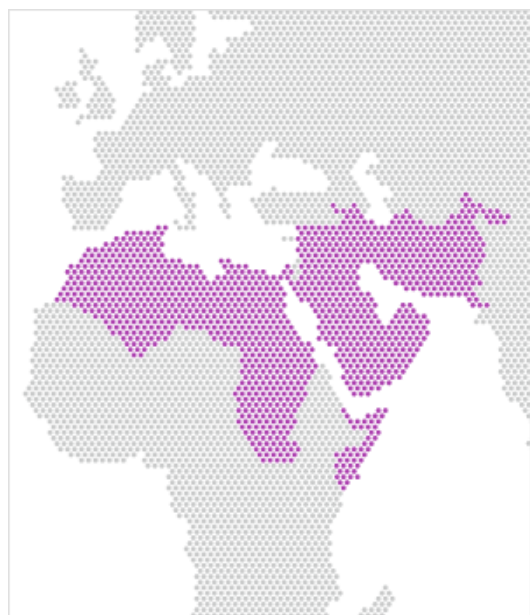


# HIV and AIDS in the Middle East & North Africa (MENA)



## Middle East & North Africa (2016)

**230,000** people living with HIV

**0.1%** adult HIV prevalence

**18,000** new HIV infections

**11,000** AIDS-related deaths

**24%** adults on antiretroviral treatment

**27%** children on antiretroviral treatment

Source: UNAIDS Data 2017

### KEY POINTS:

- There are major gaps in the treatment cascade which need to be strengthened if countries in the Middle East and North Africa are to meet the Fast-track 2020 targets.
- Just over half of the people living with HIV in the region are aware of their HIV status and less than a quarter are on treatment.
- The Middle East and North Africa is one of only two global regions where AIDS-related deaths continue to rise.
- The production of opiate drugs in many Middle East and North African countries has led to an increase of prisoners and people who inject drugs - groups particularly vulnerable to HIV infection.

Explore this page to read more about [groups most affected by HIV](#), [HIV testing and counselling](#), [prevention programmes](#), [antiretroviral treatment](#), [barriers to service access](#), and the [future of HIV in the Middle East and North Africa](#).

The Middle East and North Africa (MENA) region has the lowest HIV prevalence in the world (0.1%) with 230,000 people recorded to be living with HIV in 2016. This is in contrast to sub-Saharan Africa, which has the highest HIV prevalence of all regions (7.1%).<sup>1</sup>

Despite its low prevalence, the MENA region is increasingly becoming an area of concern. In 2016, MENA was one of the only regions (joined by the Eastern Europe and Central Asia) to witness a rise in AIDS-related deaths (11,000). This is a result of very poor access to antiretroviral treatment (ART), with only 24% of those needing ART in the region having access - far below the global level of 53%.<sup>2</sup>

