

# 2023\*

## Snapshot on HIV and AIDS

### MIDDLE EAST AND NORTH AFRICA

Progress and priorities for children,  
adolescents and pregnant women

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\*Data from UNAIDS Estimates 2023, (using data from 2022).

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# 1. Where we are now





# Where we are now

The Middle East and North Africa (MENA) has the fastest growing epidemic in the world: the number of people acquiring HIV rose by 54% between 2010 and 2022, and the number of new infections in children and adolescents (0–19 years) increased by 13%.

A total of about 20,000 people in the MENA region acquired HIV in 2022. Nearly 20% were young people between 15 and 24, and most of them in Algeria, Egypt, Iran, Saudi Arabia, Sudan and Yemen. However, with a relatively low overall HIV burden, MENA has a big opportunity to become the first region to end AIDS as a public health threat.

The MENA region is experiencing the

## steepest rise

in new HIV infections in the world among children and adolescents

## 13% increase

between 2010 and 2022



At only

## 23%

coverage of services to prevent vertical transmission of HIV is the lowest in the world

Paediatric treatment coverage is only

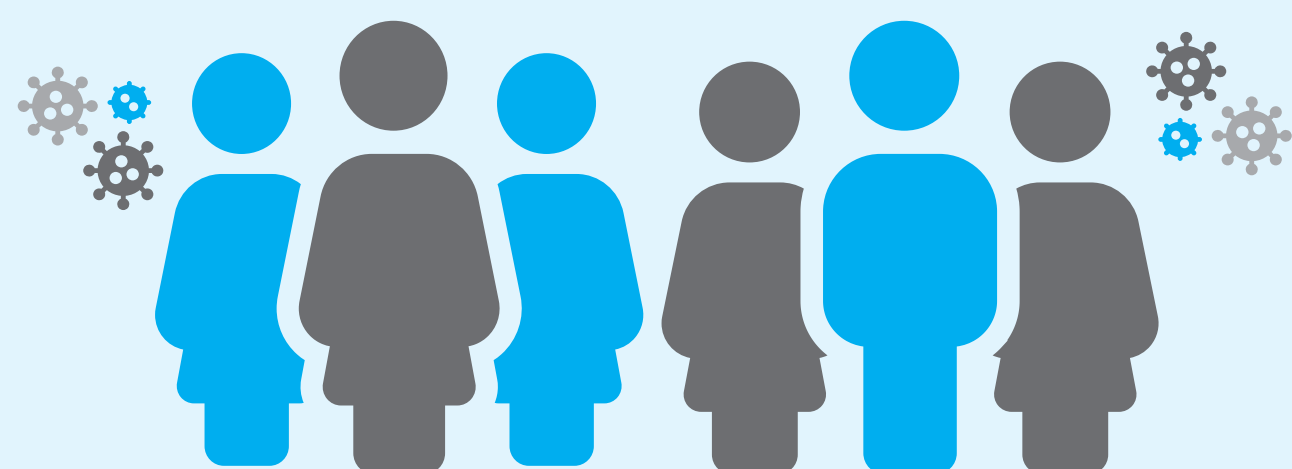
## 38%

among the lowest in the world

<sup>1</sup> In the UNICEF regional classification, MENA includes: Algeria, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, State of Palestine, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, and Yemen.

Unfortunately, services that can prevent or treat new HIV infections are either insufficient or are failing to reach the many people in need. A lack of political will, limited funding, and severe stigma and discrimination towards vulnerable populations are major barriers, and they are compounded by armed conflict and humanitarian crises.

