



آن للمرأة أن تقود الركب  
أيها القياديون! أوفوا بالعهد وأوقفوا الإيدز

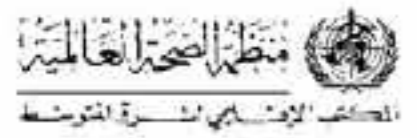


الحملة العالمية لمكافحة الإيدز ٢٠٠٨



**Women!** Take the lead  
Leaders! Keep the promise: **Stop AIDS**

World AIDS Campaign 2008



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Designed by MAAVIN



Dr Hussein A. Gezairy  
Regional Director,  
WHO Eastern Mediterranean Region

on the occasion of WORLD AIDS DAY,  
1 December 2008



## Message from the Regional Director

*In the name of God, the Compassionate, the Merciful*

For almost 20 years, we have been marking World AIDS Day on December 1st of every year. It is an important occasion where we look back and review our commitments and accomplishments; and we look ahead to renew our efforts and fulfil our aims. We and all the leaders of the world have committed to attaining universal access to HIV prevention, treatment and care. And indeed, we have been working to fulfil this commitment.

By the end of last year, the number of people living with HIV in the Region had reached 530000. Several countries of the Eastern Mediterranean Region have been scaling up their interventions. The only country which is not yet providing antiretroviral therapy (Afghanistan) is on its way to doing so, early next year. During 2007, a little less than 2700 additional people living with HIV in need of therapy began to receive it. Several countries have started targeting the most-at-risk groups with assessments, prevention interventions and treatment services. This is definitely commendable. However, these are only first steps along the right path in our fight against the HIV virus, and an indication that we are capable of going much further. To date, the proportion of those in need of antiretroviral therapy in the Region who are actually receiving it is not more than 5%. Programmes addressing most-at-risk groups, where implemented, are not comprehensive, but small in scale or limited to one most-at-risk group rather than all. This situation is unacceptable and demands much more work.

For the second year running, the World AIDS Campaign is emphasizing the role of leaders in the fight against HIV. Each of us can be a leader—in our family, peer group, team, community or society. In the Eastern Mediterranean Region this year we are focusing particularly on female leadership—spotlighting women leaders who have set an example for others to follow, others



who can also be leaders in the fight against HIV in general, and who can address women's issues in particular. Women across the Region have assumed their roles as leaders from their positions as political figures, policy and decision-makers, researchers, community workers and leaders of groups of people living with HIV. More such leaders are needed, to advocate on behalf of women in the Region, who continue to be biologically, socially and economically more vulnerable to HIV, and more affected by its negative impact than men.

Our global theme this year for World AIDS Day is Leaders, Keep the promise, Stop AIDS Women in the Region are leaders in many spheres. Now it is time for women to play a greater role in the fight against HIV, taking charge of their own needs and that of their communities. Let us all join hands and march together in common aim for universal access to HIV prevention, treatment and care.

## Introduction

World AIDS Day is being celebrated this year under the theme of leadership, with the global campaign slogan "Leaders! Keep the promise – Stop AIDS!", and the regional campaign slogan "Women! Take the lead".

In choosing the regional slogan, we are focusing this year on the role of women leaders in the fight against AIDS. For decades, women in general, and women leaders in particular, have worked to prepare the ground for actions to benefit the people affected by HIV/AIDS and those most vulnerable to the infection.

The contribution of women leaders has been considerable, particularly in the areas of awareness-raising, communication, case management and support to populations most vulnerable to and affected by HIV/AIDS infection. Alongside men, women have undertaken innovative and effective actions in the fight against AIDS, experiences that can be duplicated in other countries of the Eastern Mediterranean Region to stop the progression of the epidemic. In all their actions, women leaders have stood out for their willingness to address suffering in all its forms, and for their unflinching commitment to defending the rights of those affected by HIV/AIDS.

Women leaders have served as a link, bringing together men and women around shared values and projects in order to galvanize and structure the response to HIV/AIDS. Thanks to their leadership and their efforts to reach out to larger audiences, the fight against AIDS has strengthened and gained momentum.