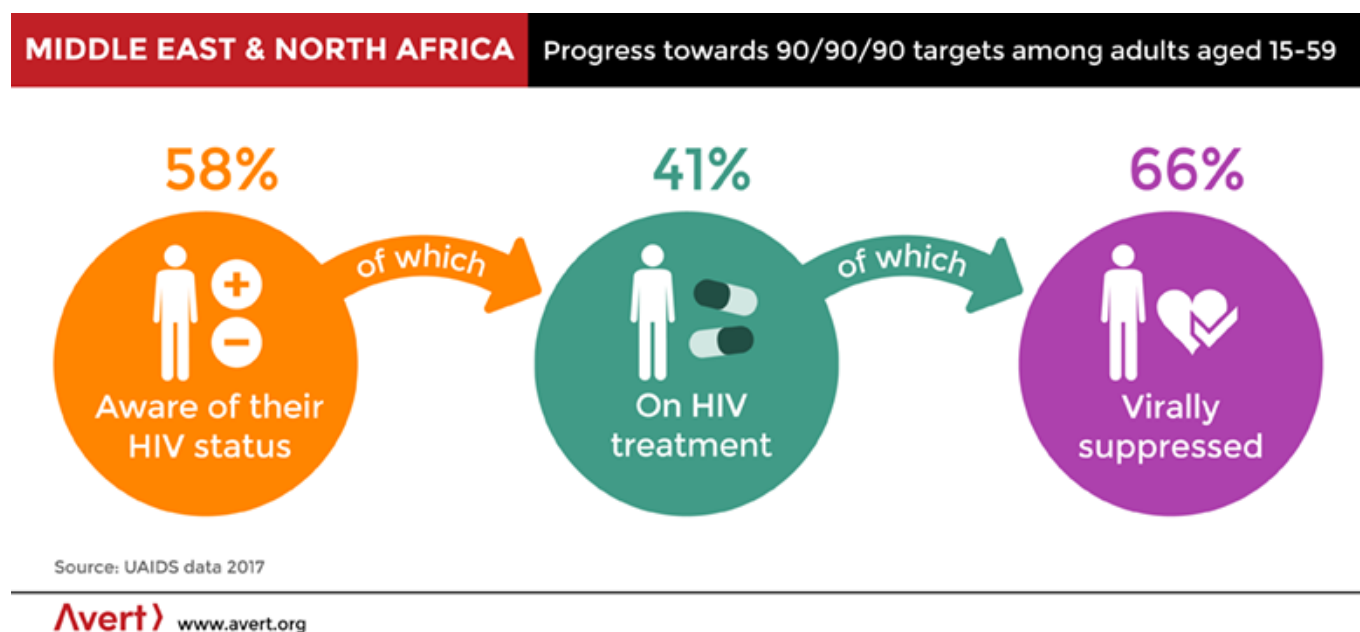
Moreover, in 2016, there were roughly 18,000 new HIV infections - only a small 4% decrease on the previous year. Over half (65%) of the new infections recorded during the year occurred in Iran, Sudan and Somalia.<sup>3</sup>

Common routes of transmission in this region vary between countries. In Iran, Libya and Morocco,

for example, there is a much higher prevalence of HIV transmission between [people who inject drugs](#) (also referred to as PWID) and their networks of sexual partners. By comparison, sex work is thought to be behind the spread of HIV in countries such as Djibouti and parts of Somalia.<sup>4</sup>

Although substantial progress has been made in the understanding of the global HIV epidemic in recent years, knowledge of this region's epidemic is comparatively limited and is often perceived as a 'black hole' in terms of HIV and AIDS data.<sup>5</sup> One study showed that only four of the 23 MENA countries assessed had effective HIV surveillance systems enabling them to track their epidemics.<sup>6</sup>

As a result, the MENA region is far from reaching the UNAIDS 90-90-90 targets to end HIV by 2030. Across the region's countries in 2016, just 58% of people living with HIV were aware of their status, 41% of people living with HIV were on treatment, and just 66% of those people were on treatment achieving viral suppression.<sup>7</sup>



## Groups most affected by HIV in the Middle East and North Africa

The mid-1980s saw the first reported cases of HIV and AIDS in the Middle East and North Africa. By 1990, every country in the region had detected HIV in their populations. This was linked primarily to exposure abroad as well as contaminated blood transfusions and organ transplants.<sup>8</sup>

However, by the early 1990s, a new pattern of transmission had emerged among [certain groups](#).

### People who inject drugs in MENA

The Middle East and North Africa region faces intense drug-related pressures: with the majority (80%) of the global supply of heroin is produced in Afghanistan, and over three-quarters of this is trafficked through Iran and Pakistan. The increased purity and ready availability of heroin at lower cost also cause people who inject drugs to be one of the most vulnerable groups to HIV infection within the region.<sup>9</sup>

One study that has collated data on the HIV epidemic in MENA estimated that there are around 626,000 people who inject drugs in the region. HIV epidemics among people who inject drugs were

found in one third of MENA countries and HIV prevalence was between 10 and 15%.[10](#)[11](#)

Injecting drug use is the major route of HIV transmission in Afghanistan, Pakistan and Iran and accounts for an estimated 90% of HIV cases in Libya. In these countries, HIV transmission is largely confined to people who inject drugs and has a particularly low prevalence among the rest of the population. Drug practice is also common in Oman and Bahrain, and a growing issue in Morocco and Egypt.[12](#)

## **Men who have sex with men in MENA**

Compared to the concentrated HIV epidemic seen among people who inject drugs, the epidemic among [men who have sex with men](#) (also referred to as MSM) in MENA is assumed not to have reached the same levels but affects a larger number of countries.

