

Overview of the HIV/AIDS Epidemic in Algeria



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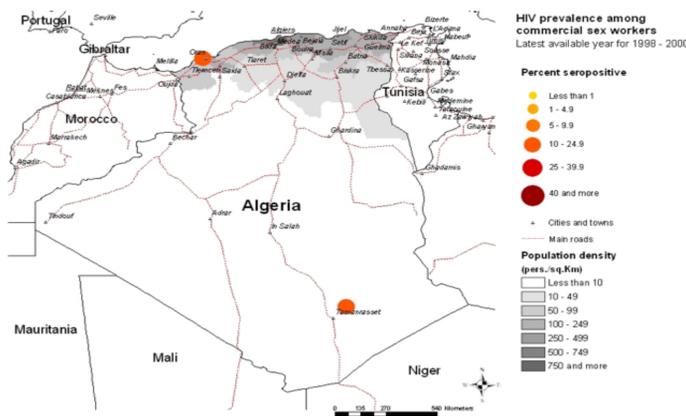
IGS 380: HIV/AIDS In Africa

Ongoing HIV/AIDS Epidemic in Algeria

Since 2012, the Middle East and North African (MENA) region has experienced the 2nd fastest increase in HIV incidence. It is important to understand the common characteristics of the MENA region to examine the contemporary forces that shape culture and perceptions in the area, especially within Algeria.

Magnitude of the HIV/AIDS Epidemic in Algeria

- 2020: approximately 18,000 people living with HIV, which constitutes of less than 0.1% of the Algerian population.
- Less than 200 AIDS-related deaths were reported in Algeria.

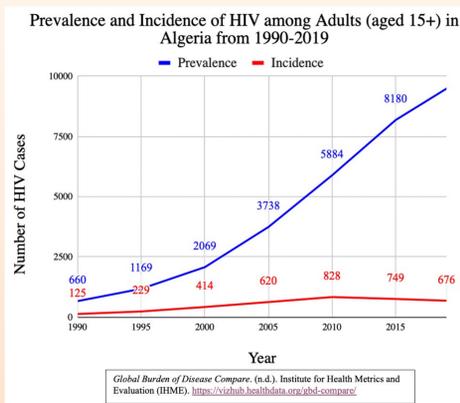


HIV Prevalence Among Commercial Sex Workers, 2004
Joint United Nations Program on HIV/AIDS (UNAIDS). (2004). *Algeria Epidemiological Fact Sheet*. https://data.unaids.org/publications/factsheets01/algeria_en.pdf

- Majority of new HIV cases are concentrated among key HIV populations.
- HIV cases also tend to cluster in the urban areas of Oran and Tamanrasset due to high migration rates

Historical Trend of HIV/AIDS in Algeria

- The number of people living with HIV in Algeria continues to grow since 1990
- Rise in HIV prevalence may be contributed to increased awareness and education about HIV/AIDS as well as increased access and availability of HIV health resources



Major Transmission Mechanisms in Algeria

- Major HIV transmission groups (also known as key populations) in Algeria consist of sex workers (SWs), men who have sex with men (MSMs), people who inject drugs (PWIDs), and migrants
- Highest HIV prevalence among SW (3.5%) and MSM (2.4%) key populations, which makes members of these groups more likely to contract HIV
- Majority of sex workers (65.3%) and MSM (63.2%) reported regularly using condoms with sexual partners
 - May signify that HIV educational efforts have been somewhat successful in promoting safe sex practices
- Majority of MSM (98.9%) and PWID (63.2%) reported they regularly tested for HIV and were aware of their status
 - Regarding the SW population, only 27.7% reported routine HIV testing and knowing their status
- Emerging Transmission Pattern:** monogamous wives in heterosexual marriages have begun to contract HIV from their husbands, who are either members of or are having sexual relations with member(s) of key populations.
 - Around 2/3 of these HIV+ women estimate they contracted the virus through their husbands
 - Trend will likely continue due to widespread gender inequality and gender-based violence within the MENA region
- Emerging Key Populations:** Migrants travelling internationally through Algeria
 - Migration is not a risk for HIV, but the process of migrating likely puts individuals in vulnerable positions and force them to engage in high-risk activities

Contextual Factors Contributing to the HIV Epidemic in Algeria

Sociocultural Factors:

- Widespread HIV stigma and discrimination
 - HIV+ is associated with inappropriate behavior
 - HIV stigma & discrimination common among health professionals
- Fear of judgement hinders the utilization of health resources & HIV testing
 - Can also result in suboptimal HIV medication adherence

Political Factors:

- Algerian Penal Code prohibits same-sex relations and engaging sex work
- Discriminatory laws aid in the marginalization of vulnerable people
 - These policies discourage the use of HIV resources & promotes HIV spread among discriminated groups

