

PERFORMANCE MONITORING REPORT

REGIONAL AND COUNTRY REPORT



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MONITORING
REPORT
2018-2019

UNAIDS 2019

REGIONAL AND COUNTRY REPORT

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Introduction

1. This report focuses on the progress made in 2018–2019 towards achievement of the Fast-Track commitments at regional and country levels and describes the Joint Programme’s contributions to the results achieved.
2. The report includes all six regional and fifteen selected country-level reports. Country-level reports were selected to ensure a balance, by region, between countries where progress has been made and countries where progress has been slow on some issues but where plans to address challenges are in place. Efforts were made to ensure an equal representation of countries across the regions, contexts, and Fast-Track commitments or Strategy Result Areas (SRAs).
3. Each regional report reflects progress made in the region against the Fast-Track priorities and targets, as selected by the Regional Joint Team; the Joint Programme’s contribution to the advancement in HIV response and broader SDG agenda; the areas of slow progress and bottlenecks hindering developments in those areas; and actions the Joint Programme will take to address bottlenecks and close major gaps.
4. Similarly, each of the country reports shows progress against the specific Fast-Track targets prioritized by the Joint UN Team on AIDS; the specific results achieved and the Joint Programme’s contribution to those results and the broader SDG agenda; challenges and barriers that impede advancement in areas of slow progress; and actions the Joint Programme will take to remove obstacles.

Asia and The Pacific

Progress towards the Fast-Track priorities and targets

Regional priorities/targets (by end-2019*)	Status	Results (end-2019)
At least 85% of people with an HIV diagnosis receive ART.	● WITHIN REACH	78% of people living with HIV knew their status were on treatment by end-2018. 5 countries achieved the target (Cambodia, Fiji, Mongolia, Myanmar and China).
70% coverage of PMTCT services.	● SLOW PROGRESS	4 countries received validation of EMTCT, 3 more are in preparation phase. Overall, there was 56% PMTCT coverage in the AP region in 2018 and gaps are mostly in a few countries, including India, Indonesia and Pakistan.
Increased regional median of HIV testing among key populations to 60% among people who inject drugs, 70% among female sex workers and 70% among MSM.	● WITHIN REACH	Median values of HIV testing among key populations in 2018 reached 45% among people who inject drugs, 54% among MSM, and 45% among female sex workers. Innovative approaches for HIV testing, including self-testing are scaled up in countries.
Increased access of young key populations to HIV prevention and testing services.	● WITHIN REACH	Six countries have implemented young key population-specific programmes. Several others are removing barriers to access to services for young populations, including specific provisions in Global Fund grants and national strategic plans.
At least 15 000 MSM on PrEP in 8 countries.	✓ ACHIEVED	4 countries have national roll out of PrEP and 7 others have PrEP pilots / demonstration projects. Over 33 000 MSM received PrEP in 4 countries (Australia, Cambodia, Thailand and Viet Nam).
70% HIV testing rate among TB patients.	● SLOW PROGRESS	In 2018, 54% of diagnosed TB patients were aware of their HIV status, compared with 49% in 2017.

Joint Programme contributions and results

Treatment—upstream advocacy, technical support, fostering partnerships (WHO, UNAIDS Secretariat)

- All countries in the region have included dolutegravir (DTG) in their national HIV treatment guidelines. DTG was being used in first-line regimens in Cambodia, Lao PDR, Myanmar and Papua New

Guinea, in second-line regimens in Malaysia, and in second- and third-line regimens in India. Most countries have initiated procurement efforts for DTG in first-line regimens.

- Testing rates of tuberculosis (TB) patients for HIV are generally high (over 80%) in countries with low TB burdens, but testing rates are still low in most high-burden countries, with major gaps observed in Bangladesh, Indonesia, Pakistan, Papua New Guinea and the Philippines. Among countries reporting data on antiretroviral therapy (ART) coverage for TB/HIV coinfecting patients, ART treatment rates are generally high (above 80%).

*These are derived from the regional priorities/targets set in 2017 when setting plans for 2018–19 and appear in the regional plans

Elimination of mother-to-child transmission (EMTCT)—policy dialogue, coordination and technical support, partnerships (UNICEF, WHO, UNAIDS Secretariat)

7. Treatment coverage among pregnant women living with HIV in Asia and The Pacific increased from 53% in 2016 to 56% in 2018. In October 2018, Malaysia became the second country in the region to receive WHO validation of EMTCT of HIV and syphilis (after Thailand). The Maldives and Sri Lanka received validation in 2019.
8. The Regional Framework for Triple Elimination of Mother-To-Child Transmission of HIV, Hepatitis B and Syphilis 2018–2030 was rolled out in countries, and national strategic plans, roadmaps and guidelines for triple elimination have been developed in Cambodia, Mongolia, the Philippines and Viet Nam.

Combination prevention, scale-up of pre-exposure prophylaxis—policy advice, technical support (UNFPA, UNODC, WHO, UNAIDS Secretariat)

9. Access to pre-exposure prophylaxis (PrEP) has increased, condom promotion revitalized, and access to differentiated HIV testing, including community-based testing, self-testing and assisted partner notification, has been expanded in the region.
 - Thailand approved the inclusion of PrEP under universal health coverage in a phased approach, and the Philippines updated its clinical guidance and expanded private and community sector access to PrEP, particularly for key populations.
 - In 2018, HIV self-testing was made available in 4 countries, and community-based testing has been scaled up in 20 countries. More countries have included provisions for self-testing in their national plans or testing strategies.
 - The National HIV Programme Managers Meetings organized in March and November 2019 resulted in a renewed commitment to strengthen HIV responses with particular focus on prevention, HIV/TB integration, and the use of innovative strategies

for effectiveness and sustainability; and to mobilize political leadership to renew the political commitment to reach the Ending AIDS goal.