However, the lack of official acknowledgement of the existence of non-heterosexual groups has meant that surveillance data has historically been difficult to get hold of in this region. Many more men who have sex with men may be affected by HIV than data reveals.[13](#)

According to the available data, across the region fewer than 1 in 10 men who have sex with men are living with HIV, but some countries have a higher HIV prevalence than others. In Egypt, Morocco, Pakistan, Sudan, Tunisia and Yemen, HIV prevalence among men who have sex with men is nearing 10%. In Tunisia, 5% of men who have sex with men were living with HIV - by 2011, this had risen to 13%. Significant HIV epidemics among men who have sex with men have also been reported in Jordan, Lebanon and Syria.[14](#)

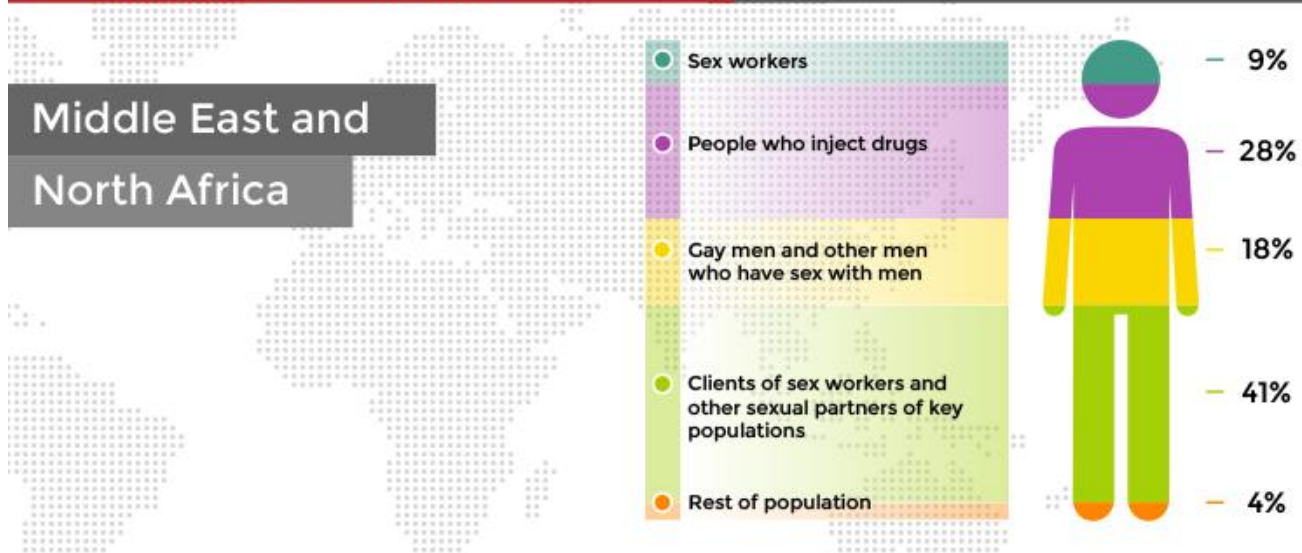
## **Female sex workers in MENA**

In 2012, 1.7% of female [sex workers](#) (also referred to as FSW) in MENA were thought to be living with HIV, with no country having an HIV prevalence among this group over 5%.[15](#) [16](#) However, networks of female sex workers are thought to be a key driver of HIV epidemics in a number of countries.

There are an estimated 60,000 female sex workers in Morocco with commercial sex networks accounting for roughly 50% of all new infections despite only 2% of female sex workers living with HIV. This significant proportion of all HIV transmissions throughout the region is due to the size of their sexual networks compared with both people who inject drugs and men who have sex with men.[17](#) [18](#)

By contrast, one study in Tripoli, Libya, found a HIV prevalence of 15.7% among female sex workers. These high prevalence rates were mainly attributed to a high number of sexual partners and low levels of condom use. However, this particular epidemic was thought to be concentrated and not necessarily representative of all cities, or highly urbanised areas in the region.[19](#)

