2024 DATA

94% increase in number of new HIV infections since 2010

6% decrease in number of AIDS–related deaths since 2010

People living with HIV: 240 000 [190 000–310 000]

New HIV infections: 23 000 [16 000–37 000]

AIDS–related deaths: 7000 [4700–11 000]

Testing and treatment cascade (all ages):

People living with HIV who know their status: 63% [44–85%]

People living with HIV who are on treatment: 48% [34–65%]

People living with HIV who have a suppressed viral load: 44% [35–56%]

Financing of the HIV response:

Resource availability for HIV: US$ 120 million [71% gap to meet 2030 annual target]

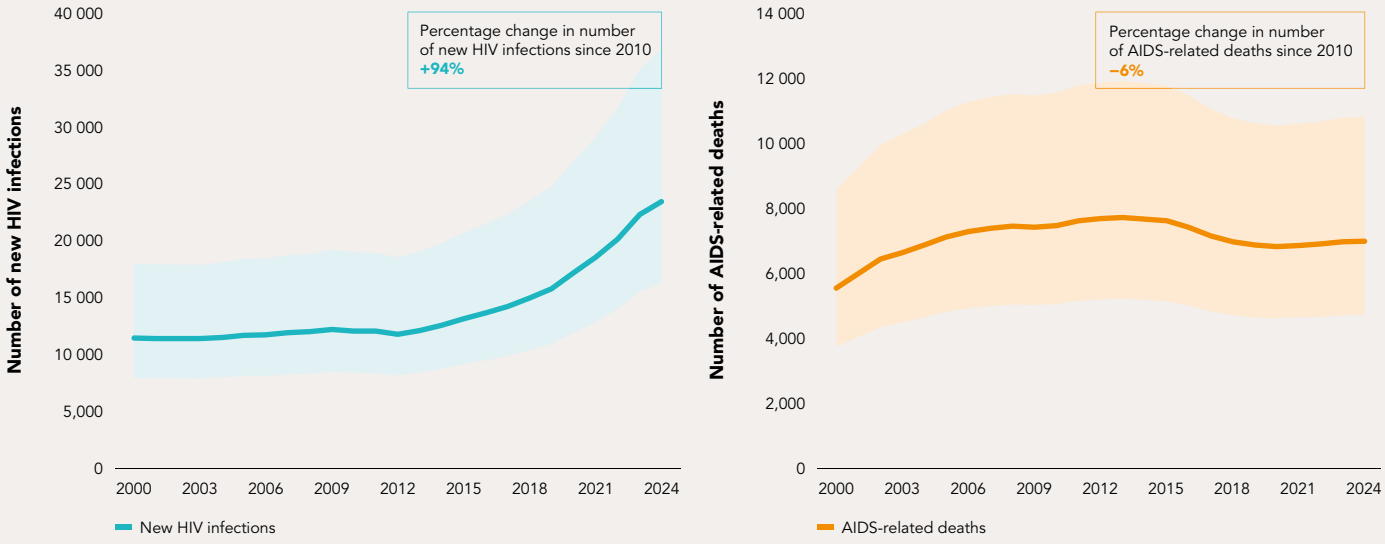
MIDDLE EAST AND NORTH AFRICA

Numbers of new HIV infections in the Middle East and North Africa increased by 94% between 2010 and 2024—from 12 000 [8400–19 000] to 23 000 [16 000–37 000] annually (Figure 15.1). The Middle East and North Africa accounts for 2% of annual new HIV infections globally. With a very low HIV prevalence rate, however, the region can rapidly reduce the number of new infections if countries take appropriate and effective actions that meet the needs of the populations most at risk of HIV.

Discriminated and criminalized populations are disproportionately affected by the HIV epidemic. The prevalence of HIV is highest among people from key populations. Among the new HIV infections in the region, 23% were young people aged 15–24 years. The majority of infections among young people were among young men (64%), but services are still far from reaching them.

Numbers of new HIV infections and AIDS–related deaths continue to rise

Figure 15.1. Numbers of new HIV infections and AIDS-related deaths, Middle East and North Africa, 2000–2024



Source: UNAIDS epidemiological estimates 2025 (https://aidsinfo.unaids.org/).

Figure 15.2. HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in the Middle East and North Africa, 2020–2024

The median HIV prevalence among countries that reported these data in the Middle East and North Africa was:

1.6% among sex workers.
8.2% among gay men and other men who have sex with men.
7.1% among people who inject drugs.
0.8% among people in prisons and other closed settings.

The estimated HIV prevalence among adults (aged 15–49 years) was **0.07% [0.06–0.1%]**.

