



Message from  
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on the occasion of  
**World AIDS Day**  
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Since the first cases of HIV were reported nearly 40 years ago, efforts have been made at global, regional and national levels to combat the HIV epidemic. Over this time, the evidence with regard to effective interventions has developed, enhancing our ability to prevent infection and care for and treat people living with HIV, and to control the spread of the virus. In consequence, world leaders were able to pledge to meet Sustainable Development Goal (SDG) target 3.3 to end AIDS by 2030 as part of collective efforts to achieve the SDGs. As a milestone towards that goal, they also set the 90-90-90 targets: to ensure that 90% of people living with HIV are diagnosed, 90% of those diagnosed receive treatment and 90% of those receiving treatment achieve viral suppression, all by 2020.

This year's World AIDS Day comes just before that 2020 milestone. It is therefore a perfect opportunity to take stock and assess both our achievements and our shortfalls in HIV prevention, treatment and care.

Unfortunately, the Eastern Mediterranean Region is experiencing a fast-growing epidemic. While the global rate of new infections has been in decline since 2015, our Region has seen a 32% increase in new HIV infections and a 63% increase in AIDS-related deaths compared to 2010. Countries need to intensify prevention efforts to tackle this rise in new infections. There is a huge gap in the Region's testing to reach the first 90% target: diagnosing people living with HIV. Out of the estimated 400 000 people living with HIV in 2018, only 127 000 (32%) were aware of their HIV status, leaving almost 273 000 undiagnosed. This is very concerning considering the risk of their transmitting the virus to other people without knowing. Furthermore, 79% of people living with HIV do not receive the life-saving antiretroviral therapy they need.

The main contributor to this treatment crisis is the low uptake of HIV testing and counselling services. In particular, key populations at higher risk of HIV – that is, people who inject drugs, men who have sex with men, sex workers, transgender people and prisoners – are still not being reached by available testing and counselling services.

Key populations who are most affected by the HIV epidemic often suffer from co-infections that share similar modes of transmission, such as hepatitis B and C and sexually transmitted infections, or infections that are driven by the living conditions of those populations, such as tuberculosis. And like everyone else, people living with HIV often have health needs that go beyond their HIV infection or vulnerabilities.

We are taking huge steps to support countries in working towards universal health coverage (UHC) and making sure no one is left behind. UHC means that everyone has access to safe, effective care and treatment without incurring financial hardship. Our interventions to end the AIDS epidemic should be seen within that context. HIV services must be fully integrated into every country's primary health care services. This will help to maximize efforts to reach everyone, avoid missed opportunities to diagnose people who are not aware of their status and link them to the needed care treatment, and reduce the stigma towards people living with HIV. Integrating services means that the health system can cater for each individual's health needs in a coherent, comprehensive manner, rather than just focusing on their HIV infection.

It is time to take HIV prevention, diagnosis, treatment and care out of isolation. People living with HIV and those most at risk have the right to be treated like any other individual in a stigma-free, seamless and easily accessible comprehensive health care delivery system. In line with WHO's vision of Health for All by All in the Eastern Mediterranean Region, I call on everyone – WHO, our Member States, national and international partners and civil society – to start moving towards integrated service delivery for HIV within primary health care services.

**#IntegrateHIVservices**