Service access for adolescents and young key populations—Advocacy, policy advice, technical support (UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, UNAIDS Secretariat)

10. Six countries have dedicated services for adolescents and young key populations with specific provisions and models of service delivery, and more countries are formally including provisions for young key population specific services in national HIV policies, strategic plans and Global Fund funding requests.

Gender inequality and gender-based violence—policy advice, technical support, community engagement (UNFPA, UN Women, WHO)

11. In partnership with the Regional Network of Women Living with HIV (International Community of Women Living with HIV in Asia and The Pacific), 26 women living with HIV from 8 countries (China, India, Indonesia, Malaysia, Nepal, Pakistan, Thailand and Viet Nam) were trained in advocacy to promote women's leadership.
12. Building awareness on HIV and the rights of women living with HIV and LGBT people in humanitarian settings has been a key part of work in the region. In 2018, information on reproductive health and HIV was provided to over 34 000 Rohingya refugee women and girls in the biennium.

Stigma, discrimination, and human rights—policy advice, technical support (UNDP, UNODC, UNAIDS Secretariat)

13. Progress included the adoption of comprehensive HIV legislation in India and the Philippines, decriminalization of same-sex relations by the Supreme Court of India, enactment of the Transgender Persons Act in Pakistan, and initiation of a parliamentary review processes for HIV legislation in the Cook Islands.

14. The issue of compulsory centres for drug users was put back on the agenda through an analysis of data regarding these centres. This followed a report on the status of compulsory facilities for people who use drugs and the progress made in the transition to voluntary community-based treatment and care for drug use and dependence.

Contribution to the integrated SDG agenda (UNDP, UNFPA, UN Women, UNAIDS Secretariat)

15. Nine countries in the region implemented the Gender Scorecard exercise in 2019, including United Nations Sustainable Development Cooperation Framework (UNSDCF) rollout countries, which led to stronger consideration of gender-related issues in development frameworks.

Challenges and bottlenecks

16. Punitive approaches by some governments and shrinking civil society space are hindering progress on the rights of key populations. This is limiting the capacity of key populations and community organizations to mobilize funding for rights and evidence-based responses to HIV, as well as hampering their meaningful engagement in policy and programme processes.

17. Resurgence of harsh laws and policies for drug control is observed in some Asian countries, including Bangladesh, Indonesia and the Philippines. In many cases, corporal punishment is used as a penalty for drug use, and the death penalty is in place for drug offences in at least 14 countries in Asia.

18. The transition from external funding to domestic investment in HIV responses remains slow and continues to threaten the sustainability of responses following the exit of international donors from countries. Other emerging challenges include out-of-pocket payments and shortages of key health commodities.

19. Continued use of traditional venue-based models for outreach and service delivery, in light of the emergence of virtual modes of networking by key populations, particularly gay men and other men who have sex with men (MSM), is creating an increasing challenge to reach key populations with HIV prevention and testing services, and for surveillance and data collection.

Key future actions

20. Working with regional stakeholders and intergovernmental regional and subregional platforms such as the Economic and Social Commission for Asia and The Pacific, and the Association of Southeast Asian Nations, and the South Asian Association of Regional Cooperation, the focus will be on mobilizing renewed political commitment for achieving the 2025 and 2030 targets.

21. Enhanced support will be provided to ensure a smooth transition from external to domestic funding mechanisms and to secure key essential HIV, STI and hepatitis services within wider health systems.

22. Accelerated scale-up of effective interventions will be facilitated to address the remaining gaps in the HIV care cascade to achieve the Fast-Track targets. Key activities for continued support include roll-out of PrEP for HIV as part of comprehensive prevention packages and efficient models of service delivery that meet the specificities and needs of the population.

23. Improvements will be supported in linkage to care and retention on treatment for people living with HIV, for example through decentralization of services and scale-up of differentiated care models for stable patients.

24. Support will be provided to countries to harmonize and strengthen surveillance and data systems to enable case-based reporting of people living with HIV across the continuum of care and to maximize use of data for action at subnational and facility levels.

Papua New Guinea

Progress towards the Fast-Track targets

Country priorities/targets (by end-2019)	Status	Results (end-2019)
<p>80% of the estimated people living with HIV know their status; 60% of people living with HIV are on ART.</p> <p>55% of sex workers, 45% of MSM and 25% of transgender persons have access to HIV testing and linkage to care programmes.</p>	<p>✓ ACHIEVED</p>	<p>By end-2018:</p> <ul style="list-style-type: none"> • an estimated 87% of people living with HIV knew their HIV status. • 65% of people living with HIV were on ART. • 87% of people living with HIV in care were screened for TB. • 1% of people living with HIV were screened for hepatitis B. (Source: UNAIDS Country Data Sheet, 2019; GAM 2019) • HIV testing coverage is 59% from MSM and 57% for female sex workers. • There is no recent study on transgender persons yet to allow for monitoring of targets.
<p>55% of pregnant women are screened for HIV; 45% of pregnant women living with HIV are on ART.</p>	<p>✓ ACHIEVED</p>	<ul style="list-style-type: none"> • 56.3% of pregnant women screened for HIV; 65% of pregnant women living with HIV on ART.
<p>Papua New Guinea will have an HIV sustainability plan developed and up-to-date HIV investment case that will be in use.</p>	<p>● WITHIN REACH</p>	<ul style="list-style-type: none"> • An HIV investment case developed and complemented with further analysis. Development of the HIV sustainability plan is underway.
<p>HIV stand-alone clinical services through faith-based health services are delivered in an integrated manner.</p>	<p>● WITHIN REACH</p>	<ul style="list-style-type: none"> • 77% of faith-based clinics had fully integrated their HIV services by end of 2019. (Source: PNG SEXUAL AND REPRODUCTIVE HEALTH INTEGRATION PROJECT Annual Report 2019)
<p>Papua New Guinea will address laws and policies presenting barriers to HIV prevention, treatment and care services.</p>	<p>● SLOW PROGRESS</p>	<ul style="list-style-type: none"> • National AIDS Council review of the HIV Management and Prevention Act (HAMP Act) commenced in 2019. Reviews and consultations are ongoing.
<p>HIV and STIs services are integrated in the Family and Sexual Violence Programme in both the health and law and justice sectors—with a practical focus on ensuring consistent PEP access, and engagement of media and opinion leaders.</p>	<p>● SLOW PROGRESS</p>	<ul style="list-style-type: none"> • Continuing stock interruptions of HIV and STI drugs and commodities impede progress.