Through the actions they have organized, these women leaders have proven their ability to mobilize, to decide and to implement, despite resistance and the difficulties put in their way by their social environments. More than ever, their leadership in this fight serves as an example to others to join the response against AIDS.



## Hakima Himmich

Infectious Diseases Specialist; Head Infectious Diseases Department, University Medical Center, Ibn Rochd Casablanca; Professor, Casablanca Faculty of Medicine; President, Association to fight AIDS (ALCS), Morocco



## Interviews with women leaders

Of all personalities involved in the fight against AIDS in Morocco, Hakima Himmich is surely one of the most well known. As both an activist and a specialist in infectious diseases, she epitomizes the long history of the fight against AIDS in Morocco.

It was in 1986, on the occasion of the Second International Conference on AIDS, that Hakima Himmich predicted: *AIDS is a major risk to all countries and we should work without delay to devise a national response to avoid the direct hit of this devastating disease, which remains unknown up till now.* As early as 1987, Hakima, who is a born activist, proposed the creation of a national committee to fight AIDS. In the same year, she diagnosed the first AIDS case in Morocco. In 1988, aware of the potential scope of the disease that had just been discovered in Morocco, she officially called for the creation of the Association de Lutte contre le Sida (the Association to fight AIDS), or ALCS, which has been making an important contribution in the fight against AIDS in Morocco ever since. From the first days of the epidemic, Hakima Himmich has relied on civil society to fight AIDS and lend assistance to affected populations. *My concern then was to have the human and material means to deal with marginalized populations, those who found it difficult to access health facilities and who were forgotten by all.* She heads a group of “activists”—doctors, personalities from civil society, students, anonymous individuals—all of them devoted to helping those affected by AIDS, whatever their situation, as well as to conducting activities aimed at prevention. She is convinced that those who want to fight AIDS require both mobility and flexibility in actions, in order to compensate for the deficiencies of public administration. Over the course of years, this conviction has grown stronger. For her, it is not enough to be a doctor. Defeating AIDS requires activism, and that’s what she has engaged in straight from the beginning.



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The success story of ALCS should not overshadow the struggles that Hakima Himmich and her colleagues in the association fought for almost a decade. *We had a hard time for 10 years with insignificant means, with one salaried person, a secretary and no funding. What assistance we received was paltry and covert. Nobody wanted to openly support the fight against AIDS out of fear of malicious misinterpretation. We had to wait until 1992 for things to evolve a little bit.*

In her fight against AIDS, the personality of Hakima Himmich has undoubtedly played an important role. A deeply determined woman, a longstanding activist in politics who is committed to many battles for equality and justice, a professor and a well known doctor, she has not met with significant opposition in the course of her long march except in the beginning with mistrust on the part of public authorities concerning a disease associated with many taboos.

Hakima Himmich remains cautious when she talks about the future: *With a 6% prevalence rate among female farm workers in the south of the Kingdom, with whole regions lacking any means of prevention, with a steady increase in the number of infected drug users, difficulties in getting the latest treatments and the ever-pressing need to provide medical care to an increasing number of patients, I have many worries for the future. For Hakima Himmich, the outlook is bleak.*

Yet thanks to her tireless action in the fight against AIDS, the future is brighter for many people living with AIDS. In addition to establishing the main association to fight AIDS in Morocco, an association which is already providing expertise to other countries in the region, she has aided efforts to reduce the cost of antiretroviral medicines and to expand access to AIDS treatment. She also organized the first television show on AIDS awareness, 'Sidaction' (action against AIDS), in Morocco in 2005. In 2008 ALCS was awarded the United Nations Red Ribbon Award, a crowning prize for the association established by Hakima Himmich and a token of international recognition of its commitment to the fight against AIDS.

Her current campaign: mobilizing decision-makers to fight AIDS and to facilitate the access of AIDS patients to second-line treatment...a goal within her reach.





## Hengame Namdari Tabar

Senior Officer on HIV/AIDS, Ministry of Health  
and Medical Education, Islamic Republic of Iran



6

## Interviews with women leaders

In following the long fight against AIDS that Hengame Namdari Tabar has conducted for over a decade, the words that come to mind are organization, planning and optimized management of resources.



