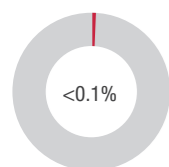




**LESS DISCRIMINATION,  
BETTER SERVICES,  
MORE SUPPORT!**

**for PLHIV using drugs**

## KNOW YOUR REGION: HIV AND DRUG USE IN MENA



Low HIV prevalence, estimated at less than 0.1% in most of the MENA countries



Estimated 240,000 PLHIV



Estimated 887,000 PWID



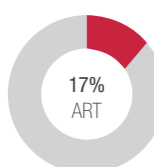
Unprotected sex and unsafe injecting drug use: primary drivers of HIV epidemic

HOWEVER, **Legal, religious, and sociocultural** restrictions and taboos against sex, sex work, same-sex relations, drug use and possession are threatening the region's low HIV prevalence

## CURRENTLY, MENA HAS:



One of the highest growing HIV epidemics in the world: **35% annual increase** in newly detected HIV infections since 2001.



One of the lowest rates of ART coverage, with only 17% of PLHIV accessing treatment



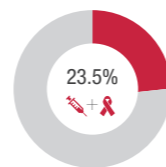
Low levels of HIV testing among key populations



Concentrated HIV epidemics recorded among PWIDs in 8 countries of the region



Estimated 208,000 PWID living with HIV/AIDS



HIV prevalence of 23.5% among PWID

## AN OPERATIONAL RESEARCH IN 6 COUNTRIES OF THE REGION REVEALED THAT OUT OF 149 (102 MEN AND 47 WOMEN) PARTICIPATING PLHIV WHO USE OR INJECT DRUGS:



Only 32% of participants' children ever tested for HIV (with 10% testing positive)



Drugs used by 45.6% of partners (39.6% injecting)



56.1% of PLHIV injecting drugs share needles



44.8% of PLHIV using drugs never use condoms



25.5% of men have same-sex relations



17% of women are engaged in sex work

## MOREOVER, OST IS NOT AVAILABLE IN 3 OUT OF THE 6 COUNTRIES!!!

## PLHIV USING DRUGS HAVE INCREASED VULNERABILITY AND RISKS OF:



Delayed HIV diagnosis



Low level of HIV treatment retention



Poor use of harm reduction and healthcare services

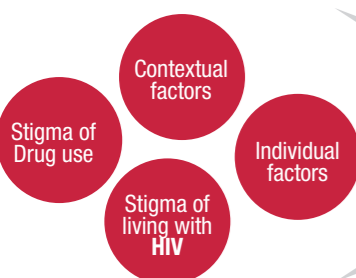


Onward transmission of HIV



AIDS-related deaths

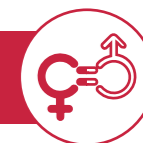
## WHY? BECAUSE VARIOUS CONTEXTUAL AND INDIVIDUAL FACTORS LIMIT THE USE OF HARM REDUCTION AND HIV SERVICES AMONG PLHIV WHO USE DRUGS