Joint Team: UNICEF, UNDP, UNFPA, UN Women, ILO, WHO, World Bank, UNAIDS Secretariat, IOM, OHCHR, UNRCO

Joint Programme contributions and results

90–90–90 targets—upstream advocacy, technical support, fostering partnerships

25. HIV testing coverage has risen threefold, including through the Safe Cities programme of HIV testing in market locations (Gerehu Market, Gordons Market and Koki Market), and enhanced outreach by two nongovernmental organizations (NGOs) in Port Moresby. A total of 3000 people were tested, with 150 testing HIV-positive. All the people who tested positive were linked directly to clinics for treatment or care.
26. Viral load testing has increased by 70% and has been expanded to all 10 clinics in three of the nine highest burden provinces (Port Moresby, Lae and the Western Highlands).
27. The national HIV treatment guidelines have been updated, following support to the Ministry of Health, and now recognizing dolutegravir (DTG) as the preferred first-line ART regimen. An antiretroviral (ARV) medicine resistance transition plan has also been developed, with support provided to the national HIV pre-treatment drug resistance study, which found a drug resistance prevalence of 16.7%.
28. The Government procured US\$ 1.3 million worth of ARV and opportunistic infection medicines (a 6-month supply), after the Joint Team supported civil society advocacy to avert a major stockout of ARVs. Further advocacy led to PEPFAR providing an emergency medicine order of US\$ 331 000.

Prevention of new HIV infections among children—technical support

29. Eighty percent (32 of 40) of health facilities in 5 high-burden provinces are implementing differentiated service delivery models to provide effective prevention of mother-to-child transmission of HIV (PMTCT) and early infant diagnosis (EID) services- including through task-shifting to lower-level health-care workers and the creation of a pool of 24 master trainers at district-level.

30. A total of 18 451 pregnant women were tested for HIV and received their results, and an estimated 79% of pregnant women living with HIV received ARVs for PMTCT in 2018. A total of 2594 children were tested for HIV in the first two months of life: 441 tested positive for HIV, of whom 379 were linked to early HIV care and treatment.

Human rights—policy dialogue, technical support, partnerships

31. Key populations have played a key role in major forums and consultations in Papua New Guinea as a result of the creation in 2018 of an advocacy coalition, known as the Key Population Advocacy Consortium. It includes representatives from organizations of youth, MSM, transgender people, female sex workers and people living with HIV.

Generating strategic information to inform decision making—technical support

32. The key population Integrated Bio-Behavioural Survey was successfully launched in 2018 by the Health Minister, the UN Resident Coordinator and the US Ambassador. Key findings have been used in key planning documents, including updates on people living with HIV and key population estimates, which are being used to update targets and monitor progress towards commitments (Global Fund grant targets, Global AIDS Annual Monitoring, among others).





Contribution to the SDG agenda

33. HIV testing, prevention and treatment for HIV/TB comorbidity have been improved through Joint Team collaboration to address critical system levers that improve access, efficiency and effectiveness of the health system. For example, improved outcomes were reported in the National Capital District in HIV testing, prevention and treatment for HIV/TB comorbidity in 2019.
34. The percentage of TB patients that know their HIV status increased from 53% in the first quarter of 2019 to 73% in the third. Comorbidity treatment for HIV and TB, using clinically recommended cotrimoxazole preventive therapy, also increased from 53% in the first quarter of 2019 to 82% in the third quarter, and ART coverage increased from 69% in the first quarter of 2019 to 90% in the third quarter.

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges and unblock bottlenecks</i>
<p><i>High levels of HIV drug resistance and large proportions of people on ART are lost to treatment</i></p> <p>The National HIV Pre-treatment Drug Resistant (HIV-PDR) Study revealed an HIV drug resistance rate of 16.7%, among the highest in the world.</p> <p>There are serious issues related to loss to treatment (did not return for scheduled drug refill) in an environment of drug shortages.</p>	<ul style="list-style-type: none"> • Continue supporting introduction of new HIV treatment combinations that include DTG. • Strengthen community engagement to establish mechanisms for adherence support.
<p><i>Ongoing HIV treatment and prevention commodities in short supply</i></p> <p>The country continues to face challenges in maintaining adequate supplies of HIV testing kits, ARVs and condoms, resulting in frequent stockouts at health facilities.</p>	<ul style="list-style-type: none"> • Assist Government in restoring buffer of medicine supplies at central level and in clinics. This includes proper supervision of the forecasting and ordering system, systematic stock and expiry date monitoring, control and early warning systems, and rapid response for stockouts. • Continue technical assistance to restore the national condom programme.
<p><i>Stigma and discrimination</i></p> <p>Continued legal and policy impediments to addressing HIV among key populations, including MSM, transgender people and sex workers.</p>	<ul style="list-style-type: none"> • Develop strategies to address systemic factors that perpetuate stigma and discrimination, including policies and laws that adverse impact key populations, as outlined in the 2020–2021 UN Joint Work plan. • Support the Community Consortium and individual key population organizations to conduct advocacy and mobilize/ sustain core funding from key partners, especially the NACs, to strengthen community-based service delivery.