Peer education has proved effective: in Sudan, a 2015 study of key populations showed 70% of 1,000 men who had sex with sex workers reported using condoms during the past six months and the last time they had sex. [20](#)



## HIV testing and counselling (HTC) in the Middle East and North Africa

In MENA, there is still very limited access to HIV testing and counselling even though the service is an integral component of HIV prevention programmes. For example, in Sudan, only one in five people living with HIV are aware of their status.<sup>21</sup>

According to UNAIDS, Algeria was the only country in the region close to achieving the first 90 target in 2016, with 76% of people living with HIV knowing their status. Figures across the other reporting countries remain disappointing - Tunisia, Morocco and Egypt all reported below 60% awareness and Iran and Sudan reported below 40% awareness of status.<sup>22</sup>

Djibouti became the first country to ratify the Arab Convention on Preventing HIV and Protecting the Rights of People Living with HIV, providing a legal framework to apply human rights principles in HIV responses, as adopted by the Arab Parliament in 2012.

Djibouti became the first country to ratify the Arab Convention on Preventing HIV and Protecting the Rights of People Living with HIV, providing a legal framework to apply human rights principles in HIV responses, as adopted by the Djibouti Parliament in 2012. With the help of more than 21,000 tests distributed in 2015, Djibouti reported that 75% of people living with HIV were aware of their status (the latest data available).<sup>23</sup>

The resulting agreement, the Algiers Declaration on Fast-Tracking HIV Testing in the Middle East and North Africa, called for investment in strategic information to guide an increase in testing, annual testing targets, strategic approaches for testing and enhanced services, resources and partnerships.

## HIV prevention in the Middle East and North Africa

### HIV prevention for people who inject drugs

Iran has been implementing [harm reduction programmes](#), such as distributing clean needles and

syringes in pharmacies across the country since the mid-2000s, in an attempt to prevent the transmission of HIV among people who inject drugs<sup>24</sup>

By September 2012, free needles and syringes were available in 559 locations, and according to the 2010 behavioural survey, 91.7% reported using a clean needle or syringe during their last injection.<sup>25</sup>

As the majority of people who inject drugs in Iran are incarcerated, the government has implemented a number of projects distributing free needles in prisons and providing opioid substitution therapy (OST). By 2012, 4,249 outlets were providing OST for over half a million people who inject drugs.<sup>26</sup>

However, the fact that injecting drug use remains the primary route of HIV transmission in Iran emphasises the need to scale up these types of prevention initiatives.<sup>27</sup>

## **HIV prevention for men who have sex with men**

In 2010, 5.7% and 5.9% of men who have sex with men in Cairo and Alexandria, Egypt, respectively were reported to be living with HIV.<sup>28</sup>

In these two cities, HIV prevention projects initiated by civil society organisations and supported by UNAIDS and the National AIDS programme use teams of outreach workers to engage and enrol people belonging to key affected populations, particularly men who have sex with men.

Upon enrolment, clients become part of a coding system that enables them to access subsidised HIV prevention services such as condoms and lubricants, HIV testing and counselling, medical services, psychosocial support, legal services as well as follow-up support. In Alexandria, the initiative is being scaled-up and will be supported until 2017.<sup>29</sup>

A similar programme in Morocco combines condom distribution, outreach work and HIV testing with a strong online presence. In Marrakesh, there is a speciality clinic for men who have sex with men addressing issues such as sexual health and substance abuse.<sup>30</sup>

## **Prevention of mother-to-child transmission (PMTCT) programmes for pregnant women**

The HIV epidemic in MENA impacts heavily upon pregnant women in a region where there is a shortage of comprehensive sexual and reproductive health services, including HTC and follow-up treatment services for pregnant women.<sup>31</sup>

In countries such as Lebanon, efforts to [prevent the mother-to-child transmission](#) of HIV have been undermined by a lack of testing services in combination with expensive referral systems, fears around testing, as well as a lack of awareness and stigma.<sup>32</sup>

By comparison, HIV testing has been offered to women attending antenatal clinics in Oman since 2010, and has an acceptance rate of 99%. Along with the United Arab Emirates and Morocco, Oman has one of the highest testing coverages for pregnant women in the region.<sup>33</sup>

Although there has been little change in the number of new HIV infections among children (aged 0-14 years) in the region between 2010 and 2016, the biggest reduction in new infections among children during this time was seen in Djibouti (44%), where the integration of PMTCT services into maternal and child health programmes has been expanded.<sup>34</sup>

Scaling up HIV prevention is integral to averting the further spread of the HIV epidemic in MENA. Prevention must target those groups most at risk. As the epidemic is comparatively small in relation

to other regions, there remains a window of opportunity to control further HIV transmission before it becomes a serious health and socioeconomic burden in MENA.