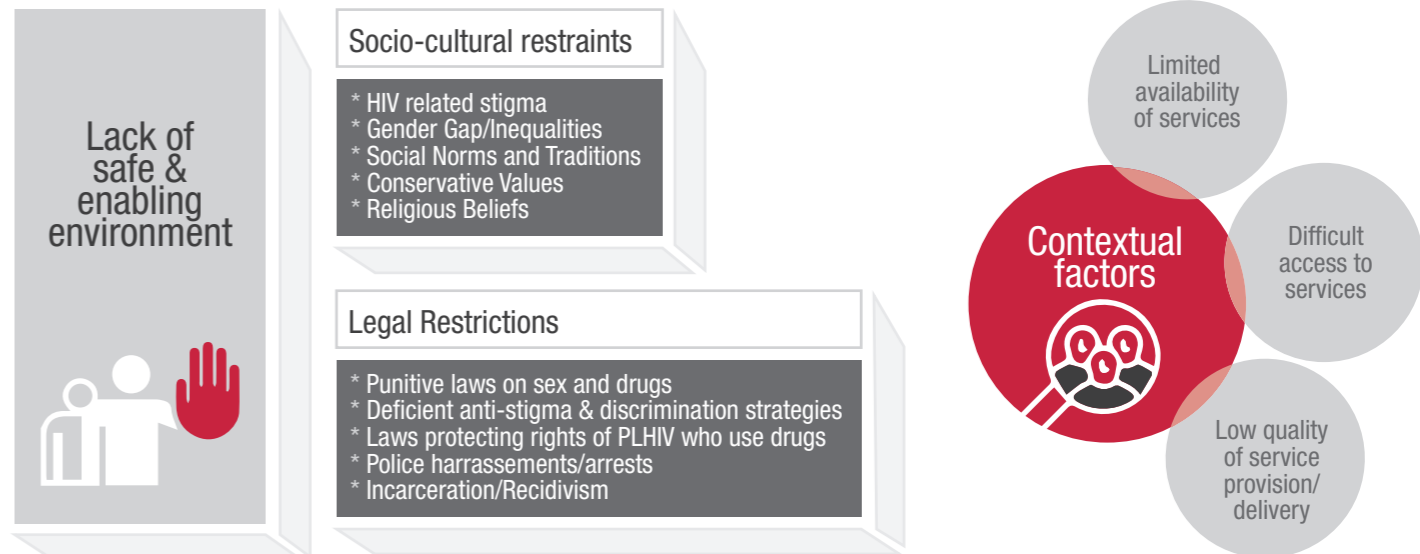
POOR HEALTH SEEKING BEHAVIORS

UNFAVORABLE HEALTH OUTCOMES

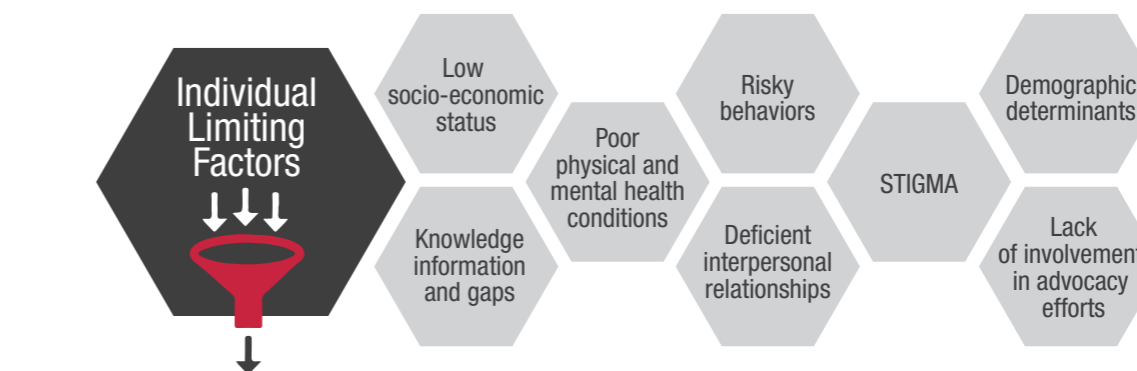
## GENDER INEQUALITIES FURTHER EXACERBATE POOR HEALTH SEEKING BEHAVIORS AND OUTCOMES AMONG WOMEN LIVING WITH HIV AND USING DRUGS (INCLUDING PARTNERS) IN HIGHLY CONSERVATIVE MENA SOCIETIES



## CONTEXTUAL LIMITING FACTORS



## INDIVIDUAL LIMITING FACTORS



ENABLING ENVIRONMENTS AND ACCESSIBLE QUALITY SERVICES ARE CRUCIAL IN IMPROVING ACCESS TO SERVICES AND IMPROVED HEALTH OUTCOMES

## WHAT CAN BE DONE?

- ✓ Regular HIV treatment intake is linked to improved injection practices and sexual behaviors that decrease probability of co-infection with other diseases
- ✓ The integration of OST into HIV services has been shown to facilitate engagement of PWID living with HIV, and improve the HIV treatment and care continuum

## HOW CAN WE IMPROVE ADHERENCE TO TREATMENT AND ACCESS TO SERVICES?

- Awareness raising and training on:** positive health impacts of early detection and routine screening among family members; harms related to drug use; importance of support for PLHIV; availability of harm reduction and HIV services; rights of PLHIV and PWUD; stigma and discrimination for health care providers
- Promotion of:** availability of services among health care providers and PLHIV; harm reduction strategies for behavior change; routine testing of other infectious diseases included within package of harm reduction and healthcare services; anti-discrimination strategies and laws;
- Service development through:** integration of harm reduction services within healthcare package of services; increasing OST availability and coverage; providing HIV testing for all partners and children of newly diagnosed people; increasing availability of condoms and needles/syringes in harm reduction and other health programs; involving PLHIV who use drugs in programming and decision making;
- Accountability and support through establishing:** complaint mechanism for rights violations and mistreatment; support system for regular follow-up of beneficiaries in healthcare settings
- Evaluation and research through:** service quality assessments; population size estimates to inform program development

What to know more? Check out the references!



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#### References:

Low, AJ, Mburu, G, Welton, NJ, et al. Impact of Opioid Substitution Therapy on Antiretroviral Therapy Outcomes: A Systematic Review and Meta-Analysis. *Clinical Infectious Diseases* 1104-1094 :63 ;2016

Middle East and North Africa Harm Reduction Association – MENAHA. Multicentre Operational Research on Drug Use and Harm Reduction among People Living with HIV/AIDS in the Middle East and North Africa Region. 2017. Retrieved from:  
[http://menahra.org/images/OPERATIONAL\\_RESEARCH\\_ON\\_DRUG\\_USE\\_\\_HARM\\_REDUCTION\\_AMONG\\_PEOPLE\\_LIVING\\_WITH\\_HIVAIDS\\_IN\\_MENA\\_-\\_web.pdf](http://menahra.org/images/OPERATIONAL_RESEARCH_ON_DRUG_USE__HARM_REDUCTION_AMONG_PEOPLE_LIVING_WITH_HIVAIDS_IN_MENA_-_web.pdf)

Middle East and North Africa Harm Reduction Association – MENAHA. Assessment of Situation and Response to Drug Use and its Harms in the Middle East and North Africa. 2017. In process.