The Philippines

Progress towards the Fast-Track targets

Country priorities/targets (by end-2019)	Status	Results (end-2019)
<p>Reduce new HIV infections:</p> <ul style="list-style-type: none"> Prevent new HIV infections among 15–24-year-olds, with special focus on young key populations. Reduce HIV incidence among MSM by 50%. 	<p> SLOW PROGRESS</p>	<ul style="list-style-type: none"> Dedicated HIV services for young key populations established in 38 cities with dedicated funding in Global Fund grant and national strategy; 50% of estimated HIV-positive young key populations knew their status in 2019. PrEP and condom policies are in place. Scale-up of community-based and community-led service delivery for testing and prevention. PrEP for MSM has been rolled out in 2019, with over 1200 people receiving PrEP.
<p>Improved health outcomes and wellness of people living with HIV:</p> <ul style="list-style-type: none"> test and treat 90% of people living with HIV. reduce AIDS related deaths by 80%. 	<p> SLOW PROGRESS</p>	<ul style="list-style-type: none"> 42 731 people living with HIV were on ART at end-2019 (versus 24 754 in December 2017). 72% of people living with HIV knew their status, and 62% of them were on treatment. There were 155 HIV treatment sites (Dec end-2019), up from 92 (end-2017).
<p>Strengthened systems for health, non-health, and community systems, including strategic information.</p>	<p> WITHIN REACH</p>	<ul style="list-style-type: none"> The HIV law that was passed provided the right for persons below age of majority to access HIV testing without need for consent by legal guardian or parent. Scale-up of number of ART centres and testing facilities. Rollout of case-based monitoring system for tracking patients through HIV services. Two CBO-run “one-stop-shop” HIV facilities began operating, providing treatment to >5000 people living with HIV.
<p>Increased domestic funding for a sustainable HIV response.</p>	<p> ACHIEVED</p>	<ul style="list-style-type: none"> 19 cities have developed local investment plans for HIV and commit local domestic funding to their HIV responses.

Joint Team: UNICEF, UNDP, UNFPA, UNODC, WHO, UNAIDS Secretariat

Joint Programme contributions and results

HIV testing and treatment—policy advice, technical support, community engagement

35. The Philippines has advanced towards the 90–90–90 targets. An estimated 72% people living with HIV were diagnosed, 62% of diagnosed people living with HIV are on ART and 17% were tested for viral load, with 96% suppression. The implementation of the “Treat All” policy was also expanded, monitored and evaluated for inclusion of dolutegravir (DTG) in 2018–2019.
36. The release of a rapid confirmatory testing algorithm (rHIVda) was a major achievement in 2019. Prior to this, HIV confirmatory tests were only available from the national reference laboratory. Implementation started in 2019.
37. HIV testing services are now available at the primary care level across the Philippines, due to the development of community-based screening guidelines to standardize the approach, alongside prioritizing partnerships with community-based organizations (CBOs). Testing coverage has also been expanded through use of social media and virtual platforms. More than 100 000 young members of key populations received HIV education and over 90 000 were linked to clinics.

HIV prevention—technical support, upstream advocacy, policy advice

38. 2018 saw the historic signing of the Philippine HIV and AIDS Policy Act of 2018, which contains a comprehensive provision on primary prevention, integrates HIV services into the country’s universal health coverage framework, including PhilHealth, and removes barriers to HIV services—by lowering the age of consent to 15 years.
39. Availability of PrEP has also been ensured across the country, through a pilot study, development of guidelines, FDA accreditation, demand generation and identification of access points. A total of 1200 people are on PrEP, following the successful implementation of the PrEP demonstration project.

Legal environments, stigma and discrimination, gender inequality and gender-based violence—policy dialogue, technical support, community engagement

40. Enactment of the HIV law is a landmark accomplishment in the Philippines. The law specifies expansive language on human rights and framing of HIV services, as part of the right to health, and was included in the new HIV and AIDS Policy Act 2018. It also has a provision on appropriation and identifies sources of funding for HIV programmes.
41. The capacity of 28 health providers from 23 HIV facilities was strengthened, on reducing stigma in health-care settings, supporting gay men and other men who have sex with men, and transgender HIV-related prevention, care and treatment services, and for development and implementation of rights-based HIV programming.
42. The Memorandum Circular on the Management of HIV/AIDS in Jails among People Deprived of Liberty and Personnel was revised to be aligned with the recently ratified HIV Law. Some 540 police officers, local peace and order officers, jail personnel and legal officers were sensitized on a rights-based public health approach to care for people affected by drug use and dependence, people living with HIV and people deprived of liberty.

Investments, efficiencies and integration—technical support

43. The partnership with League of Cities in the Philippines, which was formalized through a Memorandum of Understanding in 2018, has led to 33 cities signing the Paris Declaration under the Fast-Track Cities Initiative.
44. With technical support from the Joint Team, 19 cities now have HIV investment case analysis and costing of local HIV strategies, which informs domestic allocation of resources for the response. For example, Muntinlupa City saw an increase in their local funds for HIV from Php 1.3 million in 2017 to Php 3 million in 2019, while Pasig City had an increase from Php 300 000 in 2019 to Php 5 million in 2020. These additional resources are budgeted to expand and improve access to services, through construction of new HIV facilities and hiring of additional personnel.

