Children, HIV and AIDS

Regional snapshot: Middle East and North Africa

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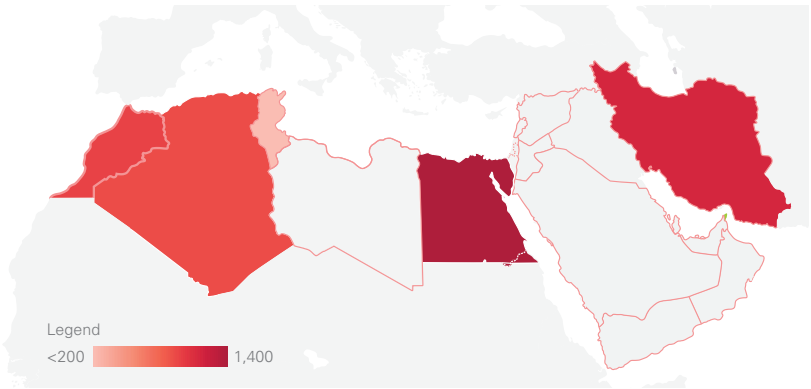
The Middle East and North Africa has achieved substantial success in treatment coverage for children living with HIV: 71 per cent, a higher rate than the global one of 52 per cent. But the epidemic trend in the region remains unclear, due to the lack of critical data in 14 out of 19 countries. The data that do exist indicate a low burden with limited improvement. In 2017, for example, an estimated 1,500 new HIV infections occurred among those aged 10–19, about the same number estimated every year since 2010. Slow progress also has been seen in access to prevention of mother-to-child transmission (PMTCT) services for pregnant and breastfeeding women living with HIV.

FIGURE 1. **Number of children and adolescents aged 0–19 living with HIV, by country, 2017**



Country	Estimate	Lower	Upper
Egypt	1,400	1,100	1,600
Islamic Republic of Iran	1,100	<1,000	2,600
Morocco	<1,000	<1,000	1,300
Algeria	<1,000	<1,000	<1,000
Tunisia	<200	<200	<500
Middle East and North Africa	7,100	5,000	10,000

Data source: UNAIDS 2018 estimates.
Note: Due to rounding, estimates may not add up to the total. This map does not claim any official position by the United Nations. Countries are classified according to the Middle East and North Africa geographical region. Data are not available for Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Oman, the State of Palestine, Qatar, Saudi Arabia, the Syrian Arab Republic, United Arab Emirates and Yemen. Countries with no data and countries outside of the geographical region are shown in grey.

The region's overall HIV burden is low:

fewer than 500

new HIV infections among children under age 10 were estimated in 2017

Early infant diagnosis (EID) coverage has increased

from 11 per cent in 2010

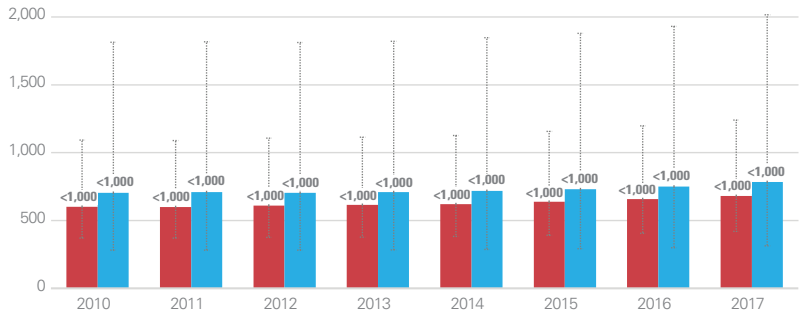
to 33 per cent in 2017

ART coverage for children aged 0–14 has increased

from 24 per cent in 2010

to 71 per cent in 2017

FIGURE 2. **Annual number of new HIV infections among adolescents aged 10–19, by sex, 2010–2017**



Data source: UNAIDS 2018 estimates.
Note: Almost all sexually transmitted HIV infections are assumed to occur after age 14; the numbers of sexually transmitted infections occurring before age 15 are negligible. The dotted lines above and below the numbers in the chart refer to the confidence interval.

KEY FACTS:

Children, HIV and AIDS in Middle East and North Africa, 2017

Epidemiology	Estimate	Lower	Upper
Number of children and adolescents living with HIV	7,100	5,000	10,000
Children aged 0–9	2,300	1,700	3,100
Adolescents aged 10–19	4,800	3,300	7,200
Number of new HIV infections, children and adolescents	1,900	1,000	3,400
Children aged 0–9	<500	<500	<1,000
Adolescents aged 10–19	1,500	<1,000	2,800
Adolescent girls	<1,000	<500	1,200
Adolescent boys	<1,000	<500	2,000
New infections per 1,000 adolescents aged 15–19	0.05	0.02	0.09
Adolescent girls	0.05	0.03	0.09
Adolescent boys	0.05	0.02	0.13
Number of AIDS-related deaths, children and adolescents	<500	<200	<500
Children aged 0–9	<500	<500	<500
Adolescents aged 10–19	<200	<100	<200
Number of pregnant women living with HIV	2,500	2,000	3,200
Mother-to-child transmission rate of HIV, final	18.4	16.7	19.7
HIV response	**Estimate**	**Lower**	**Upper**
PMTCT coverage (ART) (%)	41	31	53
Early infant diagnosis (%)	33	24	44
ART coverage, children 0–14 (%)	71	45	99