It was in 1996, when she had just received her degree in medicine, that Hengame Namdari Tabar was first confronted with AIDS. *That year we heard of AIDS for the first time. The case was detected in the prison of Kermanshah city. One year later, several cases of HIV had been reported. This new illness, with all that accompanied it in terms of prejudices and myths, became a genuine problem for local authorities, who did not really know how to deal with it, or how to respond. Three years later, the health authorities could no longer overlook the issue and decided to open a care centre for the public. That was highly significant. The following year I joined the provincial health centre, where I headed the HIV care service. Through her contact with patients, every day she learned more about the illnesses and its effects on people, particularly on the groups of individuals with whom she developed strong relationships. I quickly realized that my knowledge of AIDS was limited, and that to move ahead and provide efficient help to the patients, I needed to listen to and understand them. I learned a lot. Our relationship soon evolved and turned into one of trust in a family sense. Often my patients called me "Mom", reflecting our mutual trust in one another.*



Yet beyond the special bonds between Hengame Namdari Tabar and her patients, there were years of struggle and advocacy in order to get the authorities and the population of her country first to admit the existence of AIDS, then to mobilize in order to halt its progression. *As a woman and in a country like mine, it is very difficult to establish normal relationships with the populations most vulnerable to the risk of AIDS, such as drugs users or prostitutes. Even tasks such as raising awareness among them and protecting them against the risk of AIDS and associated stigma are very difficult because they are marginalized from society. Reaching areas of difficult access constituted a risk for me, and often I owed my salvation to the presence at my side of peer trainers and awareness builders.*



Her objective was to establish a sustainable partnership with the authorities to support and protect people living with AIDS. *At the outset, we had problems with the police and prison administrations. There were stormy relations with an ongoing risk of breakdown, which would have been disastrous for AIDS patients. It was only through the force of our advocacy, and by joining together around the same table, face to face, that we managed to obtain the support of the former for the cause of the latter.* This is decidedly where credit to Hengame Namdari Tabar is due. In an environment overtly hostile to people living with AIDS, she managed to overcome prejudices and make the fight against AIDS one of the priorities of the health authorities in the Islamic Republic of Iran.





## Latifa Akharbach

Secretary of State for the Minister of Foreign  
Affairs and Cooperation, Morocco \*



## Interviews with women leaders

Driven by curiosity as a journalist, Latifa Akharbach became interested in AIDS when the epidemic was at an early stage. *Since the beginning of the 1980s, I was intrigued by this disease which was suddenly invading the media. In fact it was to be found more in newspaper articles than in real life. Never before has a disease stirred up such discourse on stigmatization and sensationalism! Beyond the suffering it caused to patients, many questions were raised at the time regarding the disease, which was perceived by the public as proof that the world was going amiss, with reemerging divisions between the rich and the poor, North and South. To many observers and journalists, AIDS was not only an illness, but also the symbol of a diseased society with sick values, traditions and practices.*

Clearly for her, it was first and foremost an intellectual cause that she made her own. She was devoted to the struggle against all forms of discrimination, fighting for the rights of every individual to be recognized. Then, in 2003, the Moroccan Minister of Health of Morocco entrusted her with a survey to be conducted on the way the illness was perceived by Moroccan society.

*It was then that I realized that this disease was a special one and that we could not but admire the determination of those who were fighting the illness every day with very little means. It was then that everything changed for me and that I began to put more effort towards awareness raising and advocacy. I carried on with providing training in communication and journalism because I remain convinced that more than the disease itself, it is ignorance about the disease that kills ... I also learnt from the field surveys about how complex the disease is, which is why the response has to be simultaneously social, economic and medical...*

\* Secrétaire d'Etat auprès du Ministre des Affaires Étrangères et de la coopération



Latifa Akharbach regards being a woman as no disadvantage, but rather sees it as a decisive advantage that should be used. *As a woman, I met with no obstacles to being an activist against AIDS. To the contrary, I remain convinced that women are extraordinary conveyors and promoters of the message against AIDS, given the very private character of the illness and thanks to the diversity of roles played by women in society. Be they doctors, nurses, activists or AIDS patients, women are major actors in the fight against AIDS...If Morocco is a leading country in the fight against AIDS in the region, it is largely thanks to women who have mobilized and made their "social engineering" available to be used for the cause of fighting AIDS.*

She waged her battle in the fields of communication and training, because she believes that words are a weapon. Among the many outstanding actions in the fight against AIDS, she is recognized for her vigorous contribution to the implementation of the national communication strategy to fight AIDS, as well as her efforts in fighting ignorance of the disease, fighting against taboos and having the political courage, along with others, to bring the debate into the public light.