Contribution to the SDG agenda

45. Access to health services for adolescents has been improved, following development of a Memorandum and guidelines on the implementation of adolescent-friendly health facilities. Thirty-five facilities across the country were identified and comply with a set of criteria

developed by the members of the Adolescent Health and Development Programme Technical Working Group. Criteria include having a policy on integrating HIV awareness, services and counselling, a separate consulting (for privacy), dedicated staffing, sufficient supplies (e.g. condoms and lubricants), a separate logbook and functional referral mechanisms (SDG 3.7/3.8).

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges and unblock bottlenecks</i>
<p>Health service delivery in the Philippines is highly decentralized and fragmented. Central and regional agencies are covered by strict government rules which often contribute to delays in availability of resources at service-delivery levels.</p>	<ul style="list-style-type: none"> • Support diversification and expansion of testing options such a self-testing, community-based testing, and sexual network testing, to reach the harder to reach key populations. • Work with SACCL to develop alternative HIV testing algorithms using three rapid tests, for roll-out to all treatment facilities in line with the Health Sector HIV strategic Plan 2020–2022.
<p>Shortage of ARVs and other commodities have been a recurrent issue due inefficient procurement and supply management.</p>	<ul style="list-style-type: none"> • Support PFDA and other stakeholders to conduct a policy review and capacity building in the streamlining of registration procedures for prequalified drug products and diagnostic devices in support of the HIV programme.
<p>The release of new policies that reflect global recommendations is very challenging in the Philippines.</p>	<ul style="list-style-type: none"> • Rapidly roll out rapid confirmatory testing algorithm (rHIVda) implementation to ensure it is decentralized, using all potential facilities.
<p>In most areas, HIV services are still not fully integrated with other health services, such as TB, mental health, drug rehabilitation, and adolescent health, due to parallel implementation of programmes at national and local levels.</p>	<ul style="list-style-type: none"> • Increase HIV screening and access to HIV services among TB patients and pregnant women by supporting and scaling up community-based HIV testing at primary care level. • Work with CBOs to establish more “one-stop-shop” HIV facilities.
<p>Insufficient attention or support to HIV responses in closed settings.</p>	<ul style="list-style-type: none"> • Support revision of drug rehabilitation assessment tool to include STI/HIV. • Support implementation of HIV services in closed settings according to the recently approved guidelines.

Viet Nam

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
New infections through blood transmission (i.e. needle sharing) reduced by 20% compared to 2015 level; new infections through sexual transmission reduced by 16% compared to 2015 level.	✓ ACHIEVED	<ul style="list-style-type: none"> New infections through blood transmission (i.e. needle sharing) reduced by 57% compared to 2015 level (AEM modelling). New infections decreased by 34.7% compared to 2015 (AEM modelling) for all sexual transmission.
85% of people living with HIV know their HIV status; 80% of people diagnosed with HIV receive ART; 65% of MSM know their HIV status and 90% of those men receive treatment in provinces implementing community-based testing, case finding and improved linkage to care and treatment.	● WITHIN REACH	<ul style="list-style-type: none"> An estimated 190 000 people living with HIV know their HIV status, almost 145 000 of whom were reported to be on ART—a 36% increase since 2015. HIV treatment is available at decentralized level (district) in all 63 provinces. Retention rate is high. An estimated 64.7% of MSM know their status (2019 GAM indicator) and 23.3% of MSM living with HIV reported receiving ART in the past 12 months (GAM 2018).
Vertical transmission rate reduced to under 4%.	● WITHIN REACH	<ul style="list-style-type: none"> Prevention of MTCT reached 81% by end 2018 (GAM 2019).
National guidelines and policies on PrEP developed and PrEP scaled up beyond the demonstration project in Ho Chi Minh City (HCMC); 70 000 people who inject drugs receive methadone maintenance therapy.	● WITHIN REACH	<ul style="list-style-type: none"> Ministry of Health developed a national action plan to scale up PrEP and development of key PrEP policy documents, including guidelines and training curricula. PrEP expanded from about 200 in 2017 to about 6000 users in user-friendly private sites and clinics by end 2019. Over 53 000 people who inject drugs on MMT (a 16% increase since 2015) in 316 clinics across Viet Nam's 63 provinces in 2019.
80% people living with HIV on ARV treatment are enrolled in Social Health Insurance. Domestic funds accounting for more than 45% of national AIDS spending.	● WITHIN REACH	<ul style="list-style-type: none"> By end-2019, 90% people living with HIV on ART were enrolled in Social Health Insurance. Domestic funding accounted for 48.4% of total national AIDS spending in 2019.
Laws on HIV prevention and control and law on sex work are amended to incorporate the protection of human rights of people living with HIV, key populations and key affected women and girls; all high-burden provinces effectively address stigma and discrimination in health-care settings.	● WITHIN REACH	<ul style="list-style-type: none"> International guidance for a human-rights informed legal framework to sex work was shared with 23 provinces. High-burden provinces interventions to reduce stigma and discrimination in health-care settings included: national training of trainers for all 63 provinces; provincial plan and training of trainers implemented in 30 provinces at district level; baseline assessment, training and quality improvement measures implemented in 10 provinces.