## Antiretroviral treatment (ART) in the Middle East and North Africa

Since 2005, the number of people receiving antiretroviral treatment (ART) in MENA has increased dramatically. For example, in Algeria coverage increased from 24% in 2010 to 76% in 2016 while in Morocco coverage increased from 16% to 48%. However, as in [Eastern Europe and Central Asia](#), the increase has been much too slow, and treatment coverage continues to be outpaced by the rate of new infections, highlighting the need for the scale-up of treatment services.[3536](#)

Despite low treatment uptake across the region, UNAIDS did that find in 2016, that for those enrolled in HIV care, 89% of people on ART were still retained in care after 12 months. Remarkably, this rate of retention was much better than other regions in the world - such as Western and Central Africa where only 72% were retained in care after 12 months.[37](#)

During the 1980s and 1990s, MENA governments relied on these values to protect their populations from HIV transmission with many denying the existence of the epidemic within their borders.[38](#)

However, MENA governments now acknowledge the presence of HIV in their populations. As in other regions, there is a gap between what is preached by religion and what is actually practiced by believers.[39](#)

Conversely, some cultural practices exacerbate the spread of HIV including child marriage, polygamy and bans on condom use.[40 41 42](#)

Those with the greatest risk of HIV infection are also often engaged in high-risk activities (such as sex work), which are condemned by religious doctrines and cultural values, and are often reinforced in law by criminalisation.[43](#)

One study of mental health issues among men who have sex with men in selected MENA countries found that 33.2% of participants had been physically assaulted because people knew/thought they had sex with men.[44](#)

These high levels of stigma and discrimination drive the epidemic in the region, preventing those living with HIV, and those at high risk of HIV transmission from seeking the HIV prevention, treatment and support services they need.[45](#)

### Political barriers

Since the start of the decade, political uprisings in a number of MENA countries have undermined efforts to tackle the HIV epidemic in this region.

Unrest and conflict disrupts the implementation of HIV prevention programmes and act as barriers to service implementation (including the provision of antiretroviral treatment). It can also create circumstances that exacerbate issues associated with HIV epidemics.

#### Syria

The conflict in Syria has displaced two million people, the majority of whom have fled to neighbouring countries including Egypt, Iraq, Jordan, Lebanon and Turkey. [Migration](#) can put people in vulnerable situations increasing the risk of transmission. Research has shown how the resulting isolation and stress can encourage unsafe, casual and commercial sex at a time when

access to HIV prevention information and services is low.[46](#)

### **Libya**

In 2011, the conflict in Libya caused significant disruption to the supply of antiretroviral drugs (ARVs) for six months, creating a difficult situation for those in need of treatment. People who were unable to acquire ARVs reported sharing with others and relying on partial treatment, thereby increasing the risk of resistance to first-line ARVs.[47](#)

### **Somalia**

In Somalia, security challenges make implementation of HIV prevention programmes and ART provision challenging. Moreover, it restricts access to HIV services for those already on treatment.[48](#)

## **Legal barriers**

### **Punitive laws**

Throughout many regions in the world, punitive laws and practices deter those most at risk of HIV from seeking the essential services they need.[49](#)

In MENA, high-risk behaviours associated with HIV transmission are culturally prohibited, and in some cases illegal. Laws prohibit activities including drug use, commercial sex and sex between men. In fact, five of the seven countries where homosexual acts are punishable by death are in the MENA region (Iran, Saudi Arabia, Sudan, parts of Somalia and Yemen).[50](#)

Drug use and the possession of drugs are criminalised in most countries throughout the region. Tunisia is the only country in MENA where some forms of commercial sex are legal and condom distribution is allowed in regulated establishments. [51](#)

