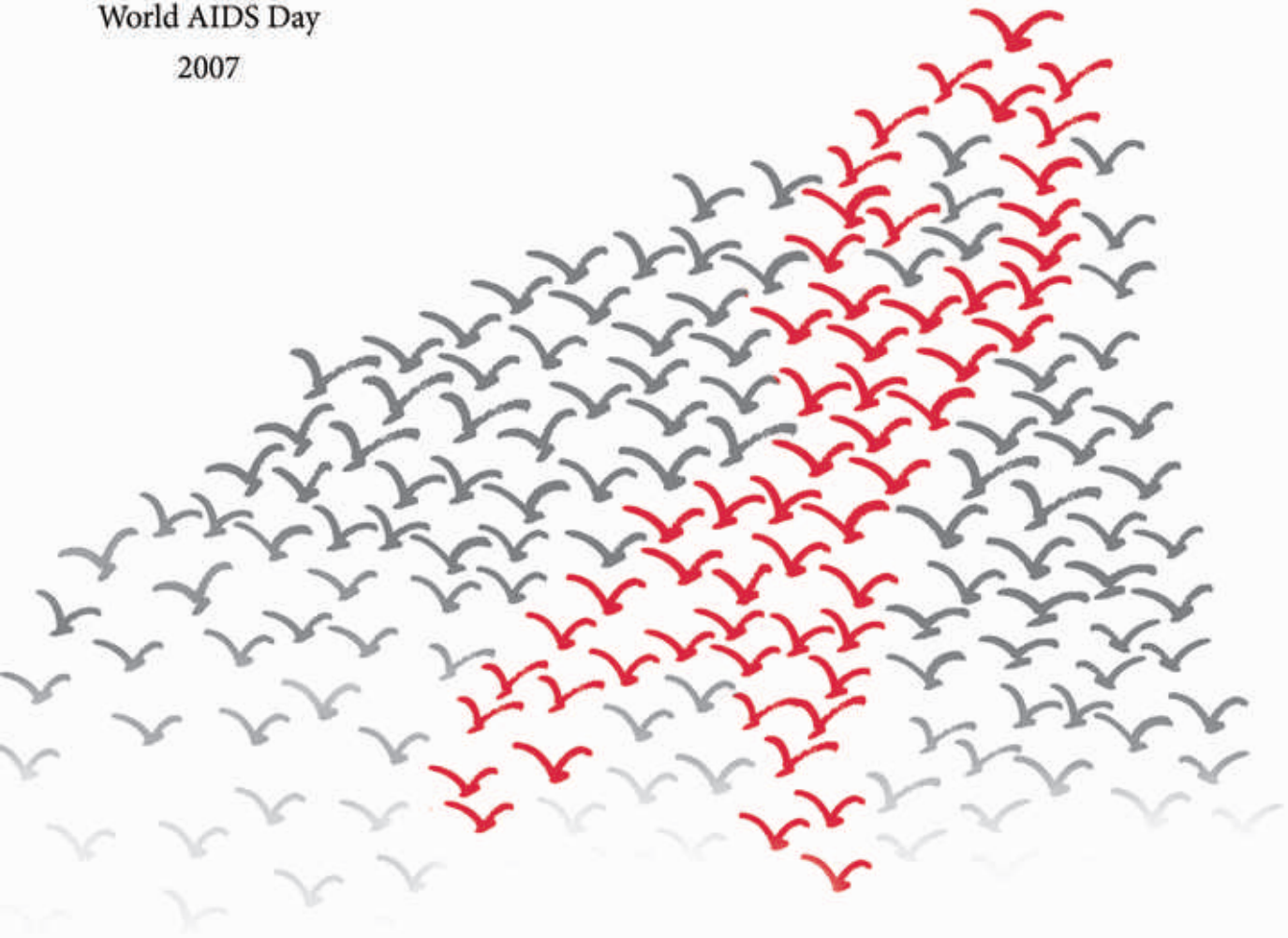


World AIDS Day
2007



Leaders! Keep the Promise, Stop AIDS



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNICEF
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World Health Organization

Regional Office for the Eastern Mediterranean

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Leaders! Keep the Promise, Stop AIDS

In the Name of God, the Compassionate, the Merciful



On the occasion of World AIDS Day | December 2007

It is a pleasure to address you today on the important occasion of World AIDS Day.