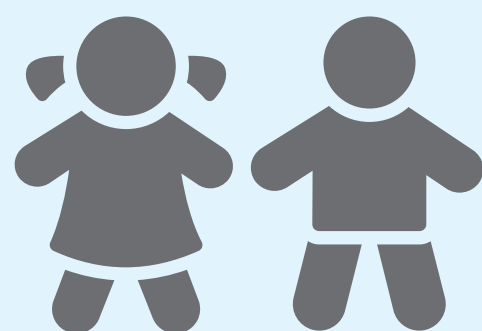
### Overall in the MENA region in 2022



**230,000**

people were living with HIV, of whom

**14,000** were children and adolescents



**20,000**

people acquired HIV for the first time, including approximately

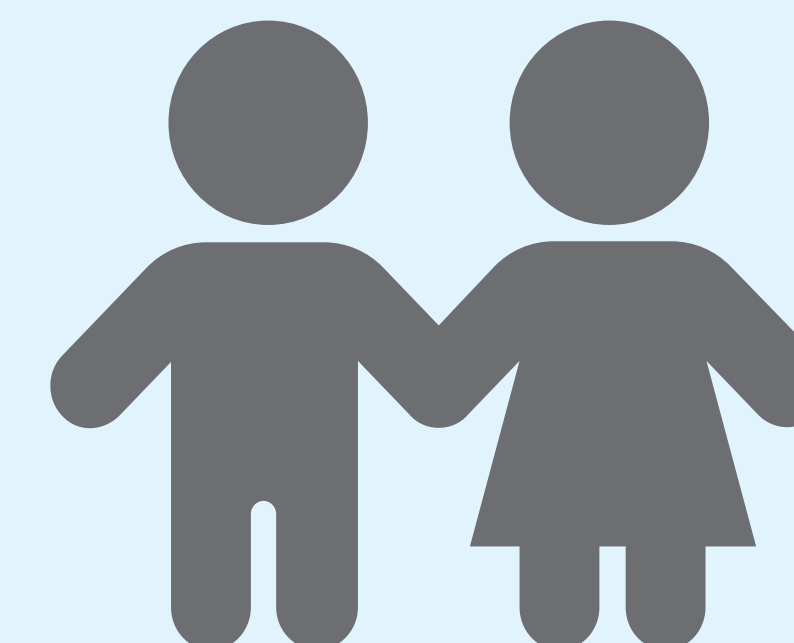


**2,800**

children and adolescents

**7,300**

people died due to AIDS-related causes,



around

**1,000**

of them children aged 0-14 years



# 2. The situation





# Eliminating vertical transmission of HIV

## Vertical transmission of HIV during pregnancy and breastfeeding is not decreasing.

The global community has committed to eliminate the vertical transmission of HIV, syphilis and hepatitis B virus as a public health priority.

In 2022, Oman was validated as the first country in MENA to have successfully eliminated mother-to-child transmission of HIV and syphilis. Several other countries could soon match that feat, but much of the region lags far behind.

Many pregnant women living with HIV are missing out on treatment to protect their health and prevent their infants from acquiring HIV. Coverage of these vital interventions stood at a low 23% in 2022 and has improved little in the past five years.

Many countries in the region struggle to diagnose and treat HIV in pregnant women, especially women who belong to marginalized and vulnerable populations. HIV testing coverage among pregnant women varies markedly, from less than 1% in Algeria and Lebanon to 73% in Iran and over 98% in the United Arab Emirates. With the exception of Bahrain and Oman, syphilis testing is generally low.

Countries can close these gaps with stronger political commitment and more domestic funding for the elimination of vertical transmission, and by integrating those services with reproductive maternal, newborn, child and adolescent health programmes.





Almost

**2,800 children and adolescents**

acquired HIV in 2022 because of gaps in services to prevent vertical transmission

