

# In Palestine, HIV/AIDS is a Developing Concern

Mariny Erad \*

Department of Health Care, Palestinian National Institute of Public Health, Palestine

## Commentary

According to United Nations AIDS data from 2018, the Middle East and North Africa region is becoming a growing source of HIV infection due to increased AIDS-related mortality. Between 1988 and 2017, the Palestinian Ministry of Health reported on the incidence of HIV/AIDS in Palestine. A total of 98 cases (79 AIDS patients and 19 HIV positives) were reported. To understand the epidemiology of HIV infection in the country, a nationwide surveillance system is required. Identification of HIV risk factors and public health outreach are two critical preventative measures that the Palestinian Ministry of Health should pursue. In 2018, The United Nations AIDS Program (UNAIDS) reported that there are around 220,000 persons infected with HIV and living with AIDS in the Middle East and North Africa (MENA), with 35% of them being children, and approximately 18,000 new HIV infections. Despite the low prevalence of HIV/AIDS in the MENA region, it is regarded a growing concern for HIV infection; 9,800 persons (4.5%) died of AIDS-related illness in 2018, and information of the HIV epidemic in MENA countries is poor. In several MENA Nations, HIV prevalence and incidence are projected to be very low, and it is thought to be underestimated due to severe societal stigma.

In 2018, The United Nations AIDS Program (UNAIDS) reported that there are around 220,000 persons infected with HIV and living with AIDS in the Middle East and North Africa (MENA), with 35 percent of them being children, and approximately 18,000 new HIV infections. Despite the low prevalence of HIV/AIDS in the MENA region, it is regarded a growing concern for HIV

infection; 9,800 persons (4.5%) died of AIDS-related illness in 2018, and information of the HIV epidemic in MENA countries is poor. In several MENA nations, HIV prevalence and incidence are projected to be very low, and it is thought to be underestimated due to severe societal stigma. The death rate among HIV/AIDS patients in Palestine is quite high, and patients become vulnerable to opportunistic infections in a short period of time, owing to late diagnosis and presentation of diseases. About 53 (54.1%) died of AIDS-related sickness, whereas 38 (38.8%) were still alive, and 7 (7.1%) had their clinical state unknown. Despite recent advancements in HIV research and surveillance in Palestine, data is exclusively provided in Palestinian Ministry of Health publications and is never evaluated or debated publicly.

Patients were referred to the Palestinian Ministry of Health's AIDS clinic, where they received free diagnosis, Antiretroviral Therapy (ART), and psychosocial support and help from highly skilled doctors, nurses, psychologists, and social workers. It's thought that the majority of Patients with HIV/AIDS do not seek medical treatment because they are concerned about their medical situation's confidentiality. In Palestinian society, HIV infection is socially stigmatised, and HIV sufferers are not accepted. The majority of infected individuals (68.4%) were heterosexual, with 59 patients, or homosexuality and bisexuality, with four cases for each. In Palestine, with 14 patients (14.3 percent), blood transfusion is considered crucial for HIV infection. The illness is handed down to three children from their mothers, and the other three patients are drug addicts who most likely contracted HIV through the use of HIV-infected needles.

**How to cite this article:** Erad, Mariny. "In Palestine, HIV/AIDS is a Developing Concern." *J AIDS Clin Res* 12 (2021): 870.

**\*Address for Correspondence:** Mariny Erad, Department of Health Care, Palestinian National Institute of Public Health, Palestine, E-mail: erad.dr@yahoo.com

**Copyright:** © 2021 Erad M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Received** 07 October 2021; **Accepted** 21 October 2021; **Published** 28 October 2021