



LGBT HEALTH

HIV EPIDEMIC IN THE MIDDLE EAST AND NORTH AFRICA REGION: CAN WE HIDE IT?

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Introduction: Thirty years after the introduction of HIV into Middle East and North Africa (MENA) populations, the epidemiology of the virus is dominated by 2 patterns: exogenous HIV exposures among the nationals (pattern A) and concentrated or low-intensity HIV epidemics among priority populations (pattern B).

Results: MENA countries have made enormous progress in controlling parenteral HIV transmissions but have failed to control HIV spread mainly in pattern B. Some MENA characteristics are considered to be protective: male circumcision; cultural traditions; the sparse nature of some network structures.

With all this said, MENA is unlikely to be experiencing a sustainable HIV epidemic. Distribution of new infections are estimated to be 2% in the general population (possibly pattern A) and 98% among different groups of pattern B.

Conclusion: Considering all of the above, it is unlikely that the future of HIV epidemic in MENA will be bright if the existing social and epidemiological situation remains the same. This will definitely imply an immense disease burden and subsequent economic burden in a region that is unprepared for such an epidemic. Counting on circumcision, religious and cultural immunities, and denying the existence of pattern B groups are not enough to prevent HIV epidemic. Absence of precise evidence-based population data, strong surveillance systems, clear and bold HIV strategies, high-quality HIV research, clear will to cope with international testing, prevention and treatment guidelines with an acceptance of key populations existence will worsen the epidemic. This “not in our land” policy has failed, it is urgent now to change it.

