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## International Journal of Infectious Diseases

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## Editorial

## HIV in the MENA Region: Cultural and Political Challenges



Over the last few years, our knowledge of the HIV epidemic and its drivers in the Middle East and North Africa (MENA) region have improved markedly, thanks to many recently conducted studies.<sup>1</sup> While the annual number of new HIV infections in sub-Saharan Africa has declined by 33% since 2005, new HIV infections in the MENA region have increased by 31% since 2001, the greatest increase in all regions in the world. There are growing HIV epidemics in key populations (KPs) including people who inject drugs, men who have sex with men, and to a lesser extent, female sex workers.<sup>1</sup> Moreover, the number of AIDS-related deaths in 2013 was estimated to be 15,000, representing a 66% increase since 2005.<sup>2</sup>

Deniz Gokengin and his colleagues have published a review in this issue on HIV/AIDS trends in the MENA region.<sup>3</sup> According to this article, understanding of the epidemiological features of the HIV epidemic in the MENA region has been slow due to difficulties in conducting studies because of a relatively low HIV prevalence of 0.1% in the general population. Substantial heterogeneity in HIV epidemic dynamics across the MENA region have been noted with different risk contexts throughout the region. Other challenges are noted due to insufficient availability of behavioural data, over-reliance on HIV case reporting and facility-based surveillance, and the limited quality of HIV surveillance in general. The antiretroviral therapy coverage level in the region was still the lowest throughout the world at 11% in 2013, thus hindering the global initiative of treatment for prevention, even in rich countries such as Saudi Arabia.<sup>4</sup>

Gender-based approaches have been unbalanced leading to a significant increase in prevalence among women in some countries as well as in mother-to-child transmission. In 2012 fewer than 10% of pregnant women living with HIV in the MENA region received antiretroviral therapy. This figure is the lowest of its kind among world regions.<sup>5</sup>

Harm reduction programs and opioid substitution therapy have been implemented in many MENA countries in varying degrees, and have led to a decline in HIV prevalence of 16% in 2006.<sup>6</sup>

In the past few years, many countries in the region have been affected by social and political unrest and conflict. This has had serious implications on the region's HIV epidemic, effects such as disruption in the implementation of prevention and advocacy programs as well as interference with service delivery. Combining the above with the very young demographic, high unemployment, and high levels of mobility and displacement in the region could cause the current epidemic to become highly volatile.

Many countries in the region are highly dependent on foreign assistance to support HIV prevention and treatment.<sup>5</sup> Given recent political instability and global economic turbulence, a decline in

international assistance has meant a drop in spending on HIV and AIDS in many parts of the MENA region.

The low HIV prevalence in the general population of the MENA region has been attributed in part to the region's religious and cultural norms, which discourage premarital sex, encourage faithfulness within marriage, and include the universal practice of male circumcision. MENA countries cannot count solely on their cultural and religious values to safeguard their populations against the HIV infection especially when the KPs lack access to prevention and treatment services.<sup>5</sup>

All governments in the MENA region have endorsed the 2011 Political Declaration on HIV/AIDS, which provides a roadmap toward achieving the vision of “zero new HIV infections, zero discrimination, and zero AIDS-related deaths.” The challenge facing the MENA region governments is how to close the wide gap that exists between well-intentioned policy documents and practices on the ground.<sup>5</sup>

Creating and implementing specific, culturally suitable programs that could appropriately address the denial and stigma in the region are the key to a timely and appropriate response. In addition, integrated bio-behavioural surveillance surveys of KPs, along with size estimations, should be the main approach of surveillance efforts in all countries.<sup>7</sup> Despite unfavourable conditions in the MENA region, Gokengin and colleagues offer a glimpse of optimism. Many countries have put significant effort to scale up their response to this growing epidemic, such as developing national strategies and implementation of programs for KPs. Governmental leadership in the MENA region are increasingly taking a human rights approach to address HIV and AIDS.<sup>5</sup> Some countries have established strong programs to eliminate HIV transmission from mothers to their children, offering HIV testing to all pregnant women and with almost universal antenatal care.<sup>3</sup>

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<http://dx.doi.org/10.1016/j.ijid.2016.01.017>

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Received 27 January 2016  
Accepted 27 January 2016

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