I am pleased to convey to you the progress that has taken place in the response to the HIV epidemic in the WHO Eastern Mediterranean Region over the last year. Most of our countries, including those under difficult conditions, have introduced voluntary HIV counselling and testing services. In addition, antiretroviral therapy has been introduced in all countries except two: Afghanistan, which is preparing to start the therapy in the near future, and Iraq, due to its critical situation.

This has been achieved as a result of the commitment of countries, the efforts of WHO and its partners, the financial support provided in the context of the 3 by 5 and Universal Access initiatives, and the success in obtaining funds from other sources. Despite these very real achievements, the estimated number of people living with HIV in the Region has reached 670 000. This includes the 100 000 new infections that occurred in 2006.

Message from
Dr Hussein A. Gezairy
REGIONAL DIRECTOR
WHO EASTERN MEDITERRANEAN REGION

Also, while the number of people receiving antiretroviral therapy is increasing, and approximately 80% of all patients who are known to need treatment are receiving it, there are still many more HIV-infected people in our countries who do not know their HIV status and therefore do not access treatment and care. This shows that we need to make greater efforts to help people to undergo an HIV test. This HIV test must be strictly voluntary and confidential and should be accompanied by professional counselling. As long as HIV-infected people fear rejection by families, friends, communities and health workers, many will not have the courage to learn their HIV status through an HIV test. Let us all contribute to changing this situation in our own environment by improving our knowledge about what HIV is, how it is transmitted, and how it can be prevented and treated.

We are moving in the right direction, but we need to move with greater determination, commitment and leadership. This is the basis of this year's World AIDS Day campaign theme, which is 'leadership'. Leadership exists not only at the political level, but also within families, communities, and places of worship and work. Each one of us can play a part in the response to HIV.

Here, I need to refer to the important role civil society can play in the response to HIV/AIDS. In particular, nongovernmental organizations have the flexibility to reach those vulnerable and most at-risk population groups that may not be accessible to governmental bodies. Good coordination between these organizations and the governmental sector is crucial to greater success in the response to the epidemic.

People living with HIV are also central to an effective response to the epidemic and through their active participation can greatly enhance HIV prevention, treatment and care programmes. Addressing the stigma and discrimination that still surround HIV/AIDS remains an urgent task.

If all of us play our different roles effectively, then together we can succeed in achieving our goal of universal access to prevention, treatment and care.

Thank you.