How will the AIDS epidemic play out in Morocco? Latifa Akharbach displays the optimism typical of action-oriented people. *We should keep the pressure on AIDS and remain vigilant. We should expand our actions among the youth, particularly in health education, so that very early on and throughout their lives they will spontaneously take precautions to protect themselves and protect others. Furthermore, today we have enough political will and courage in Morocco to take forward the national strategy to fight AIDS by involving everybody, fighting against all forms of reluctance, ensuring access to health care...and ensuring freedom of speech for everyone.*





## Mahtab Keramati

Actress, Islamic Republic of Iran



## Interviews with women leaders

*It was when I was still a student in microbiology and had not yet thought about getting into the arts and movies that I was first confronted with the reality of AIDS. I remember very clearly. It was at the Pasteur Institute, where we took a course on virology. With our teachers we studied the AIDS virus. For me and many of my student friends, HIV was the most mysterious virus that could be. First, from a medical standpoint because it was hard to identify and stop and second, from a social standpoint because it was a virus surrounded by taboos, whose impact was all the more stronger because of ignorance and fear. We delved into the heart of the frightening mystery of AIDS. Later, as we studied applied statistics on HIV AIDS, I realized that we were in the midst of a critical phase of the development of the illness and that we had to act as quickly as possible. Otherwise, because of hesitation and fear, we would run the risk of jeopardizing the lives of a large portion of the population, especially women and young people.*



Mahtab Keramati joined the struggle against AIDS very young, but in her own way with the skills and means available. The strategy she adopted was to create networks to reach a wider audience and to better sensitize the people most vulnerable to the risk of AIDS. For this purpose she collaborated with several programmes against AIDS that were developed by nongovernmental organizations and participated in several events and meetings on this subject. In 2006, she was honoured by international organizations and awarded the title of Goodwill Ambassador of the United Nations Children's Fund (UNICEF) to the Islamic Republic of Iran.



*In 2006 I participated in the making of documentary films on AIDS in which I played the lead role. One of these films, Sorkh, was about AIDS prevention and treatment and the fight against stigma. What was remarkable was that compared to the environment prevailing just a couple of years ago, when AIDS was a taboo subject despite the efforts of several nongovernmental organizations to stir up public dialogue on the subject, the film was shown twice on a public television channel in Iran. For me, it was the start of a victory because my aim was to talk about AIDS and make myself heard by the public at large. Afterwards things started to move. In 2006 there was also an event about AIDS in which I served on a panel whose task was to assess the films and scenarios dealing with AIDS. In 2007, a theater festival took place that allowed us to broadcast and transmit messages concerning prevention and the stigmas involved. Soon after, in 2008, I participated in the launch of a film on AIDS produced by UNICEF called Mana, a very enriching experience as it proved that the cinema, and the visual arts in general, could influence and modify behaviour and deliver messages. This is important for young people and women still ignorant about the realities of AIDS and who are particularly vulnerable in our society...*

*Working in the visual arts has not lessened Mahtab Keramati's determination to fight prejudice everywhere. I disagree with our official media, which for so long tried to "justify" AIDS in Iran by pointing fingers at foreigners, as if the illness only existed outside our borders. Now things are changing, but it will be necessary to proceed at a faster pace to overcome all the ignorance and fear. This pandemic may spread further in my country. The only way to fight AIDS effectively is to show political will and commitment by improving knowledge and strengthening education.*





## Dr Sanaa Mustafa Filemban

Director, King Saoud Hospital, Jeddah; Coordinator, National Programme to fight against AIDS, Saudi Arabia



