

HIV prevention in conservative settings: lessons from the MENA



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A strong and growing prevention toolkit

Fewer than 370,000
new HIV infections per year by 2025

95% of people at risk of HIV have equitable access to and use appropriate, prioritized, person-centred and effective combination prevention options

1

Key populations

Combination prevention and harm reduction packages for and with

Sex workers

Gay men and other men who have sex with men

People who inject drugs

Transgender people

Prisoners

2

Adolescent girls and young women

Combination prevention packages in settings with high HIV incidence

(based on differentiated, layered packages)

3

Adolescent boys and men

Combination prevention packages in settings with high HIV incidence

(including voluntary medical male circumcision and promoting access to testing and treatment)

4

Condom programming

Promotion and distribution of male and female condoms as well as lubricants

5

ARV-based prevention

Pre-exposure prophylaxis, post-exposure prophylaxis, treatment as prevention including for elimination of vertical transmission

Access through

Community-based and community-led outreach, health facilities including sexual and reproductive health services, schools, private sector, virtual platforms and other innovations

Foundations, societal and service enablers and addressing underlying inequalities

Sexual and reproductive health and rights

Gender equality

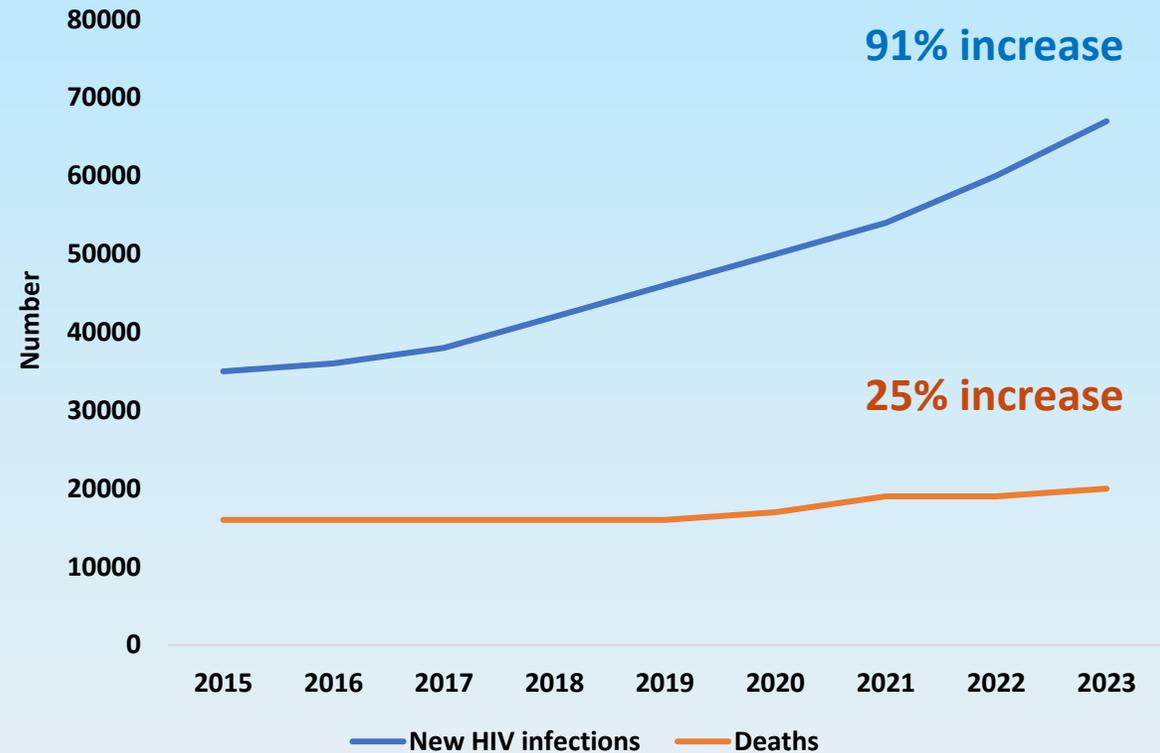
Ending stigma and discrimination

Conducive policies and environment

Multisectoral, integrated & differentiated approach

Sustained investment in HIV prevention

Rising HIV epidemic among key populations



Coverage of testing and treatment remains suboptimal (38% - 28% - 24%)

WHO guidance on HIV oral PrEP and PEP

Pre-exposure prophylaxis (PrEP)

2015. Daily Oral PrEP containing **tenofovir** as an additional prevention choice for people at substantial risk of HIV infection

2019. Event-driven PrEP for MSM

2021. Dapivirine vaginal ring as an additional prevention choice for women at substantial risk of HIV infection

2022. Event-driven PrEP for ALL men (updated)

2022. Long acting injectable cabotegravir (CAB-LA) as an additional prevention choice for people at substantial risk of HIV infection

2025. LEN (forthcoming)

Post-exposure prophylaxis (PEP)

Three ARV drug regimen is *preferred* (same as 1st line ART)

- HIV PEP should be delivered in community settings
- Task sharing should be employed to dispense, distribute, provide and monitor PEP



Off track from 10 million PrEP target by 2025

94%

of reporting countries (152 of 162) have already adopted WHO recommendations on pre-exposure prophylaxis (PrEP) in their national guidelines.