Joint Team: UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO, UNAIDS Secretariat

Joint Programme contributions and results

HIV testing and treatment—policy advice, technical support, community engagement

46. Viet Nam's political commitment to the 90–90–90 targets and progress towards ending AIDS as a public health threat remains strong. More options for HIV testing are available, including self-testing, community-based testing and partner notification, as per updated HIV counselling and testing guidelines that were informed by successful pilots among key populations. The new national HIV testing guidelines are used in all provinces, including the “Treat All” policy, differentiated care, routine viral load monitoring and PrEP, following UN-supported training of trainers on community-based testing in 11 provinces.
47. More HIV testing and treatment is now available in prisons due to the implementation of new guidelines for HIV counselling and testing in prison, trainings for health-care workers from 25 prisons and 15 pre-trials in detention centres. By end-2019, seven prisons and four pre-trial detention centres successfully registered for full ART provision, while others qualified for ART continuation for prisoners/inmates already on ART.

EMTCT—technical support

48. The National Plan for the Triple Elimination of Mother-to-Child-Transmission of HIV, Hepatitis B and Syphilis, adopted by the Ministry of Health in 2018, has been implemented following training of almost 100 reproductive health workers and health managers in 54 provinces, the implementation of an approved standard operating procedure and 13 adopted provincial action plans.

HIV prevention—upstream advocacy, technical support, fostering partnerships for innovations

49. Viet Nam's methadone maintenance therapy (MMT) treatment programme celebrated 10 years of

implementation in 2018, with over 53 000 clients. A national review of the programme highlighted its impact in reducing HIV among people who inject drugs, as well as broader health and social benefits, lessons learned, challenges and opportunities. Recommendations include proposed amendments for the HIV law, preparation for piloting take-home MMT, increased MMT decentralization to district level, and an updated opioid substitution therapy guideline.

50. To make PrEP available in 11 high-burden provinces for at least 7300 members of key populations by end-2020, the national PrEP scale-up plan was adopted in 2018. It was guided by a successful UN-led demonstration pilot and supported with training for provinces, implementation tools and an update of national guidelines on care.
51. New national guidelines on the treatment of amphetamine-type substance use were developed, aligned with international guidance on community-based treatment, care and support for people who use drugs.
52. A guideline on comprehensive sexuality education including HIV prevention, was successfully adapted for the Viet Nam context and approved by the Ministry of Education and Training for integration in school curricula (pre-school to upper secondary levels).

Sustainability—policy dialogue, technical support

53. In 2019 the historic transition of HIV treatment from external funding to Social Health Insurance, using ART central procurement, was implemented for 48 000 patients, representing a major step towards treatment sustainability. Community feedback, facilitated by the Joint Team, was critical to ensure flexible approaches for marginalized groups.
54. A new national technical working group was established and a legal and policy review on introducing social contracting for HIV services conducted, based on international good practice. This resulted in a better understanding of social contracting and an approved roadmap for next steps.

Contribution to the SDG agenda

55. National Assembly members have supported the submission of a law on transgender people and the inclusion of transgender women as a key population in the law on HIV, following regular joint policy dialogues, including on UHC, health and rights of HIV key populations (especially

for transgender women who lack legal recognition) and gender-based violence (SDG 5, SDG 10).

56. Several wide-reaching public campaigns have contributed to greater awareness of and support by the general public for a society valuing tolerance and dignity for all, through leveraging wider UN support beyond

the Joint Team on HIV, to champion human rights and zero discrimination. This work benefited many vulnerable groups, including LGBTI people, ethnic minority women and girls, people with disabilities, migrant workers, victims of human trafficking and sexual violence (SDG 8, SDG 10, SDG 11).

Challenges and bottlenecks

Persisting and emerging

HIV combination prevention remains insufficient with key gaps for some locations and key population services, especially young MSM. Innovative approaches are focused in locations with external support and are not yet fully maximized and sustainable. Capacities to address increasing amphetamine-type substance use are low.

Stigma and discrimination are major obstacles for HIV service uptake. Interventions are fragmented and uneven depending on external funding and community networks' strengths. More gender-sensitive interventions are needed.

Existing punitive and conflicting laws/policies on HIV, drug use, sex work, including compulsory drug detoxification and rehabilitation, remain major barriers for HIV services as well as human rights for some key population.

Key future actions

to respond to challenges and unblock bottlenecks

- Guide, support and monitor PrEP scale-up including target setting, guidelines and training.
- Advocate for and build capacities for sustainable combination prevention, especially for MSM and in closed settings.
- Advocate for policy and support capacities for interventions to address HIV among amphetamine-type substance users.
- Advocate for and guide the Stigma Index and strategies to reduce stigma, discrimination, gender inequalities and other rights' violations faced by people living with HIV and key populations including through community empowerment and monitoring.
- Advocate for and guide human rights-informed legal framework update and related monitoring with key affected communities.

Eastern Europe and Central Asia

Progress towards the Fast-Track priorities and targets

Regional priorities/ targets (by end-2019)	Status	Results (end-2019) ¹
Closing the gaps in the HIV testing and treatment cascade.	● SLOW PROGRESS	72%–38%–29% More than 70% of people living with HIV know their status in 4 countries (Armenia, Belarus, Kazakhstan, Ukraine). 50–60% of those who know their status get treatment in 6 countries (Armenia, Belarus, Bosnia & Herzegovina, Kazakhstan, Ukraine, Uzbekistan). 40% of those on treatment have suppressed viral load in 4 countries (Armenia, Belarus, Georgia, Ukraine).
10 countries in the region provide universal access to early and rapid diagnosis, including self-testing.	● SLOW PROGRESS	Self-testing policy in 7 countries, 3 countries scaled up self-testing practices. All countries are guided to move away from western blotting in HIV testing algorithms.
Three more countries in the region achieve validation of elimination of MTCT.	● WITHIN REACH	3 countries are at different stages of applying for validation of EMTCT; 3 countries have 98%, PMTCT coverage while others range from 93–97%.
Increased coverage of HIV comprehensive prevention programmes among key populations	● SLOW PROGRESS	Coverage among sex workers increased by 30–40% since 2017 and reached up to 60% average in the region. Coverage of people who inject drugs increased to 60–70% in 4 countries. Coverage of MSM increased in 4 countries but remained as low as 37% on average. PrEP is being piloted in 7 countries, through a variety of PrEP administering schemes.
10 countries adopted WHO-recommended “Treat All” policy	✓ ACHIEVED	All countries have adopted the “Treat All” approach.
Transition to domestic funding and sustainability plans implemented in six countries in the region.	● SLOW PROGRESS	69% of the region’s HIV response is funded from domestic sources. Domestic resources available for HIV programmes in 2018 were 19% lower than in 2017. All countries are implementing transition plans.