These types of laws fuel stigma and discrimination towards key affected populations and other people living with HIV. Moreover, in countries such as Lebanon, they have been used to justify illegal police conduct including torture.[52](#)

However, some progress has been made in gaining legal protection for those living with HIV in the region. In February 2016, a court in Cairo ruled that people living with HIV cannot be dismissed because of their HIV-positive status. This seminal ruling has been applauded by civil society and activists engaged in the AIDS response in Egypt and across the region. The ruling sets an important legal precedent for future discrimination cases.[53](#)

### **Restrictions on entry, stay and residence**

A number of countries in the MENA region have restrictions on entry, stay or residence for people living with HIV. These laws, and the ways they are implemented, often impinge upon the human rights of people living with HIV.

These restrictions based on HIV status have been adopted by all Gulf Cooperation Council (GCC) countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates), which are major destinations for migrant workers, particularly from [Asia](#).[54](#)

These restrictions do not just affect people migrating from other parts of the world but people living with HIV within this region. For example, Jordan has reported the use of restrictions on migrants from neighbouring countries (including Egypt, Iraq and Syria) and the impact of mandatory HIV screening policies on the estimated one million Jordanians working abroad in GCC countries.[55](#)

# Closing the gap

Though the number of people living with HIV in MENA is small compared with many other regions, many countries within the region have fast-growing HIV epidemics and the gaps in HIV service provision in these areas needs to be addressed immediately as a result.<sup>56</sup>

The scaling up of antiretroviral treatment coverage is key to this. UNAIDS states that an 'intensified scale-up' of at least 130,000 people initiated on treatment is needed in order for MENA to reach the second fast-track target of having 90% of people living with HIV on treatment.<sup>57</sup>

Furthermore, keeping people on treatment must be a priority. UNAIDS has highlighted that those countries which are marshaling community-based initiatives in getting people tested and linked to treatment are seeing the benefits of better retention in care. For example, in Morocco, this community-based approach has improved treatment retention from 75% to 95% over a year in 2016.<sup>58</sup>

Domestic funding towards the HIV response within MENA has increased by 14% in the last decade, and countries in the region now fund 73% of their response. However, in 2016 UNAIDS suggested that this is not enough - and low-income countries such as Djibouti and Somalia rely on international donor support for 90% of their response.<sup>59</sup>

If more innovative mechanisms to boost HIV funding are not found, UNAIDS has warned that the current resource levels are too small to close the region's existing gaps in reaching both the Fast-Track Targets by 2020 and ending AIDS as a public health threat by 2030.<sup>60</sup>

## Tools and resources:

### [HIV/AIDS: trends in the Middle East and North Africa region](#)

- [1. UNAIDS \(2017\) 'Ending AIDS: Progress towards 90-90-90 targets'](#)
- [2. UNAIDS \(2017\) 'Ending AIDS: Progress towards 90-90-90 targets'](#)
- [3. UNAIDS \(2017\) 'Data Book'](#)
- [4. Sallam, Malik et al. "Genetic Characterization of Human Immunodeficiency Virus Type 1 Transmission in the Middle East and North Africa." Heliyon 3.7 \(2017\): e00352. PMC. Web. 1 Nov. 2017.](#)
- [5. World Bank \(2010\) 'Characterizing the HIV/AIDS Epidemic in the Middle East and North Africa'\[pdf\]](#)
- [6. Bozicevic, I. et al \(2013\) 'HIV surveillance in MENA: recent developments and results' Sexually Transmitted Infections 89 Supplement:11-16](#)
- [7. UNAIDS \(2017\) 'Ending AIDS: Progress towards 90-90-90 targets'](#)
- [8. Sallam, Malik et al. "Genetic Characterization of Human Immunodeficiency Virus Type 1 Transmission in the Middle East and North Africa." Heliyon 3.7 \(2017\): e00352. PMC. Web. 1 Nov. 2017.](#)
- [9. Heijnen, Marieke, Ghina R Mumtaz, and Laith J Abu-Raddad. "Status of HIV and Hepatitis C Virus Infections among Prisoners in the Middle East and North Africa: Review and Synthesis." Journal of the International AIDS Society 19.1 \(2016\): 20873. PMC. Web. 1 Nov. 2017.](#)
- [10. Mumtaz, G.R. et al \(2014\) 'HIV among People Who Inject Drugs in the Middle East and North Africa: Systematic Review and Data Synthesis' PLOS Medicine 11\(6\)\[pdf\]](#)
- [11. Mumtaz, G.R. et al \(2014\) 'The emerging face of the HIV epidemic in the Middle East and North Africa' Current opinion in HIV and AIDS 9\(2\):183-191](#)



