

Study reveals state of HIV/AIDS in Middle East, North Africa

July 9 2010, By Lauren Gold

(PhysOrg.com) -- A new study led by Weill Cornell Medical College in Qatar researcher Laith Abu-Raddad was the foundation for a report on HIV/AIDS in the Middle East and North Africa presented June 28 in Dubai.

With the exceptions of Djibouti, Somalia and Southern Sudan, HIV transmission in the Middle East and North Africa (MENA) is among the lowest worldwide, according to the region's first large-scale study on HIV and AIDS. But pockets of higher transmission exist in specific populations, including networks and contacts of injecting drug users, men who have sex with men, and female sex workers and their clients.

The new study, led by Laith Abu-Raddad, assistant professor of public health at Weill Cornell Medical College in Qatar (WCMC-Q) and a consultant for the World Bank, was the foundation for a report presented June 28 at a policy dialogue organized by the World Bank, the [World Health Organization](#) (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in Dubai, UAE.

"We are no longer in the dark in terms of HIV spread in MENA. After nearly seven years of research, we have at last a comprehensive view of the status of the epidemic in this region and of the populations and countries most affected by this disease," Abu-Raddad said. "The road map for what needs to be addressed in relation to HIV in MENA is now clear."

Titled "Time for Strategic Action," and co-written by Abu-Raddad, the report calls for increased testing, counseling and treatment services for the most at-risk populations. Since the epidemic among these groups is still nascent, the report says, there is still a window of opportunity to address it before it grows potentially steeply in some of the most at-risk populations.

The study relied on data from a wide variety of sources, including scientific literature, governmental and nongovernmental reports, and databases and reports from international organizations.

While the prevalence of HIV/AIDS is low in the region's general population, Abu-Raddad said, the fraction of people who have the disease but have not yet been diagnosed is high. "Stigma associated with HIV/AIDS is a barrier to HIV testing in this region, but this is only one of the barriers," he said. "The fundamental barriers remain the limited HIV response at the country level and the lack of cohesion of HIV efforts at the country and regional levels."

The report was produced by the World Bank, UNAIDS and WHO.

Key findings:

- While overall there is no considerable HIV transmission in the general population of MENA, substantial epidemics have emerged in the last decade among networks and contacts of injecting drug users, men who have sex with men, and female sex workers and their clients. Men practice most of the high-risk behaviors, and the majority of women acquire their infection from their infected spouses.
- HIV prevalence among injecting drug users ranged between 0 and 38 percent, reaching higher rates among certain select injecting populations. Levels of sharing of non-sterile injecting equipment were high among

injecting [drug users](#), increasing the risk of [HIV transmission](#).

- While HIV prevalence among men who have sex with men in the region still remains lower than in other regions (between 0 and 28 percent), several countries are experiencing rising epidemics among this group. By 2008, sexual transmission between men accounted for an increasing number of the total HIV infections in several countries. Men who have sex with men in the region appeared to engage in high levels of risk behavior such as multiple sexual partnerships, high levels of male sex work and low rates of consistent condom use.
- Female sex work in MENA is lower than in other regions, and [HIV](#) prevalence among female sex workers and their clients is still at relatively low levels in most MENA countries (though at levels much higher than in the [general population](#)). Large epidemics among female [sex workers](#) are found mainly in Djibouti, Somalia and Southern Sudan.

Provided by Cornell University

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