## Interviews with women leaders

*Well before 2000, when I started to work for the national programme to fight against AIDS, I knew about the illness from having treated provided support to patients suffering from AIDS. For me this was nothing new. At the same time, what I found increasingly shocking as the days went by was to see these patients and their families attempting to manage a situation that was completely beyond their capabilities. They were lost; they didn't know what to do to fight against this disease or how to confront a society that totally rejected them. That's how I came to understand that AIDS has a profound impact not only on the health of people but also on the social fabric of communities, because it threatens social relations and the very foundations of the family. As I saw the principles of solidarity and respect governing relationships within society disintegrate under the pressure of AIDS, I realized that it was crucial to act strongly and rapidly if a catastrophe was to be avoided. I decided to act, aware that my status as a woman in a male dominated society implied serious disadvantages ...*



For Dr Sanaa Mustafa Filemban, the first struggle was to exist and to fit into an environment where authority and power traditionally rest with men. *I had to grapple with many difficulties due to the simple fact that I am a female. Many times my capacity to manage my duties has been questioned by certain people who did not want to deal with anything whatsoever in conjunction with a woman. For me, each day has been a fight to be recognized and to obtain the resources I need to fulfil my mission. When*



*you add AIDS to that situation, given the specific nature of that disease and especially the modes of transmission, above all the sexual transmission mode, the reaction is even worse. As soon as the people with whom I deal learn what area I work in, they feel uncomfortable. More than anything else, I need advocacy to convey the objectives of my mission and the reasons for my commitment to the fight against AIDS in order to convince them of the soundness of my actions. Far from discouraging me, though, the attitude of some people with regard to women was highly motivating for me. I understood, more than a man acting in my stead, that failure in the tasks I have to accomplish would be totally unacceptable. Because I am a woman, I am allowed no mistake. But I must add right away, and I want to make it perfectly clear to everybody, that because this has to do with AIDS, there is no room for error.*

To overcome the constraints imposed by her environment, Dr Sanaa Mustafa Filemban is fighting on all fronts to reach her objective, namely to stop the spread of AIDS in her country and in the region. Her struggle is not limited to providing care, but also to keeping Saudi society protected from the risk of AIDS. *It is urgent. My country is near countries where the risk of AIDS is very high. Even if today we know that the illness is not widespread, we have to be vigilant. If we fail to act now, the disease will have a powerful impact on society, with serious repercussions for health, obviously, but also for education and the productive sectors, and that will affect our economy...*

To achieve her objective she must mobilize and convince people from all walks of society, from decision-makers to ordinary citizens. She is unanimously acclaimed for the steadfastness and courage which have allowed her to "...build up a network between all sectors of society to bring assistance to people living with AIDS as well as to those vulnerable to AIDS..." Without question, this is a notable victory for a courageous woman leader.





Sawsan El Sheikh

President, Egyptian AIDS Society, Egypt



## Interviews with women leaders

It is now 20 years that Sawsan El Sheikh has been struggling against AIDS in Egypt. The long path she has followed in this day-to-day fight has been focused on the disease and on securing the resources to slow the spread of the disease.

*In 1990, when I was working in family planning and reproductive health, I was led into taking an interest in AIDS. Very quickly I realized this was a problem that was not being handled as it should, and that it was not being given the attention it deserved. I think real reason for ignoring this pandemic was because nobody knew how to fight it. To me, we were all headed in the wrong direction and if there was a clear and urgent measure to take, it was to attract the attention of Egyptian society as a whole to the gravity of the situation...*

That is the task to which she devoted her actions from then on. But very quickly, Sawsan El Sheikh had to face the realities and constraints imposed by the society in which she lived. *Egyptians were not ready to come to grips with the issue of AIDS and to publicly speak about it because of the prejudices prevailing at the time. No one, not even in civil society and much less among the public authorities, wanted to be implicated in the fight. There was stigma in the widest meaning, which is to say that the very idea of AIDS was rejected and no one wanted to commit funding to the fight against AIDS. Yet something had to be done...*

In 1992 she rose to prominence in the fight against AIDS after becoming a member of the Egyptian AIDS Society, a nongovernmental organization run by pioneers in the struggle against this illness at a time when its scope was not yet known. Her skills in the social and medical fields and the tightly knit network of relationships she established during her previous endeavours were put to use in the fight against AIDS.