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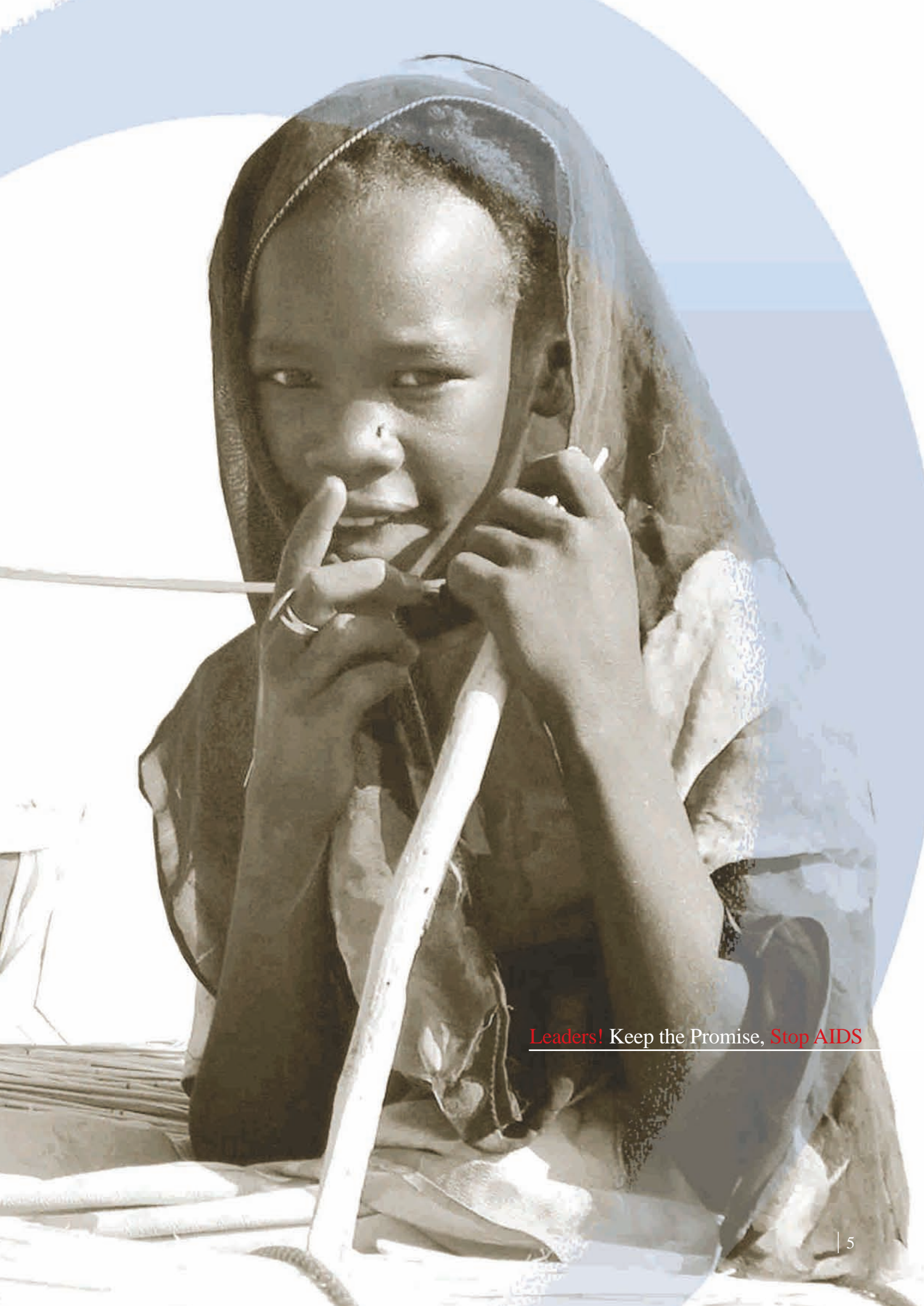
Since the beginning of the epidemic, nongovernmental organizations, including associations and networks of people living with HIV (PLHIV), have played a particularly important role and have shown effective leadership in the fight against ignorance, fear, stigma and discrimination related to AIDS.

The theme for the World AIDS Campaign 2007 is “leadership”. Where there is strong and committed leadership, significant advances in the response to AIDS have been achieved. Leaders are distinguished by their action, innovation and vision; their personal example and engagement; and their perseverance in the face of obstacles and challenges. Reducing the further spread of HIV infection needs leaders from across all sectors of society including politicians, religious leaders, business, media, sports and entertainment figures, community and family leaders, as well as peer leaders.

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Worldwide, over 25 million people have so far lost their lives to AIDS and the spread of HIV is accelerating, with 4.3 million people being newly infected in 2006 alone.



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National leadership

Across the Region there have been examples of prominent national leaders expressing their commitment to the HIV response. National AIDS programmes are now in place and comprehensive national plans are being developed to address HIV prevention, care and support needs.

In Morocco, the King himself has visited PLHIV in hospital, helping to reduce the stigma associated with AIDS. From early on, he strongly supported comprehensive and multisectoral measures against AIDS: *“Morocco established an integrated and*

comprehensive strategy to fight AIDS. It consists of several actions including voluntary counselling and testing, and provision of anti-retroviral treatment (ARV) to all eligible patients. It involves all governmental entities and, most importantly, nongovernmental organizations and civil society in the awareness campaign implemented by the media and targeting young people and vulnerable groups.” (Extract of His Majesty Mohammed VI, King of Morocco, speech at the United Nations General Assembly Special Session on HIV/AIDS, New York, June 25–27, 2001.)

In Sudan, following a historical declaration made by the President, Omar Hassan El-Bashir, in 2003, urging that priority be given to AIDS, the First Lady has taken a lead in African Union meetings in supporting the AIDS response. On the occasion of World AIDS Day 2006, the Vice-President of the Government of Southern Sudan underwent a public HIV test to raise awareness of the benefits of testing. There, he expressed his concern at Sudan being vulnerable to a growing HIV epidemic: “We have just emerged from

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eadership in the response to HIV in the Eastern Mediterranean Region¹

¹ The WHO Eastern Mediterranean Region is referred to as Middle East and North Africa (MENA) in UNAIDS. However, while the WHO Regional Office for the Eastern Mediterranean includes Pakistan and excludes Algeria in its country coverage, the opposite holds true for the UNAIDS Regional Support Team for MENA.

a prolonged destructive war that has weakened us in all aspects of life. We present a fertile ground for HIV to spread and inflict havoc and decimation.” (Lt. Gen. Dr Riek Machar Teny, Vice-President of the Government of Southern Sudan, 1 December 2006.)

