed women believed they could acquire HIV by sharing a meal with an HIV-positive person. Only 5% knew that condom use could prevent HIV infection, and more than two thirds of the women had never seen or heard of a condom.
- Research conducted in Saudi Arabia’s capital Riyadh indicates that about half of HIV infections have been occurring during heterosexual intercourse. Most women were married and had acquired the virus from their husbands, while most men had been infected during paid sex. A large proportion (26%) of infections found in the study were attributed to the transfusion of contaminated blood or blood products early in the epidemic.
- Official data from Egypt indicate an epidemic that is driven mainly by unprotected sex—with heterosexual intercourse accounting for about one half of HIV cases noted, and sex between men for a further one fifth. Injecting drug use was the mode of transmission in just 2% of HIV cases. Yet, researchers have encountered high levels of risky behaviour among injecting drug users in Cairo, for instance, with more than half the surveyed injectors saying they used non-sterile injecting equipment in the previous month.
Although still very low, HIV prevalence in women attending antenatal clinics in Morocco doubled between 1999 and 2003, when it reached 0.13%. Among sex workers and prisoners, prevalence was considerably higher, at 2.3% and 0.8% respectively.

Algeria recorded twice as many new HIV cases in 2004 (266 diagnoses) compared with the year before. The highest infection levels recorded to date have been among sex workers: 1.7% in Oran, in the north, and as high as 9% in Tamanrasset, in the south, where has risen sharply from the 2% found in 2000.

In Libya, injecting drug use is the main driver of an epidemic that has sent HIV infections surging among young men in recent years. As many as 80% of the almost 10,000 HIV cases officially reported by end 2004 have occurred since the turn of the century—and the majority of those infections appear to be the result of injecting drug use.

In Iran, HIV is circulating widely among drug injectors, of whom there were an estimated 200,000 in 2003, and looks set to spread further. One new study among users attending public drug treatment centres in Tehran suggests close linkages between HIV and drug injecting, incarceration and sexual practices. Most of the drug injectors who participated in the study were sexually active, many either bought or sold sex and only 53% had ever used a condom.

About 600-1,000 people are believed to be living with HIV in Jordan, where adult HIV prevalence appears to be very low (about 0.02%).

In Yemen, HIV transmission is believed to be occurring largely through paid sex, while injecting drug use appears to be a more prominent mode of transmission in Bahrain, Kuwait and Oman.

In several countries of this region, a combination of inadequate surveillance data and strong socio-cultural taboos against sex between men could be hiding sex between men as a factor in HIV transmission. Little is known about HIV transmission in prisons, although available data point to elevated risk in those settings. HIV prevalence of 18% has been reported in prisons in Tripoli, Libya, 2% in Sudan in 2002 and almost 1% in Morocco in 2003.

Knowledge of AIDS in the region is generally poor, and preventive practices are rare, even among populations most at risk of becoming infected. Substantive efforts are clearly needed to introduce more effective HIV prevention strategies in the Middle East and North Africa.