Only

**23% of pregnant women**

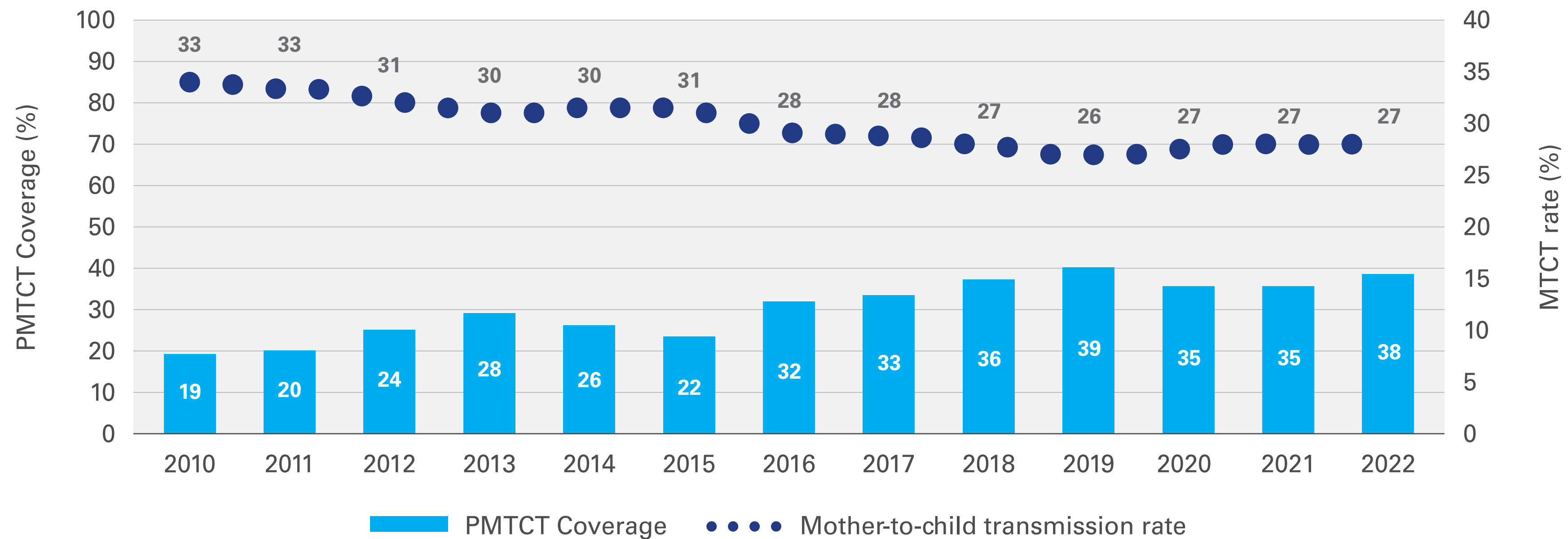
living with HIV received antiretroviral drugs to protect their health and prevent their infants from acquiring HIV—the lowest coverage in the world and far below the global average of 82%

Only

**38% of children exposed to HIV**

received antiretroviral drugs to prevent them from acquiring HIV

**Coverage of services (%) to prevent HIV-exposed infants from acquiring HIV in the MENA region is very low.**



Source: UNAIDS estimates 2023





A peer educator distributing pamphlets to enhance public awareness about HIV/AIDS on Qeshm Island, Iran.



# Treating HIV infection

## There is a big treatment gap for children and adolescents living with HIV.

The number of people of all ages receiving HIV treatment in the MENA region has doubled since 2015 and reached about 109,000 in 2022, but testing and treatment programmes are missing at least as many people who are living with HIV.

HIV treatment coverage in MENA is lower than in any other region: only about half the people living with HIV are getting the treatment and support they need to stay alive and healthy.

MENA's overall HIV burden in children *can* be managed: a total of about 10,000 children (aged 0–14 years) were living with HIV. New testing tools are available and the treatment options for children are now as effective as the best treatments for adults. But for children and adolescents, huge treatment gaps persist.

As a consequence, the epidemic is having an outsized impact on children. They comprised only about 3% of people living with HIV, but accounted for about 14% of AIDS-related deaths in the MENA region in 2022.

Among children living with HIV in the MENA region in 2022, 52% did not know their HIV status, 62% were not receiving life-saving antiretroviral therapy treatment; and 65% were not virally suppressed.

Adolescents (aged 15–19 years) are also being left behind. At a mere 30%, HIV treatment coverage among adolescents in 2022 was half as high as the global average.