1. Data for 2019 is not available. Data presented is for 2018.

Joint Programme contributions and results

HIV testing and treatment—upstream advocacy, technical support, fostering partnerships (UNICEF, UNDP, WHO, UNAIDS Secretariat)

57. One million people have been tested in Armenia, Belarus, Kyrgyzstan and Tajikistan, as a result of the Regional Cooperation Programme (RCP/Russia) increasing access to rapid testing and mobile medicine for migrant workers and rural populations.
58. International procurement platforms established and sustained by the Joint Team and the Global Fund, resulted in savings for countries on HIV commodities procurement, with 60% price reduction in Armenia, 90% in Kazakhstan and 40% in Moldova and Ukraine. These savings were used to get more people living with HIV on treatment. Direct negotiations with local generics manufacturers in Belarus and the Russia Federation also resulted in significant price drops (for example a 90% price drop for tenofovir).

Comprehensive prevention for key populations—coordination, capacity building, advocacy, technical support (UNDP, UNFPA, UNODC, UNESCO, WHO, UNAIDS Secretariat)

59. People-centred, gender-sensitive and human rights-based national HIV responses, targeting gay men and other men who have sex with men, sex workers, people who use drugs and young key populations, have been designed in Albania, Belarus, Georgia, Kyrgyzstan, Macedonia, Moldova, Serbia, Tajikistan and Ukraine, following the adoption and active promotion of the package of global HIV programming tools for comprehensive HIV and STI programmes for key populations (SWIT, MSMIT, TRANSIT, IDUIT and young key population programming tools).
60. Over 1200 service providers in Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine were reached with SOS training on management of opioid overdose, including take-home naloxone.

61. Regional barriers to key populations accessing services have been addressed through a regional Global Fund grant of up to US\$ 13 million, implemented by regional civil society networks. A Global Fund 2020–2022 eastern Europe and central Asia allocations increase of 11% was also informed by a second wave allocative efficiency modelling analysis (OPTIMA) in 11 countries. The eastern Europe and central Asia was the only region to conduct an Optima study that was used in the Global Fund allocations decisions and development of national AIDS programmes.

Young people, gender and gender-based violence—policy advice, coordination, technical support (UNDP UNFPA, UN Women, ILO, UNESCO, UNAIDS Secretariat)

62. Youth-friendly HIV testing has been increased in Kazakhstan, Kyrgyzstan, Russia and Ukraine through a geo-age-targeted service (map.teenergizer.org) peer counselling and internship programmes, reaching 7241 adolescents.
63. Youth-led web sources and media campaigns on HIV/SRH, relationships and discrimination reached 3 million young people in the region, with a further 2000 teachers trained to deliver HIV/sexuality education to 60 000 pupils. Support given to Armenia, Belarus, Kyrgyzstan, and Ukraine resulted in the development and provision of new teaching material for 10 000 teachers.
64. The capacities of 7000 educators, psychologists, youth workers and parents were strengthened through online courses and face-to-face training across the region, to better address gender-based violence in schools and communities, provide counselling and advise young people and parents on gender-based violence prevention, parent-child communication on HIV, SRHR, and gender-based violence.
65. The Regional Forum on Women, Youth and HIV (attended by 120 representatives of government, youth organizations and HIV activists from Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan and Ukraine) facilitated engagement of women living with HIV in national, regional and global review processes, including SDGs planning, Beijing +25 and ICPD. The engagement resulted in strategic recommendations for alliance building, addressing intersectionality of HIV, gender equality and women's empowerment.

Contribution to the integrated SDG agenda

66. There was increased demand for corruption risk assessments in the region, following support by the Joint Team to establish the Global Network on Anti-Corruption, Transparency and Accountability in Health Systems (GNACTA).
67. Data collection methodologies and coordination mechanisms implemented by the HIV response are informing work on wider health and development goals. The Optima study methodology and software that was first applied to allocative efficiency studies of HIV programmes in 11 countries is now being used by Ministries of Health in Armenia and Belarus for allocative efficiency studies for noncommunicable diseases. Country Coordinating Mechanisms and now also being applied in “child-friendly cities” in Belarus and Ukraine. International procurement mechanisms used for ARVs and HIV commodities have also been used to procure drugs and medical products for other health programmes.

Challenges and bottlenecks

68. The HIV epidemic in the EECA is growing (29% increase in new infections, 2010–2017). Countries have not achieved a sufficient domestic funding increase to ensure sustainable phasing out of donor support and to assure Universal Health Coverage.
69. Low ART coverage (38%) is linked to limited capacity of countries to utilize intellectual property and TRIPS flexibility for increased access to medicine at lower prices. Late diagnosis (51% of new cases diagnosed at CD4+<350 and 29% at CD4+<200) remains unaddressed, due to outdated technologies for HIV diagnosis and lack of community-based testing.
70. The trend continues towards further marginalization, discrimination, and criminalization of key populations at high risk of HIV.
71. Lack of political will and societal support prevents mandatory HIV/SRHR education and diminishes the quality of its delivery in several countries. In other contexts, restrictive policies make open discussion about

sexuality and diversity very difficult in educational settings, fuelling gender-based violence and homophobia.

