LESS DISCRIMINATION, BETTER SERVICES, MORE SUPPORT!

for PLHIV using drugs

References:
Stigma of Delayed HIV diagnosis Low level of HIV infections since 2001.

One of the highest growing HIV epidemics in the world: 35% annual increase in newly detected HIV cases in the world: growing HIV epidemics

One of the highest 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 5 countries of the region

Estimated 208,000 PLHIV living with HIV/AIDS

HIV prevalence of 23.5% among PWID

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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

Poor health seeking behaviors

Unfavorable health outcomes

The estimated 240,000 PLHIV is a figure derived from UNAIDS, while the estimated 208,000 PWID living with HIV/AIDS is a figure derived from the latest MENAHRAS Situation Assessment. The two organizations have identified different MENA countries under their coverage, therefore it is important to state that the figure for PLHIV in MENA reported by UNAIDS is not to be used as a denominator for the estimated number of PWID living with HIV reported by MENAHRAS.

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 PWID; 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 estimates to inform program development