Only

## 48% of Children

under 15 who were living with HIV

were diagnosed in 2022

Only

## 38% of Children with HIV

were receiving HIV treatment

Only

## 30% of adolescents living with HIV

were receiving antiretroviral treatment



*Abdallah Sulaiman Mohamad Nomais' family (top left) is pictured outside their home in Zaidia Village, Hodeidah Governorate, Yemen. UNICEF collaborates with the Government to develop national strategies on child protection, covering areas like birth registration, girls' education, ending FGM/C. Their support includes psycho-social assistance, community-based therapeutic feeding, women's literacy programs, and HIV/AIDS awareness and prevention training.*





*Adolescent girls capture a moment at a UNICEF-supported lifeskills event. The program enhances critical thinking and decision-making, fostering self-esteem and encouraging healthier choices. It covers topics like HIV, FGM, unwanted pregnancy, and khat consumption. In Djibouti, addressing awareness gaps is crucial, especially among adolescents, youth, families, and community members.*

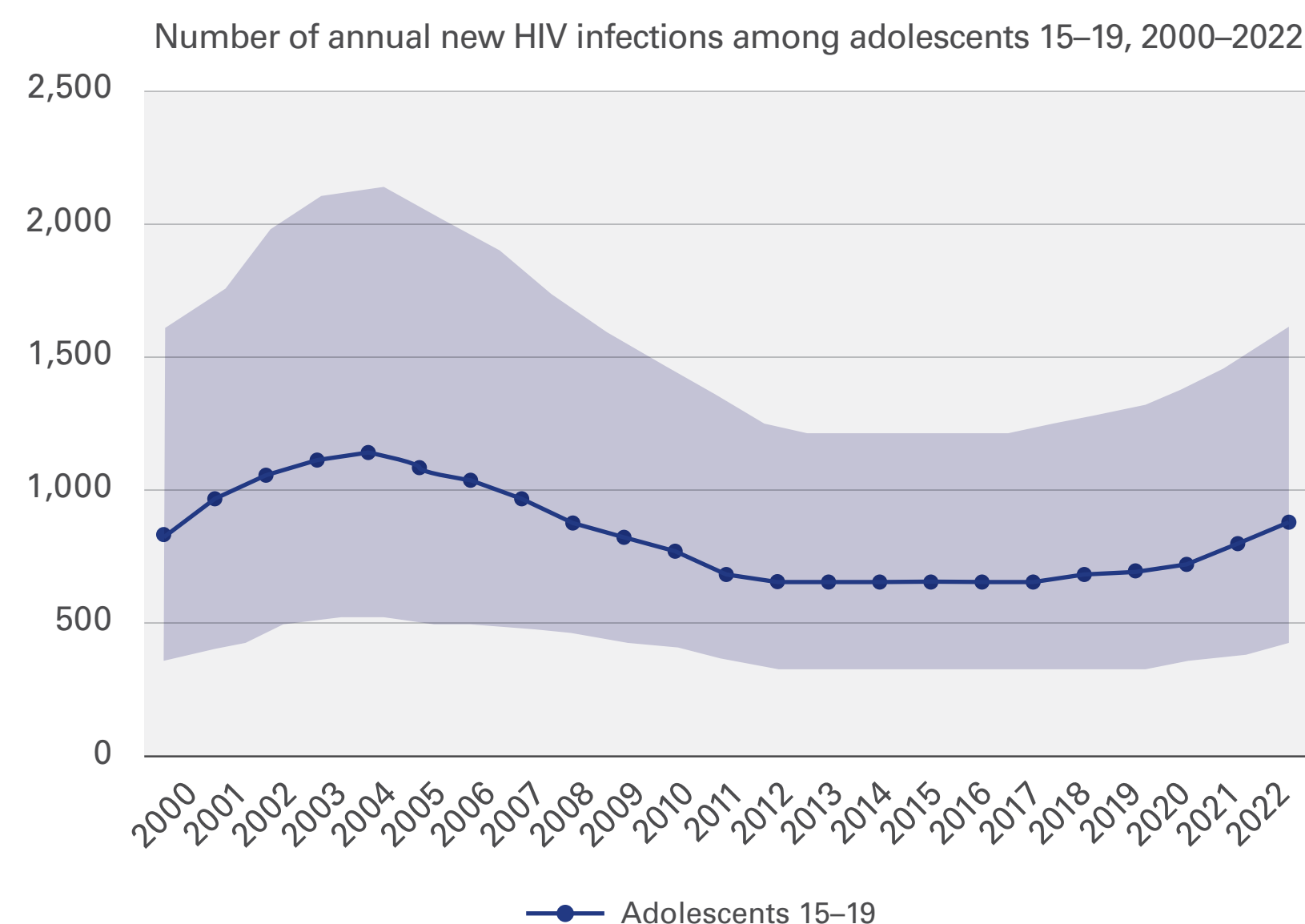
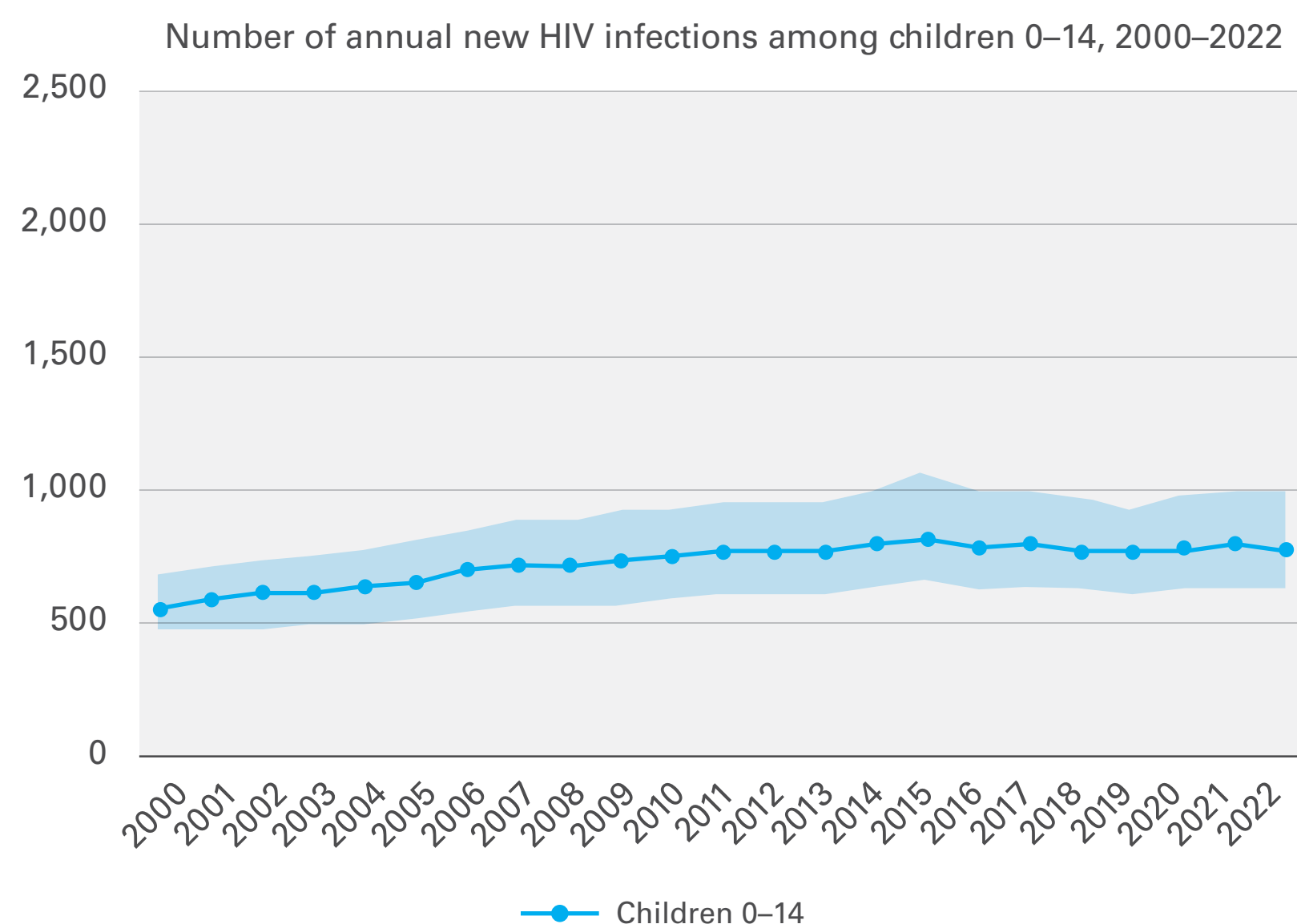
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ING ONLY THE BEST QUALITYS  
TANGGE-1985