10

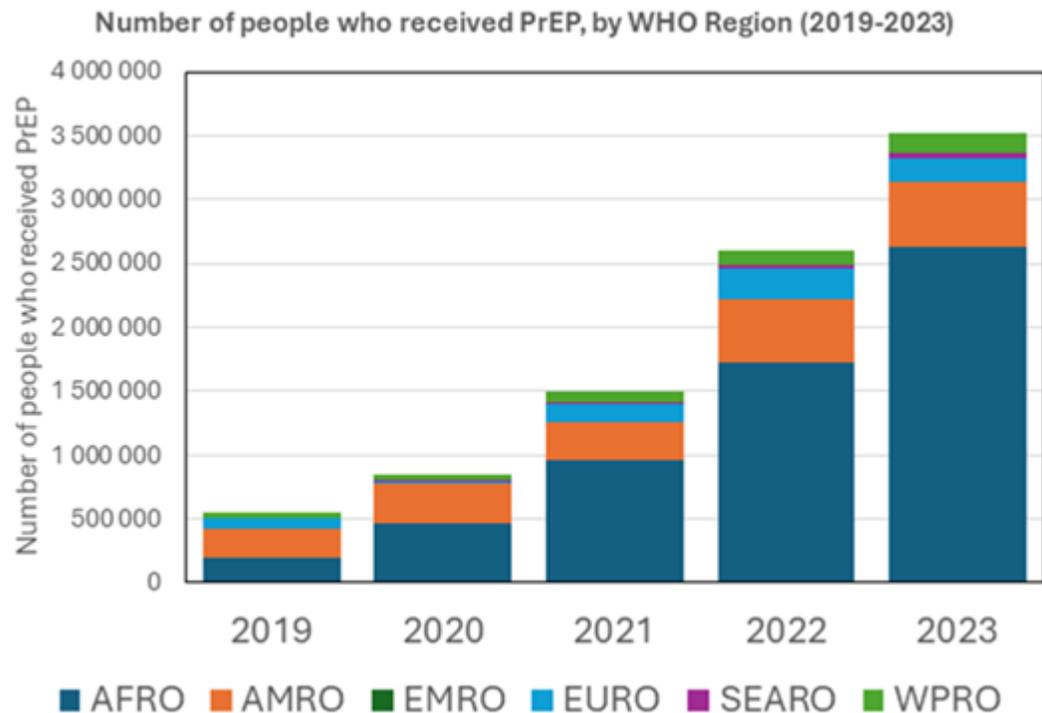
countries reported that their national guidelines do not recommend any PrEP products.

12

countries have adopted policies for injectable long-acting cabotegravir (CAB-LA) for prevention.

10

countries have adopted policies for the dapivirine vaginal ring (DVR).



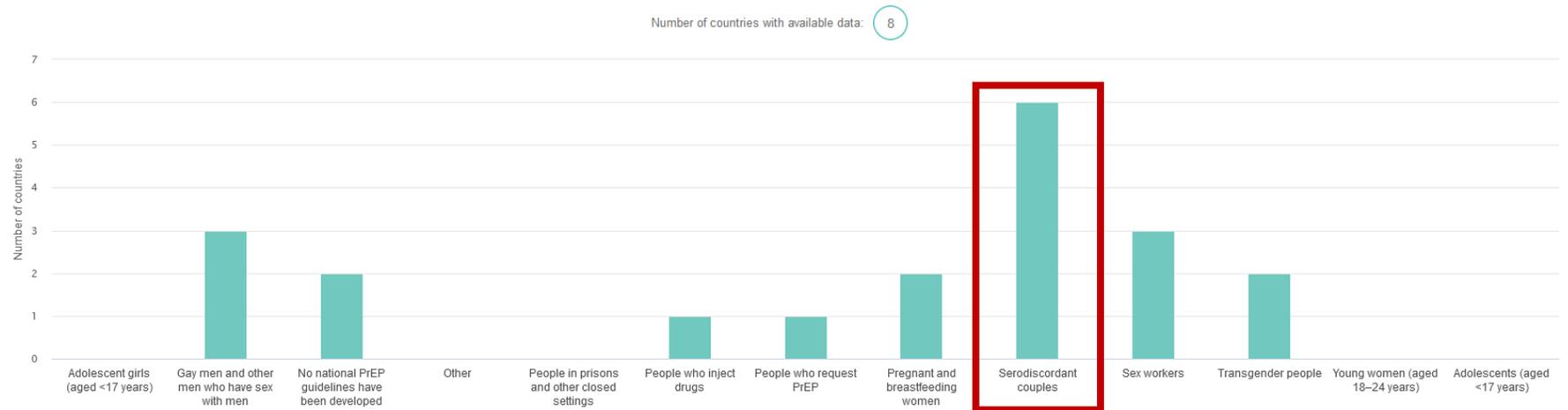
	PrEP prescription requiring Doctors authorization	PrEP is only provided in specialized HIV treatment locations	Numbers on PrEP (2024)
Afghanistan			
Bahrain			
Djibouti			
Egypt	Yes*		389
Iran	Yes	Yes	121
Iraq			
Jordan	Yes		
Kuwait			
Lebanon			374
Libya			
Morocco	Yes		736
Oman	Yes		
Pakistan	Yes	Yes	9139 (2025)
Qatar		Yes	
Saudi Arabia	Yes	Yes	
Somalia			
Sudan	Yes	Yes	
Syrian Arab Republic			
Tunisia			
United Arab Emirates			
Yemen			