In Djibouti, parliamentarians have passed a new law aiming to protect the rights of PLHIV. In the Islamic Republic of Iran, Ayatollah Seyed Mahmoud Hashemi Shahroudi has urged support for HIV prevention programmes, including harm reduction interventions.

“...one of the interventions that has been undertaken by the Ministry of Health and Medical Education includes provision of needles, syringes and other material used individually by drug addicts and AIDS patients, as well as methadone maintenance treatment programmes, as a means of combating HIV and hepatitis infections among drug addicts...Therefore, all judicial authorities must consider the lack of malicious intent in the interventions of the Ministry of Health and Medical Education, as well as those of other centres and organizations which are active in this field, and not accuse the service providers with unfair characterization of accompaniment in the criminal abuse of narcotics and not impede the implementation of such needed and fruitful programmes.” (Extracts from the Executive Order from Seyed Mahmoud Hashemi Sharoudi, Head of Judiciary to all judicial authorities nationwide in the Islamic Republic of Iran).



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Religious leadership

Religious leaders are very influential and have a strong presence in the Region. They are important in shaping social values, and have considerable influence on public opinion and on the formation of national policies on HIV. They can raise awareness, stimulate a political response and create a supportive environment for those infected and affected by HIV.

In December 2004, 80 religious leaders from around the Region signed a declaration pledging to join global efforts against the HIV epidemic. It called for the abolition of all forms of discrimination, isolation, marginalization and stigmatization of PLHIV. The signatories included H.E. Sheikh Mohamed Sayed Tantawi, Grand Imam of Al Azhar; Mufti Ali Goma'a of Egypt, and His Holiness Pope Shenouda the Third, Pope of the Coptic Orthodox Church and President of the Middle East Council of Churches.

In 2006, CHAHAMA, the first network of faith-based organizations dealing with HIV in the Region was launched in Cairo at a meeting of more than 300 religious leaders held under the auspices of the League of Arab States. The network brings together diverse Muslim and Christian religious leaders from 20 countries. Father Hady Aya, founder of the organization Justice and Mercy in Lebanon, said:

“We created CHAHAMA understanding the great responsibility that has been placed in our hands to reach out to the communities we serve... We will not fail our people and we will not leave one person behind regardless of the status of his and her health.”



Business sector leadership

HIV tends to mostly impact those of working age, potentially posing a serious economic threat to countries. The private sector is therefore mobilizing to confront this threat in the current and future workforce. This response includes not only the provision of financial resources but also of expertise.

In May 2007, at the World Economic Forum in Jordan, the AIDS Business Coalition in the Arab Region (ABCAR) was launched as a regional business network for sharing knowledge and scaling up the HIV response by the private sector. Its purpose is to inspire, mobilize and equip the private sector to be an effective actor in the response to HIV. Amr Moussa, Secretary-General of the League of Arab States, said at the launch:

“We cannot afford to be complacent in the face of HIV in the Arab region. Different sectors of society have important roles to play — each in their area of influence.”

Entertainment figures as leaders

Celebrities in the Region have become increasingly conscious of the important role they can play in raising awareness and providing information about HIV and in influencing the perceptions and attitudes of a wide media audience, specifically among young people.

In recent years, a number of Egyptian actors, such as Amr Waked and Khalid Aboul el Naga, have been particularly active through participation in HIV-related campaigns and events targeting young people, both actors have been prominent in delivering messages geared towards HIV prevention and reducing stigma and discrimination.

Amr Waked, a well-known actor and social activist, has been ardent in supporting PLHIV and advocating for the greater responsibility of the media in this respect. He envisions that actors do have a duty to correctly and realistically portray the everyday lives of those infected and affected by HIV.

“We want everyone to hear and fully understand that a person with HIV should enjoy all of his or her rights.

Unfortunately, in the 1980s and 1990s a number of media productions misled the public by reflecting a very stigmatizing image of people living with HIV, which subjected them to discrimination in their community. It is our responsibility now as celebrities to play a leading role in the HIV response, with special focus on young people; and the least we can do is to speak in a correct manner about AIDS wherever possible”, he says in an interview during the episodes of ‘Shababeek’ on Dream TV, organized to raise awareness and support advocacy, prevention and reduce AIDS-related stigma and discrimination.