- 12. UNAIDS (2011) '[Middle East and North Africa ready to scale up harm reduction services in its response to AIDS](#)'
- 13. Mozafari, Masoud et al. (2017) '[Social change and HIV in Iran: reaching hidden populations](#)'
- 14. Abu Raddad, L. et al (2013) '[HIV and other sexually transmitted infection research in the Middle East and North Africa: promising progress?](#)' 89(Supplement 3):1-4
- 15. WHO (2012) '[New WHO guidelines to better prevent HIV in sex workers](#)'
- 16. Abu Raddad, L. et al (2013) '[HIV and other sexually transmitted infection research in the Middle East and North Africa: promising progress?](#)' 89(Supplement 3):1-4
- 17. Kouyoumjian, S.P. (2013) '[The epidemiology of HIV infection in Morocco: systematic review and data synthesis](#)' 24(7):507-516
- 18. UNAIDS (2013) '[2013 Global Report](#)'
- 19. Valadez, J.L. (2013) '[Filling the Knowledge Gap: Measuring HIV Prevalence and Risk Factors among Men Who Have Sex with Men and Female Sex Workers in Tripoli, Libya](#)' PLOS ONE 8(6)
- 20. UNAIDS (2016), '[Prevention Gap Report](#)'[pdf]
- 21. UNAIDS (2013) '[2013 Regional Report for the Middle East and North Africa](#)'[pdf]
- 22. UNAIDS (2017) '[Ending AIDS: Progress towards 90-90-90 targets](#)' However, particular efforts have been made to increase testing coverage within a human rights framework. Egypt, Iran and Sudan conducted community testing campaigns in 2015. A surveillance of key populations in the same year revealed that testing coverage among sex workers and men who had sex with other men more than tripled between 2013 and 2015, reaching 29% and 17%.UNAIDS (2016), '[Prevention Gap Report, from 2016 Global AIDS Response Progress Reporting](#)'[pdf]
- 23. UNAIDS (2016), '[Prevention Gap Report, from 2016 Global AIDS Response Progress Reporting](#)'[pdf]
- 24. UNAIDS (2013) '[2013 Regional Report for the Middle East and North Africa](#)'
- 25. Alipour, A. et al (2013) '[HIV prevalence and related risk behaviours among female partners of male injecting drugs users in Iran: results of a bio-behavioural survey, 2010](#)' Sexually Transmitted Infections 89(Supplement 3):41-44
- 26. Alipour, A. et al (2013) '[HIV prevalence and related risk behaviours among female partners of male injecting drugs users in Iran: results of a bio-behavioural survey, 2010](#)' Sexually Transmitted Infections 89(Supplement 3):41-44
- 27. UNAIDS (2013) '[2013 Regional Report for the Middle East and North Africa](#)'
- 28. Nada, K.H. and Suliman El, D.A. (2010) '[Violence, abuse, alcohol and drug use, and sexual behaviors in street children of Greater Cairo and Alexandria, Egypt](#)' AIDS 24(Supplement 2):S39-44
- 29. National AIDS Programme (2010) '[UNGASS Country Progress Report: Arab Republic of Egypt](#)'
- 30. Burki, T. (2011, October) '[HIV in men who have sex with men in the Middle East](#)' The Lancet 11(10):734-735
- 31. Chahil-Graf, R. and Madani, N. (2014) '[Women, culture and the HIV epidemic in MENA](#)' JIAS 17
- 32. UNAIDS (2013) '[2013 Regional Report for the Middle East and North Africa](#)'
- 33. UNAIDS (2012) '[Sultanate of Oman: Global AIDS Response Progress Report 2012](#)'
- 34. UNAIDS (2017) '[Ending AIDS: Progress towards 90-90-90 targets](#)'
- 35. UNAIDS (2014) '[The Gap Report](#)'[pdf]
- 36. UNAIDS (2017) '[Ending AIDS: Progress towards 90-90-90 targets](#)'In 2016, the MENA region had the lowest ART coverage in the world (24%). For those who do have access to treatment, the consistently poor viral suppression rates across MENA countries suggests that treatment adherence is also major issue.UNAIDS (2017) '[Ending AIDS: Progress towards 90-90-90 targets](#)'
- 37. UNAIDS (2017) '[Ending AIDS: Progress towards 90-90-90 targets](#)'Barriers to HIV prevention programmes in the Middle East and North AfricaCultural and social barriersThe low HIV prevalence seen among the general population in MENA is thought to be due to religious and cultural values, which discourage pre-marital sex, encourage married people to be faithful, and emphasise universal male circumcision.Setayesh, H. et al (2013) '[HIV in the Middle East: Low prevalence but not low risk](#)' Population Reference Bureau
- 38. Setayesh, H. et al (2013) '[HIV in the Middle East: Low prevalence but not low risk](#)' Population Reference Bureau
- 39. Roudi-Fahimi, F. (2007) '[Time to intervene: Preventing the spread of HIV/AIDS in the Middle](#)