PrEP policy and implementation context in MENA

*can also be prescribed by clinical officers. Source: GAM Laws and Policy Analytics

Populations to which PrEP is provided under national guidelines, selected countries*, Most recent data



Harm reduction policy and implementation context in MENA



	Needle and syringe programs operational		Opioid agonist maintenance therapy programs operational		Naloxone available through community distribution		Possession of a needle/syringe without a prescription used as evidence of drug use or cause for arrest	
	National authorities	Civil society	National authorities	Civil society	National authorities	Civil society	National authorities	Civil society
	Afghanistan	Yes	Yes	Yes	Yes	Yes	Yes	No
Bahrain								
Djibouti								
Egypt	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Iran	Yes	Yes	Yes	Yes	No	Yes	No	No
Iraq								
Jordan								
Kuwait	No		No	No	No	No	No	No
Lebanon								
Libya	No*		No			No	No	
Morocco	Yes	Yes	Yes		Yes	Yes	No	No
Oman	No*	No*	No	No	No	No	No	No
Pakistan	Yes	Yes	No	No	No		No	No
Qatar								
Saudi Arabia	No*	No	No	No	No	No	No	No
Somalia								
Sudan		No*		No		No		No
Syrian Arab Republic			No		No		No	
Tunisia	Yes	Yes	No	No	No	No	No	Yes
United Arab Emirates								
Yemen								

*needles and syringes can be purchased legally in pharmacies without a prescription. Source: GAM Laws and Policy Analytics

Morocco: PrEP Delivery Model

- **Community-based:**

- Delivered in ALCS's Sexual Health Clinics (HIV, STIs, HBV/HCV, psycho., Gender-based violence...)

- By **trained community lay providers**

- Partnership: NGO, MoH, donors, communities, partners

- Daily oral PrEP (MSM & FSWs) or on-demand PrEP (MSM)

- STI syndromic approach (no molecular testing)

- HBV immunization if needed



PrEP Femmes
MALLI • MAROC • MAURITIE

كيف سيتم معالجة البيانات؟
أمن البيانات التي يتم جمعها خلال المقابلات مضمون. ستكون هذه المعلومات مجهولة المصدر وسرية للغاية.

النتائج المترتبة
سيتم استخدام نتائج هذه الدراسة لتسهيل ولوج النساء للدواء الوقائي مستقبلا.

تلفظ هذه الدراسة من طرف

تمول هذه الدراسة من طرف

معا لتقريب خدمة الوقاية بالعلاج القبلي

PrEP
خذي العلاج القبلي و تحكمي في حياتك !

العلاج القبلي :
حبة واحدة تحميك من السيدا !

العلاج القبلي :
مستعدة 100% مجتمعاتي ! للعلاج القبلي؟

العلاج القبلي في المغرب :
تحدي تم مواجهته بنجاح !

العلاج القبلي :
فعالته مثبتة !
متوفر بالمجان في المغرب منذ 2017. حتى أنت. استقبلي من العلاج القبلي!