People living with HIV as leaders

In 2005, the Algiers Declaration of People Living with HIV voiced the concerns and needs of PLHIV from countries of the Region, calling for concerted efforts to reduce barriers to services and to combat stigma and discrimination. The Declaration calls on governments, civil society and PLHIV to become partners in the AIDS response. It calls specifically for the participation of PLHIV in the development and implementation of HIV programmes.

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The following are true stories from the Region where PLHIV have taken active roles and have practised leadership.

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PÉ learned that he was HIV positive two years ago.

He joined the people living with HIV support group at Soins Infirmiers et Développement Communautaire (SIDC) “to share experiences with others and to provide support to new members of the group and solve any problems they may face.”

“I met people there who had been living with HIV for 25 years and this supported me a lot and gave me a good reason to love life again”, he says.

Members of the support group have now set up a new association called Vivre Positif (Living Positively) for those infected and affected by HIV that meets at

SIDC premises. “The name of the association reflects our vision, message and motive, reminding us, always, that we can live positively. The association will work to combat stigma and discrimination. Especially in the workplace we will be our own leaders in planning and carrying out activities. Through this, we will prove that we are the most concerned and effective partners in limiting the spread of HIV among other members of the community”, Á@ explains.

Story 2: Ahmed from Oman

Ahmed is a former drug user living with HIV.

“I started, together with four close friends who are also HIV positive, a support group in collaboration with the Ministry of Health. We hope to recruit more members through personal contact”, he says. He describes his activities as a member of the support group: “I follow up with HIV-positive persons to ensure that they continue their treatment and to explain to them the benefits of doing so.”

“I conduct outreach activities in public places such as shopping malls, cafés and in the streets, and at public events such as the Muscat Festival, an annual cultural event, and on World AIDS Day. My main focus is on injecting drug users who are at risk of contracting HIV through

sharing needles. I believe that sharing my personal experience with drug users is a very effective way to persuade them to adopt safer practices.”

Story 3: El Sawi from Sudan

El Sawi learned that that he was living with HIV in 2003. He expresses his experience and feelings:

“I believe stigmatizing people living with HIV is a great mistake based on the misunderstandings people have about the nature of disease transmission. I feel that the physical problems and psychological despair that people living with HIV suffer from are caused by their response to the negative behaviour of the community towards them and their reluctance to make use of social care, appropriate treatment, counselling and other services for fear of discrimination... Therefore, we must face this problem and ensure that our understanding of HIV and its transmission is based on the facts and not on speculation. Respect for human rights is one of the basics for controlling the spread of the disease. We have the right to enjoy an adequate

standard of living that allows health and welfare for all...people living with HIV should not have to think of themselves as victims... They seek to live normal, optimistic and constructive lives.”

El Sawi was involved in founding an association of PLHIV and was elected chairman. “We paid visits to HIV testing centres and many people living with HIV joined the association. We succeeded in finding premises for the association and equipping it with furniture. In addition to this, we established an evening club and arranged many activities”, he continues.

Story 4: Amir from the Islamic Republic of Iran

Amir is HIV-positive activist from the Islamic Republic of Iran.

“In 2005, I started the nongovernmental organization, Iranian Positive Life, together with the help of some friends...I tried to show that I am still on my feet and that I am fit to work”. Amir says.

“The group now employs staff who engage in advocacy, training of health care workers, peer education in public places, HIV and life skills training with young people in schools and other activities... On World AIDS Day 2006, we held a web-blog competition and a memorial for people who have died of AIDS.” he adds.

On the role of PLHIV in the response, Amir says, “if anybody feels the will within themselves and finds themselves empowered enough to come forward...if they are willing

to make a change, they shouldn't be afraid of stigma and discrimination. If we believe in ourselves, other people will believe in us too. It is the stigma and discrimination within ourselves that holds us back”.

Iranian Positive Life now represents the nongovernmental organization sector on the Country Coordinating Mechanism for the Global Fund grant, with the government seeking out its expertise in policy development. “There are 26 members living with HIV across the country who provide information on the needs of people living with HIV, that is passed on to the national AIDS programme so any problems can be addressed.” Amir explains.