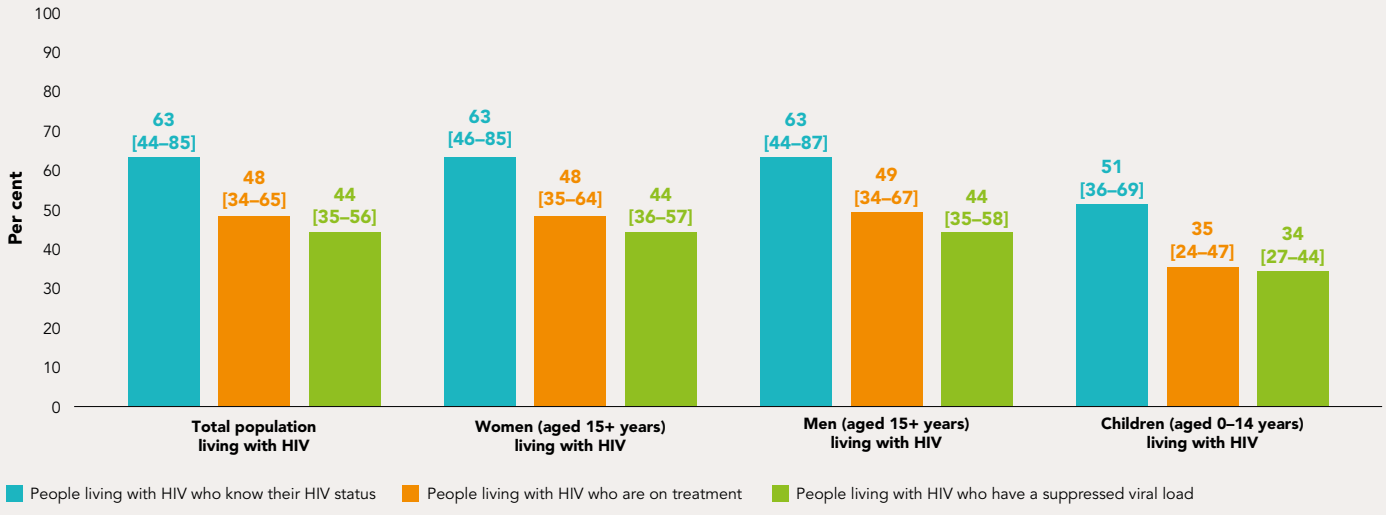
Note: *n* = number of countries. Total number of reporting countries = 19. Data presented are from fewer than five reporting countries for people who inject drugs (Algeria, Egypt, Morocco, Tunisia) and people in prisons and other closed settings (Morocco, Oman, United Arab Emirates).

Source: Global AIDS Monitoring 2021–2025 (https://aidsinfo.unaids.org/); UNAIDS epidemiological estimates 2025 (https://aidsinfo.unaids.org/).

These epidemic patterns underscore the need for scaled–up HIV interventions for people from key populations and young people and to reduce the societal and structural barriers that limit their access to needed services.

The HIV response remains a long way from achieving the coverage targets for HIV by 2025 in the Middle East and North Africa

Figure 15.3. HIV testing and treatment cascade, by age and sex, Middle East and North Africa, 2024



Source: UNAIDS epidemiological estimates 2025 (https://aidsinfo.unaids.org/).

The HIV response remains a long way from achieving the coverage targets for HIV by 2025. Numbers of AIDS–related deaths are declining at a slow rate (by only about 6% between 2010 and 2024). HIV treatment coverage in the region is the lowest in the world, at 35% [24–47%]. Treatment coverage is especially low among children, at 44% [35–56%]. All countries in the region, except for Saudi Arabia, are a long way from reaching the 95–95–95 targets.

The region has some of the highest numbers of punitive and criminalizing laws. Progress towards reaching the 10–10–10 societal enablers targets remains slow. Thirteen of 19 countries criminalize HIV nondisclosure, exposure or transmission, and three other countries have used the general law to prosecute cases in the past 10 years. Six countries have laws criminalizing transgender people; 18 countries have laws criminalizing some aspect of sex work; 16 countries have laws criminalizing same–sex sexual acts, including the death penalty in five countries; and 16 countries have laws criminalizing possession of small amounts of drugs (data not available for the other three countries).

HIV services are either missing many of the people who are most at risk or are entirely absent. Intense stigma and discrimination marginalize people from key populations and deter them from seeking HIV–related health services. Strong social taboos, punitive laws and affordability barriers also restrict access to HIV–related health services. Out–of–pocket health spending in the region is among the highest in the world *(1)*.

Total resources available for HIV in the region were US$ 120 million in 2024, which amounts to a 71% gap to meet the 2025 target (Figure 15.3). The region's HIV response is affected by extensive sociopolitical, economic and humanitarian crises. In Sudan, almost 15 million people need health assistance, but 70% of health facilities are not operating in hard–to–reach areas *(2)*. Financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria has enabled the replenishment of stocks of antiretroviral medicines and re–enrolment in treatment of approximately 4000 people living with HIV who dropped out of care because of the ongoing civil war in Sudan *(3)*.

With an overall HIV burden that is still comparatively low, however, countries in the region can end AIDS as a public health threat. This will require stronger political commitment, increased funding—including support for community–led and other civil society organizations that serve the needs of people living with, at risk of or affected by HIV—and lifting of legal and social barriers.

The collection of improved and disaggregated HIV–related data, with ensured confidentiality, would contribute to boosting the region's HIV response *(4)*.

References

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4 Karbasi A, Fordjuoh J, Abbas M, et al. An evolving HIV epidemic in the Middle East and North Africa (MENA) region: a scoping review. Int J Environ Res Public Health. 2023;20(5):3844 (https://doi.org/10.3390/ijerph20053844).