Middle East and North Africa

Overview
- In 2005, there were an estimated 440,000 people living with HIV in the Middle East and North Africa.
- Around 64,000 people were newly infected with HIV and AIDS killed around 37,000 adults and children in 2005.
- Only 5% of the estimated 75,000 people needing antiretroviral therapy in the Middle East and North Africa were receiving it by the end of 2005.
- National adult HIV prevalence did not exceed 0.1% in the countries of the Middle East and North Africa (except for in Sudan). However, available data show that the epidemics are growing in several countries including Algeria, Islamic Republic of Iran, Libyan Arab Jamahiriya, and Morocco.

Country developments
- Out of the 440,000 people living with HIV in the region, an estimated 350,000 were in Sudan, where national HIV prevalence was at 1.6% at the end of 2005.
- Sudan’s epidemic is most severe in the country’s southern areas (which are flanked by countries with comparatively high HIV prevalence). Studies in the southern town of Yei, near to the Ugandan boarder, found adult HIV prevalence of 4.4%, whereas prevalence in the inland town of Rumbek was found to be 0.4% among adults surveyed.
- Although the main mode of HIV transmission in the region is unprotected sexual contact, in Iran, high levels of HIV infection (around 15%) are being found in male injecting drug users attending drug treatment centres in Tehran. Most of the injecting drug users were sexually active and exchanging money for sex was common, however only half had ever used a condom.
- An important risk factor for HIV infection among drug users in Iran appears to be incarceration. Given that a large proportion of the total prison population in Iran is made up of people detained for drug-related offences, there is an urgent need to scale-up prevention programmes in prisons.
- In Libya, the number of HIV infections in young men has increased ten-fold since the turn of the century. Unsafe drug injecting practices were responsible for around 90% of those infections.
- In Algeria there were some 19,000 people living with HIV in 2005. Sex work and injecting drug use represent significant risk factors in the country’s epidemic. With one study showing that around 41% of injecting drug users shared injecting equipment and that 9% of female sex workers in Tamanrasset tested positive for HIV in 2004. Algeria’s epidemic has expanded into the wider population with HIV among women in antenatal care in parts of the south exceeding 1%.
- Unprotected sex (including paid sex and sex between men) and injecting drug use are major factors in Egypt's epidemic. Studies carried out in Egypt showed that 55% of injecting drug users shared injecting equipment.

- A study in the Saudi Arabian capital, Riyadh showed that about half the HIV infections detected occurred during heterosexual intercourse. The majority of women with HIV were married and probably acquired the virus from their husbands, who were most likely infected during paid sex.

- In Morocco, sex work is a significant risk factor in the country's epidemic. In 2004, studies found HIV prevalence of 1.9% among female sex workers.

- Very little is known about the spread of HIV in other countries of the region and it is possible that hidden, localised epidemics could be occurring undetected in some places. HIV-related prevention information and services are in short supply and knowledge of AIDS tends to be poor.

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