Awareness remains low and levels of risk behaviour are high among specific population groups. Condom use and the participation of civil society and PLHIV in the response to HIV are low. In addition, provision of ARV is incomplete. To achieve universal access to treatment, prevention and care, there needs to be a substantial scaling-up of, and improvement in, the quality of services.

While many countries have a low estimated prevalence of HIV among the general population, a number of countries are now in a generalized phase (Djibouti, Sudan and parts of Somalia), and concentrated epidemics appear to be expanding among certain

most-at-risk populations such as injecting drug users (Islamic Republic of Iran and Libyan Arab Jamahiriya as well as some provinces of Pakistan).

The majority of infections are reported among younger age groups, particularly those aged between 15 and 39. HIV prevalence has also been found to be higher among other populations, such as sex workers, prisoners and men who have sex with men. Conflict, population mobility due to displacement and migrant labour, and developmental challenges, including low literacy levels, poverty and unemployment, all increase the vulnerability of populations in the Region to HIV.

The response to HIV in the Region needs to be scaled up, and many countries are currently increasing their prevention efforts with key populations. This includes outreach programmes that are a joint effort between government, nongovernmental organizations and community-based organizations to progress towards universal access to HIV prevention, treatment, care and support.

T he HIV epidemic in the Eastern Mediterranean Region

While the estimates of HIV prevalence among the general population in most countries are currently low, HIV continues to spread in the Region and elevated prevalence exists among specific groups and places. However, there is still a lack of information on HIV epidemiology and surveillance is incomplete.



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Global situation

- By the end of 2006, it was estimated that globally 39.5 million people were living with HIV: 24.7 million in sub-Saharan Africa (i.e. 62.5% of the total number of cases), and 7.8 million in South and South-East Asia (i.e. 19.7% of the total number of cases).
- 4.3 million people were newly infected in 2006.
- 2.9 million people died of AIDS in 2006.
- The estimated number of HIV-infected people in need of antiretroviral therapy (ART) by the end of 2006 was 7.1 million.
- The estimated number of people receiving ART by the end of 2006 was 2.0 million, equivalent to 28% coverage of the estimated number of people in need of ART.

Regional situation

- It is estimated that by the end of 2006 approximately 670 000 people were living with HIV in the Region.
- An estimated 100 000 new infections occurred in 2006.
- An estimated 48 000 deaths occurred due to AIDS in 2006.
- The estimated number of HIV-infected people in need of ART by the end of 2006 was approximately 95 200 (data from 19 countries in the Region).
- The reported number of people receiving ART by the end of 2006 (from 18 countries in the Region) was 5633, equivalent to 6% coverage of the estimated number of PLHIV. ART coverage among PLHIV in need of therapy and who are known to health authorities is approximately 80%.

HIV epidemic update



Table 1. The burden of HIV/AIDS in the Eastern Mediterranean Region

Country	Estimated HIV prevalence among adult population (%) ^a	Estimated number of PLHIV ^a	Reported AIDS cases 2006 ^b	Estimated number of adults needing ART ^c	Reported number of people receiving ART ^d
Afghanistan	<0.1	<1000	71	<100	0
Bahrain	NA	<1000	3	<200	NA
Djibouti	3.1	15 000	340	2600	492
Egypt	<0.1	5300	88	870	166
Iran, Islamic Republic of	0.2	66 000	176	8100	537
Iraq	NA	NA	NA	NA	0
Jordan	NA	<1000	25	<200	45
Kuwait	NA	<1000	NA	<200 ^e	NA
Lebanon	0.1	2900	12	<500	223
Libyan Arab Jamahiriya	NA	NA	250	500 ^d	217
Morocco	0.1	19 000	291	3300	1530
Oman	NA	NA	32	300–350 ^d	247
Pakistan	0.1	85 000	NA	11 000	238
Palestine	NA	NA	1	100 ^d	7
Qatar	NA	NA	NA	NA	NA
Saudi Arabia	NA	NA	43	550 ^d	497
Somalia	0.9	44 000	NA	7100	96
Sudan	1.6	350 000	418	56 000	986
Syrian Arab Republic	NA	NA	16	200–220 ^d	70
Tunisia	0.1	8700	24	346 ^d	298
United Arab Emirates	NA	NA	0	NA	NA
Yemen	NA	NA	103	3000 ^d	0

NA: information not available

Sources:

^a *Report on the global AIDS epidemic 2006*. A UNAIDS 10th Anniversary special edition. Geneva, UNAIDS, 2006.