- [East and North Africa](#)' Population Reference Bureau[[pdf](#)]
- 40. Roudi-Fahimi, F. (2010) '[Child Marriage in the Middle East and North Africa](#)' Population Reference Bureau
  - 41. World Bank (2010) '[Characterizing the HIV/AIDS Epidemic in the Middle East and North Africa](#)'
  - 42. UNAIDS (2013) '[2013 Regional Report for the Middle East and North Africa](#)'
  - 43. Setayesh, H. et al (2013) '[HIV in the Middle East: Low prevalence but not low risk](#)' Population Reference Bureau
  - 44. M-Coalition '[Mental health of men who have sex with men in the Arab world](#)' [accessed 26 May 2016][[pdf](#)]
  - 45. Setayesh, H. et al (2013) '[HIV in the Middle East: Low prevalence but not low risk](#)' Population Reference Bureau
  - 46. UNAIDS, ILO & IOM (2008) '[Policy Brief - HIV and International Labour Migration](#)'[[pdf](#)]
  - 47. UNAIDS (2013) '[2013 Regional Report for the Middle East and North Africa](#)'
  - 48. UNAIDS (2012) '[Global AIDS Response Progress Reporting 2012](#)'
  - 49. UNAIDS (2013) '[Global Report 2013](#)'[[pdf](#)]
  - 50. ILGA (2013) '[State-sponsored homophobia: A world survey of laws prohibiting same sex activity between consenting adults](#)'[pdf](#)]
  - 51. Al-Shazly, F. (2011) '[How to Best Reach HIV-Vulnerable Groups in Arab States: Drug Abuse in International Laws and Arabic Legislations](#)'
  - 52. Human Rights Watch (2013, 26 June] '[It's Part of the Job: Ill-treatment and Torture of Vulnerable Groups in Lebanese Police Stations](#)'[[pdf](#)]
  - 53. UNAIDS (2016) '[Landmark court ruling in Egypt prohibits HIV discrimination in the workplace](#)'
  - 54. UNAIDS (2013) '[Global Report 2013](#)'
  - 55. Askwith, M. (2011) '[United Nations Development Assistance Framework \(UNDAF\) for Jordan 2008-2012](#)'[[pdf](#)]
  - 56. UNAIDS (2017) '[Ending AIDS: Progress towards 90-90-90 targets](#)'
  - 57. UNAIDS (2017) '[Ending AIDS: Progress towards 90-90-90 targets](#)'
  - 58. UNAIDS (2017) '[Ending AIDS: Progress towards 90-90-90 targets](#)'
  - 59. UNAIDS (2017) '[Ending AIDS: Progress towards 90-90-90 targets](#)'
  - 60. UNAIDS (2017) '[Ending AIDS: Progress towards 90-90-90 targets](#)'

**Last full review:** 30 November 2017

**Last updated:** 16 April 2018

**Next full review:** 30 November 2020