Knowing how to handle people, exercising good communication skills and making full use of networks were among the key strengths of Sawsan El Sheikh, who forged strong relationships with resource persons and bodies to fight against the spread of AIDS in Egypt. *I established choice relationships with top partners who helped me with financial and technical contributions to the endeavours undertaken by the Association.* Among these partners were the Ministries of Health and Population and Social Affairs, and the World Health Organization. This most certainly represented a victory for the fight against AIDS in Egypt.

*I accepted this challenge and confronted all difficulties because I was convinced that the country was in a profoundly serious situation and that the fight against AIDS required the involvement of everyone, especially if we were to push further ahead. We expect to set up extensive information and awareness programmes, a network of competent people in education and training and support for people living with AIDS, in order to boost our efforts to reduce stigma and discrimination while instituting mechanisms to facilitate integration into social and community activities ...*

The activities conducted by the Egyptian AIDS Society are often held as examples of effective civil society action against AIDS. The only association in Egypt exclusively devoted to AIDS, the Egyptian AIDS Society was appointed special consultant to the United Nations Economic and Social Council (ECOSOC) in 2000. For many people, this constituted a vindication of the work undertaken by Sawsan El Sheikh.





## Zohira Merah

President, El Hayat Association for people living with AIDS, Algeria



## Interviews with women leaders

Some challenges turn out to be especially difficult to overcome—fights against adversity which seem to gather strength and for which even more courage and determination are necessary as the environment grows harsher and the difficulties greater.

It is this type of challenge that Zohira Merah has faced in her long fight against AIDS. For over a decade she has battled from day to day, with decisive steps forward and inevitable setbacks, but always with faith in the future. Her long battle has made Zohira a national symbol of the struggle against AIDS in Algeria.

*It was in 1995 that I learned I was HIV positive. One has to recall the environment existing in those days, with its innumerable prejudices and fears, many of which still persist, the lack of understanding, the absence of care and the brutality of the stigma striking anyone living with AIDS. There was nothing available to inform the public on the risk of AIDS or for providing treatment. In Zohira's declarations, there is no trace of bitterness about the deficiencies of the health system. No condemnation; only lucidity and determination that very early on allowed her to lead this fight. Was I to accept reality or was I to struggle to make it move ahead? This woman was totally marginalized and society rendered her guilty of all evils, and therefore of AIDS, whatever she did. It was so deeply unfair, yet in spite of the hostile environment, I decided not to hide my serology but rather, to overtly accept it. Struck by the disease, I was certain that I was the one who had to speak on behalf of people living with AIDS.*



With great courage and an acute sense of responsibility, she decided to thrust herself into the battle. She advocated the cause of people suffering from AIDS to decision-makers, to all those who do not understand what AIDS is and how a woman, even one with such determination, could conduct the fight against AIDS. Repeatedly, she was received with coolness and distance. But she had set a goal for herself, and relentlessly, she would begin the onslaught again. After overcoming many hurdles and hindrances in a society that would rather have ignored or concealed the disease, in May 1998 she created a nongovernmental organization called El Hayat, to fight for the protection and recognition of the rights of people living with AIDS. It is one of the first such associations in North Africa and the only one in Algeria dedicated to this issue.

With limited means and a small team, every day helping new people living with AIDS to accept their disease and regain their taste for life and activity, the Association takes up bold challenges in view of its environment. *I live with AIDS and my goal is to contribute to the social and economic integration of people living with AIDS in our society, to show that we still have a place and role to play; that, just like anyone else, we would like to contribute our share of effort in the building of modern Algerian society. The Association organizes training workshops and sets up financing schemes for the entrepreneurship through micro credits. It provides assistance, listening and counselling regarding prevention and treatment. It struggles to ensure that people living with AIDS enjoy access to care and that their case management is covered by social security. All this was impossible less than 10 years ago.*