PrEP and harm reduction programmes in Lebanon



Lebanese Republic
Ministry of Public Health
National AIDS Control Program

NATIONAL HIV STRATEGIC PLAN
2023 - 2028



PrEP

- Started in **2022** as a part of a WHO study and implemented through the Lebanese National AIDS Program
- PrEP was included in the previous (2016-2020) and current (2023-2028) national strategic plan
- Initial pilot included PrEP distribution to around 130 MSM
- **Three CSOs** are involved in demand generation, distribution, monitoring, and reporting
- Demand for PrEP is high: around **500** MSM are currently enrolled on PrEP

Harm reduction

Needle syringe programme:

- Fixed sites (Escale center - SIDC)
- Mobile services (inside the mobile unit - SIDC)
- Outreach (community delivery from the peer educators/ ex-drug user - SIDC)

In 2024, programme distributed:

- Escale: 41 syringes for 163 unique PWID
- Outreach team (mobile and peers): 7440 syringes for 189 PWID (not unique)

OAMT: 1200 registered clients; 800 are recruited through the three CSOs and the others from private clinics

OAMT implementation in Egypt



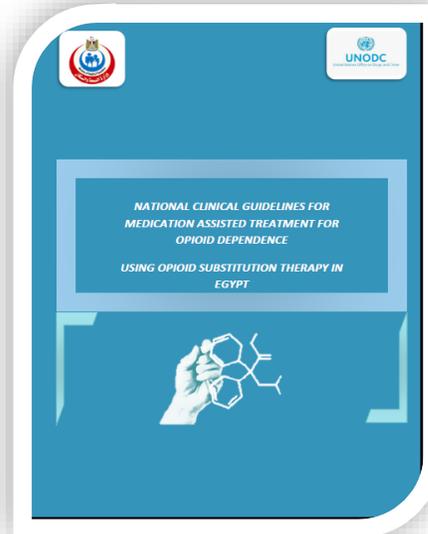
20 centres across Egypt

>1600 clients are receiving OAMT

Initially directly observed; **take home doses** introduced in Mar 2024

Local manufacturing; Long-acting buprenorphine approved by EDA; rollout expected in late 2025

Scale up planned as part of Hep sustainability plan



PrEP Programme in Pakistan



PrEP delivery from communities (CBOs)

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<https://doi.org/10.1177/095646251344419>

Sage Journals

Original Research Article

Understanding barriers to HIV pre-exposure prophylaxis initiation among men who have sex with men in Sindh, Pakistan

Rab Nawaz Samo¹, Muhammad Shahid Jamil², Umar Riaz³, Kanwal Mustafa⁴, and Syed Faisal Mahmood⁵

Background Pre-exposure prophylaxis (PrEP) is a highly effective intervention to prevent HIV acquisition. Oral PrEP was introduced for men who have sex with men (MSM) in Sindh province of Pakistan in June 2022, yet the uptake remains suboptimal. Here we present an assessment of barriers to PrEP uptake among MSM accessing HIV prevention services in Sindh.

Methods We conducted a cross-sectional survey among MSM clients attending HIV prevention services from community-based organizations in Sindh province. Those who consented to participate were administered a paper-based questionnaire by providers to collect barriers to uptake of PrEP.

Results We enrolled 742 MSM between November 2023 and May 2024. Among enrolled clients, 149 (20.1%) agreed to initiate PrEP, while 593 (79.9%) refused to initiate PrEP. Among those who refused PrEP, fear of stigma and discrimination at facilities (430, 72.5%) and fear of side effects (416, 70.2%) were the leading reported barriers to PrEP initiation, followed by lack of time to attend the facilities (325, 54.8%), low risk perception ("I have no risk of HIV" [273, 46.0%] and "I am healthy" [265, 44.7%]), difficulty in taking medicine daily (263, 44.4%), transportation issue (229, 38.6%), out of pocket expenses (166, 28.0%), and using condoms during sex (97, 16.4%) as major barriers to PrEP initiation.

Conclusion The results highlight a need for addressing stigma and discrimination in healthcare settings, raising awareness about HIV risk factors, removing structural barriers to access and offering differentiated client-centered services to remove structural barriers to PrEP uptake.

52 sites across the country offering PrEP

>9000 enrolments (MSM, TG, FSW)

Challenges and way forward

Challenges

Lack of enabling **policy environment**

Limited **implementation scale**

Not focused for impact (PrEP in low risk groups)

Centralized/medicalized models and intensive monitoring

Shortage and stock outs (medicines and RDTs)

Donor dependent programmes – risks related to current financial crisis

OAMT – coordination with ministries of interior and narcotics

Incomplete reporting for global monitoring

Stigma and discrimination

Way forward

Prioritizing **maintaining OAMT** in the face of financial constraints

New countries planning implementation or scale up (Egypt, Syria, Sudan, GCC)

DSD and progressive **simplification**

Expanding PEP, and **PEP to PrEP linkages**

Community engagement and **community-based delivery**

Leverage **political commitment** for hepatitis (Egypt and Pakistan)

LEN? (3 generic manufacturers in EMR); opportunities for Early access?

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