# Preventing new HIV infections

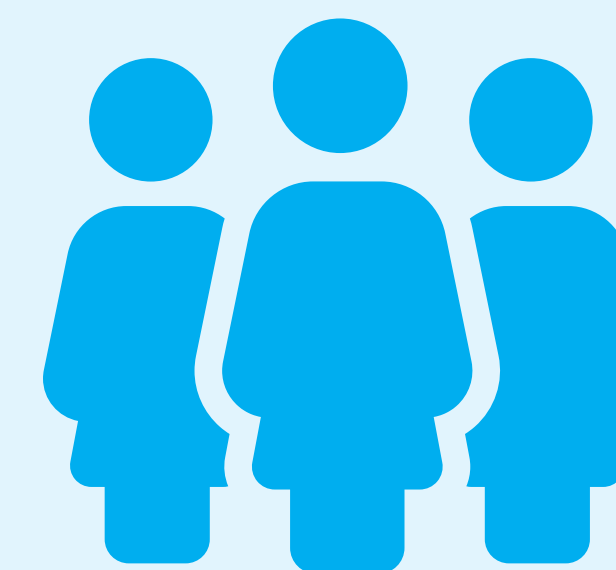
The number of people acquiring HIV is rising faster in MENA than anywhere else in the world—and children and young people are especially affected.

## New HIV infections among children and adolescents are increasing in the MENA region



Source: UNAIDS estimates 2023

While new infections among all young people are relatively low in the MENA region, vulnerable young people face much higher risks. This includes groups which are often excluded from the mainstream: people who inject drugs, engage in the sex trade and those who have same-sex relations.



Of the  
**20,000**  
people who acquired  
HIV in 2022,

**3,800**  
were young people  
(aged 15–24 years)  
and around

**1,700**  
were children  
(aged 0–14 years)



These vulnerable populations are key to ending the region's HIV epidemic, but prevention services miss most of them. Even in the best-performing countries, barely half of these young people can access services that would protect them from HIV infection.

Intense stigma and discrimination stop them from using HIV services, while punitive laws and policies, affordability barriers and fragile health systems also limit access.

Better preventive health care, supportive laws and policies, easier access to health services, and stronger community engagement supports everyone's health, including that of vulnerable adolescents and young people.

Civil society organizations, many of them community-led, are working hard to fill some of these gaps, but typically on a small scale and, mostly in larger cities. They provide services that are convenient, youth-friendly, and free of stigma and discrimination. These organizations need more funding and capacity-building support, along with supportive legal and regulatory environments.





# 3. Conclusion





**It has been another challenging year for countries in the MENA region,** marked by multiple humanitarian crises, shifting funding priorities, political and economic instability, and strained health services. These challenges, compounded by the ongoing effects of the COVID-19 pandemic and by humanitarian crises, stand in the way of our efforts to end AIDS as a public health threat by 2030.

In the majority of MENA countries, HIV is not given priority as a health concern. More effective HIV responses in the region hinge on the availability of reliable data, coupled with a stronger understanding of the epidemic, including the social and cultural factors that render people vulnerable to HIV and limit their access to life-saving health services.

**UNICEF is committed to drive the actions needed to end AIDS and to chart a way forward in collaboration with communities, stakeholders, and young people. That means generating and using data for evidence, action and accountability; leveraging HIV resources to bridge gaps; integrating HIV services into primary health care; supporting communities to make the most of innovations; and empowering and engaging adolescents to help lead health programmes that can be accessed and used by all who need them.**



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