Despite this progress, Zohira wants to consolidate what has already been achieved and move further ahead. *We have to intensify the struggle against the stigma weighing on people and children living with AIDS – and there are very many – and provide more support in their daily lives so they can recover their dignity and the will to live. With regard to treatment, we are still a long way from reaching our objective. We have to act to ensure availability and general access to antiretroviral drugs. Much remains to be done. But that doesn't discourage Zohira Merah. The struggle against AIDS is long and difficult. For almost 15 years now, she has been aware of this.*





## HIV epidemic update

### Global situation

By the end of 2007, it was estimated that globally 33.2 million people were living with HIV: 22.5 million in sub-Saharan Africa (67.8 % of the total number of cases), and 4 million in south and south-east Asia (12 % of the total number of cases).

2.5 million people were newly infected in 2007.

2.1 million people died of AIDS in 2007.

The estimated number of HIV infected people in need of antiretroviral therapy (ART) by the end of 2007 was 9.7 million.

The estimated number of people receiving ART by the end of 2007 was 3 million, equivalent to 31% coverage of the estimated number of people in need of ART.

### Regional situation

It is estimated that by the end of 2007 approximately 530 000 people were living with HIV in the Eastern Mediterranean Region.

An estimated 55 000 new infections occurred in 2007.

An estimated 33 000 deaths occurred due to AIDS in 2007.

The estimated number of HIV-infected people in need of ART by the end of 2007 was approximately 150 000 (based on data from 14 countries in the Region).

The reported number of people receiving ART by the end of 2007 (from 17 countries in the Region) was 7129. (equivalent to around 5% coverage of the estimated number of people living with HIV/AIDS. However, ART coverage among people living with HIV/AIDS who are in need of therapy and who are known to health authorities is approximately 80%).



## The burden of HIV/AIDS in the Eastern Mediterranean Region, 2007

Country	Estimated HIV prevalence in adult population (%) <sup>a</sup>	Estimated number of PLHIV <sup>b</sup>	Estimated number of people needing ART based on UNAIDS/WHO methodology 2007 <sup>c</sup>	Reported number of people receiving ART <sup>d</sup>
Afghanistan	<0.1% <sup>e</sup>	<1000 <sup>d</sup>	NA	0
Bahrain	NA	<1000 <sup>d</sup>	NA	NA
Djibouti	3.1	15 000	4 500	705
Egypt	<0.1	5 300	2 200	209
Islamic Republic of Iran	0.2	66 000	19 000	629
Iraq	NA	NA	NA	0
Jordan	<0.1% <sup>e</sup>	<1000	100 <sup>f</sup>	53
Kuwait	NA	<1000	NA	107
Lebanon	0.1	2 900	940	246
Libyan Arab Jamahiriya	NA	NA	1 500 <sup>f</sup>	1 000
Morocco	0.1	19 000	5 300	1 645 <sup>f</sup>
Oman	<0.5% <sup>e</sup>	3 854 <sup>f</sup>	350 <sup>f</sup>	260
Pakistan	0.1	85 000	20 000	550
Palestine	NA	NA	NA	0
Qatar	NA	NA	NA	NA
Saudi Arabia	NA	NA	NA	662
Somalia	0.9	44 000	6 300	211
Sudan	1.6	350 000	87 000	695
Syrian Arab Republic	NA	NA	200 <sup>f</sup>	75
Tunisia	0.1	6 700	1 000	296
United Arab Emirates	NA	NA	NA	NA
Republic of Yemen	<0.2% <sup>e</sup>	20 000 <sup>f</sup>	3 150 <sup>f</sup>	150 <sup>f</sup>

NA: information not available

PLHIV: people living with HIV

Source:

<sup>a</sup> Report on the global AIDS epidemic 2006. A UNAIDS 10th Anniversary special edition. Geneva, UNAIDS, 2006

<sup>b</sup> Towards universal access: scaling up priority HIV/AIDS interventions in the health sector: progress report, 2008. WHO/UNAIDS/UNICEF. Geneva, June 2008.

<sup>c</sup> Country Universal Access Reports 2007

<sup>d</sup> National AIDS programme, March - June 2008

<sup>e</sup> UNGASS reporting to UNAIDS/WHO