Economic Factors:

- Underfunded health system
 - Reduced capacity to respond to HIV/AIDS epidemic
- Minimal economic growth causing mass unemployment
- Major wealth inequities and unstable economy contribute to marginalization of many Algerians

Historical Factors:

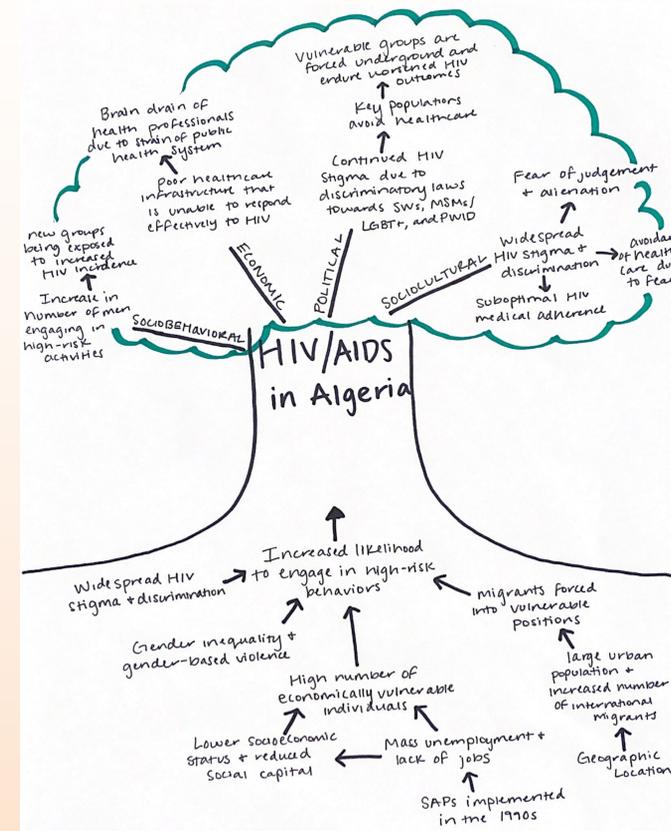
- Colonial history caused the marginalization of specific groups
- Fight for independence led to political instability, which continues to render the nation vulnerable the nation vulnerable

Geographic Factors:

- Geographical location attracts international migration
 - Conditions migrants endure puts them in vulnerable positions to engage in high-risk activities

Contextual Factors Problem Tree

This problem tree illustrates the various contextual factors driving the HIV epidemic in Algeria discussed in the previous section. The root factors of the tree diagram represent the structural factors of the HIV epidemic, and the branch factors represent the consequences of the ongoing HIV epidemic in Algeria



HIV/AIDS Treatment Outlooks

- 2012:** antiretroviral medications for HIV became widely available for free in 60 health centers across the nation.
- 2016:** approximately 73% of HIV+ adults were receiving treatment
 - 49% of HIV+ pregnant women were receiving treatment to prevent vertical transmission
- 2020:** 84% of HIV+ individuals were aware of their status
- Algeria is one of the few countries in the MENA region close to achieving their 90-90-90 UNAIDS target
- Suboptimal HIV treatment outlooks may be a result of widespread HIV stigma that may discourage Algerians from seeking treatment
- Algeria's data regarding HIV consist of estimates due to the country's poor HIV surveillance (possibly caused by widespread stigma and discrimination)

Current HIV Intervention Efforts

- Local NGOs have been successful with engaging and educating the public about HIV despite the conservative culture
 - These smaller HIV health organizations have a better capacity to reach rural/poorer Algerians as well as members of key populations that may have negative attitudes to traditional health and government workers
- Local HIV NGOs bridge the gap in communication between health officials and citizens
- Solidarité AIDS** and **El-Hayet** are two of the best-known local NGOs for HIV outreach and promotion of treatment
- Modern HIV intervention consist of the Algerian government providing monetary support for local HIV NGOs
- Local HIV NGOs are successful because they are discrete, fight against HIV stigma, and have gained the trust of key populations

Recommendations to Reduce HIV/AIDS Impact

- Widespread stigma and discrimination is a major hindrance to HIV awareness and treatment
- Reducing HIV stigma and discrimination is needed to slow the recent increases in HIV prevalence and incidence in the MENA region
- Algeria should establish more inclusive HIV education and eliminate their discriminatory laws hinder high-risk, key populations from seeking health care
- Algeria should enact and enforce anti-discrimination laws, which would protect HIV+ individuals and members of high-risk, key populations
- More inclusive sociocultural beliefs have the power to influence politics, which directly controls health policy and laws
- Eliminating discriminatory laws targeting key population to reduce their marginalization and promote HIV health efforts