Note: due to rounding, estimates may not add up to the total.
Indicator definitions: Mother-to-child transmission (MTCT) rate: Number of new HIV infections among children under 5 per 100 pregnant women living with HIV in the last year. **New HIV infections per 1,000 adolescents:** Number of new HIV infections among adolescents age 15–19 per 1,000 adolescents. **PMTCT coverage:** Percentage of pregnant women living with HIV who received lifelong ART to prevent mother-to-child transmission of HIV. ***Early infant diagnosis:*** Percentage of infants born to HIV-positive mothers who were tested for HIV within two months of birth. **ART coverage among children aged 0–14:** Percentage of children aged 0–14 living with HIV who are receiving antiretroviral therapy.

Analysis

HIV is not a priority concern in most countries of the Middle East and North Africa. Continued lack of attention to HIV by regional policymakers, including in regard to collecting reliable data, could have economic and public health consequences if epidemics begin to increase in scope and severity, even from such a low base. One way to avoid that scenario is through the use of better information to monitor the situation.

More effective HIV responses across this region rely on strong, consistent efforts to increase knowledge and understanding of the disease in society as a whole as well as among those who remain the most vulnerable, including adolescents and key populations of all ages. Stigma surrounding the disease and those vulnerable to it is quite high, because of low levels of awareness and many people's association of HIV with individuals considered undesirable violators of social, cultural and political conventions.

43,000 children aged 0–17 in Middle East and North Africa **have lost one or both parents** due to AIDS-related causes

20,000 children aged 0–14 were exposed to HIV because their mothers were living with the virus, but **they remain uninfected**

These two statistics suggest the lasting effect HIV epidemics can have on child populations.
Even if uninfected, children can experience adverse outcomes due to HIV and AIDS.
They still need care and support.

Source for all data: Global AIDS Monitoring 2018, UNAIDS 2018 estimates and UNICEF Global Databases of nationally representative population-based surveys 2010–2017. For more information, visit data.unicef.org.

FIGURE 4. **Number of pregnant women living with HIV and number receiving antiretrovirals for the prevention of mother-to-child transmission, 2010–2017**

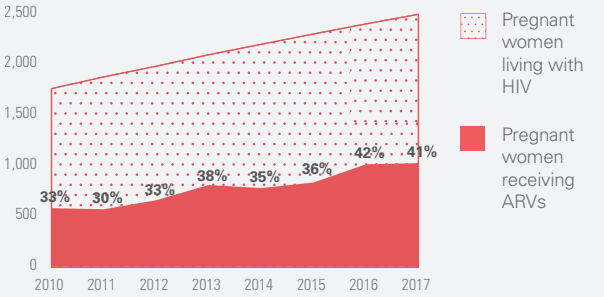


FIGURE 5. **Number of HIV-exposed infants and number tested for HIV within two months of birth, 2010–2017**

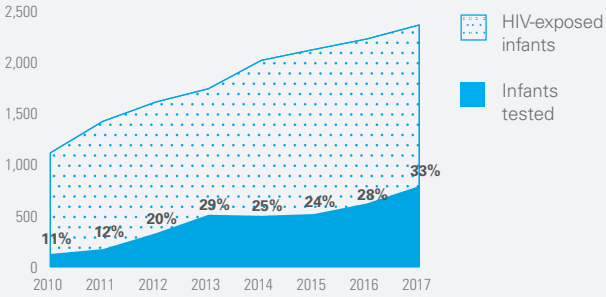
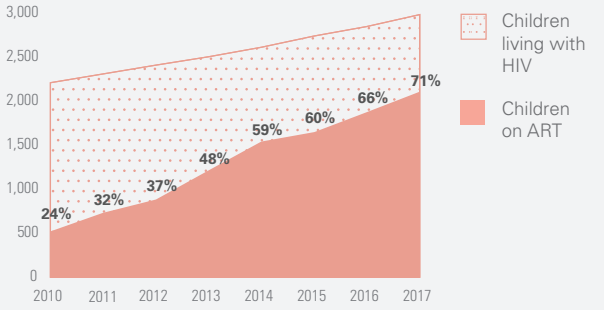


FIGURE 6. **Number of children aged 0–14 living with HIV and number receiving ART, 2010–2017**



Data source: Global AIDS Monitoring 2018 and UNAIDS 2018 estimates.
Note: PMTCT coverage includes most effective antiretroviral regimens, excluding single-dose nevirapine. Infant HIV testing coverage includes only those countries reporting, representing 94 per cent of HIV-exposed infants. The percentages in the figures refer to coverage rates.