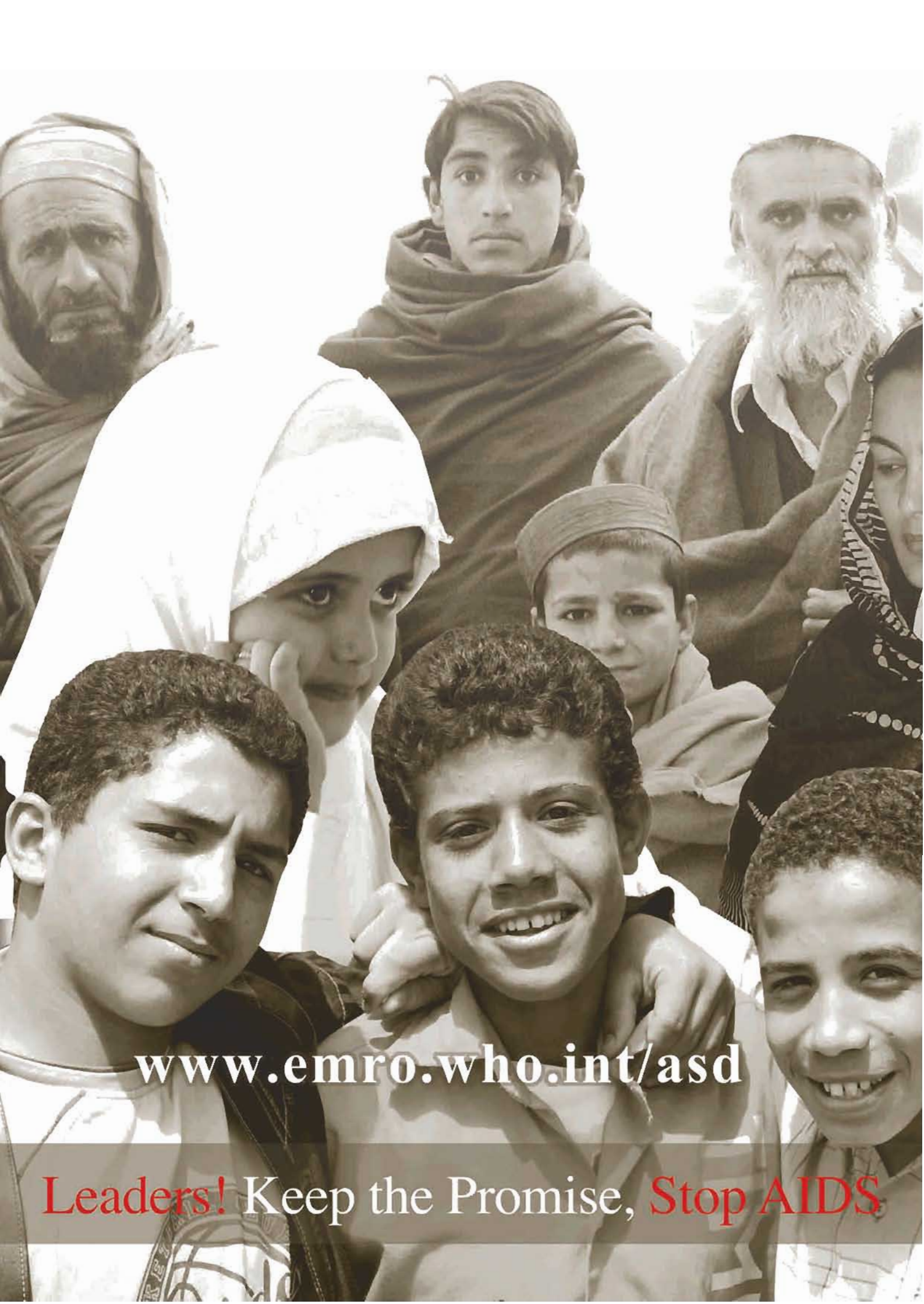
^b Regional database on HIV/AIDS, WHO Regional Office for the Eastern Mediterranean.

^c *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector*. Progress report. WHO, UNAIDS, UNICEF, April 2007.

^d Based on regional reporting on access to ART, December 2006.

^e 20% of estimated number of PLHIV (where estimated number of people in need of ART is not reported to WHO).

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