72. Harm reduction programmes are not seen as an alternative to the criminal justice system and arrest is commonly applied as a pretrial measure, even if alternatives exist.

Key future actions

73. Support countries in developing mechanisms for transitioning to domestic funding.
74. Build capacity to use TRIPS flexibility and international procurement mechanisms.
75. Mobilize CSOs for claiming and monitoring of the rights of key populations.
76. Promote sustainable health procurement as part of cost sharing agreement with Ministries of Health.
77. Mobilize and enhance capacities of relevant constituencies to eliminate HIV-related stigma and discrimination in health care.
78. Support ICT-based solutions for formal and non-formal HIV, sexuality, health education of adolescents.
79. Enhance use of alternatives to incarceration and integration of the referral algorithm for drug users to health, social, and other services by police.
80. Build technical expertise for national drug control programmes to counter punitive policies and practices that negatively impact access to critical services by key populations.
81. Conduct needs assessment to develop prevention programmes, technical guidance for people who use stimulant drugs and new psychoactive substance.
82. Capacity building and technical support to implement key recommendations of the Global Commission on HIV and the Law Supplement and the HIV and TB Legal Environment.
83. Build capacity of judges and National Institutes of Justice on HIV and the law to protect the rights of key populations and people living with HIV.

Republic of Moldova

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
Provide universal access to early and rapid diagnosis, including self-testing and adopt the WHO-recommended “Treat All” policy.	✓ ACHIEVED	<ul style="list-style-type: none"> Moldova has adopted and implemented the “Treat All” policy across the country. Self-testing is available to all, in addition to conventional and rapid testing, done by NGOs.
Validation of the elimination of mother to child transmission & the rate of mother to child transmission does not exceed 2%.	● SLOW PROGRESS	<ul style="list-style-type: none"> Moldova did not apply for regional validation of EMTCT report, as the preliminary data showed an increase in mother-to-child transmission of HIV in 2019 (1.7% in 2017, 3.61% in 2018 and 4.8% in 2019).
Increased coverage of HIV comprehensive prevention programmes among key populations/prevention of HIV and STIs among key populations.	● WITHIN REACH	<ul style="list-style-type: none"> 15 627 people who inject drugs (74% of target), 7332 sex workers (63% of target) and 4376 MSM (71% of target) were covered with comprehensive prevention services during 2019.
All forms of HIV-related stigma and discrimination, gender inequalities and gender-based violence reduced.	● WITHIN REACH	<ul style="list-style-type: none"> Recommendations concerning criminalization of HIV exposure and transmission have been adopted in a draft law on decriminalizing HIV exposure and transmission; recommendations on access of people living with HIV to in vitro fertilization have been adopted in amendments to MHLSP regulations.

Joint Team: UNICEF, UNDP, UNFPA, UNODC, UN Women, WHO, UNAIDS Secretariat, OHCHR

Joint Programme contributions and results

HIV testing and treatment—upstream advocacy, technical support, fostering partnerships

84. An HIV testing algorithm has been introduced in Moldova, based on rapid tests and extending coverage, resulting in

extended coverage and quicker (20 minutes versus 3–4 weeks previously) diagnosis. Using rapid diagnostic tests for HIV has been approved at all levels of medical care and testing uptake has increased from 267 923 people in 2018 to 347 072 in 2019, resulting in an increase in new HIV diagnoses—from 835 in 2017 to 922 in 2019.

85. Moldova’s treatment protocols have been aligned with “Treat All”. DTG is the first-line treatment regimen, with 250 patients on DTG in 2018, rising to about 850 in 2019.

86. A total of 375 health specialists (family doctors, gynaecologists, lab specialists, and staff from sexual and reproductive health cabinets and youth-friendly health centres) are providing screening, diagnosis and HIV treatment services, following training. Thirty-seven youth-friendly health centres out of 41 (around 90%) are providing HIV rapid testing to adolescent girls and boys, in accordance with new guidelines.

EMTCT—policy advice, technical support, capacity building

87. A newly approved clinical protocol on PMTCT now includes rapid testing and task shifting to primary care level. Some 300 health professionals from perinatal centres, 45 key/managerial staff and three medical doctors were trained and are supporting the implementation of the protocol, which has resulted in 35 598 mothers receiving improved paediatric care, including better linkage to treatment.

HIV prevention among young people and key populations—policy dialogue, technical support, partnerships

88. Annually, about 8000 young boys and girls (almost 50% from rural areas) were reached with peer education on SRHR (including HIV and STI prevention).

89. Two mandatory “biology” curricula (for grades 6–12) and an optional course on “education for health” were revised to include provisions on HIV and other STIs prevention. The optional course was piloted in 22 schools from five targeted districts, resulting in a 44% increase in the number of adolescents who selected the course in 2019 compared to 2018. It is now available for all schools.

90. During the biennium, 135 health-care providers and staff of NGOs working with key populations were capacitated to implement the Comprehensive HIV Prevention Tools provisions (IDUIT, SWIT, MSMIT&TRANSIT). The National Quality Standard on HIV Prevention Services to Key Populations was revised in line with current international recommendations.

91. The Guiding Procedures Manual, for people who use drugs and prisoners, was approved by authorities; 293 police officers were trained in referrals to CSOs; 297 people who use drugs and sex workers were tested for HIV by police and CSOs; and a further 377 people who use drugs and sex workers were referred by police to CSOs and harm reduction services in Bender, Camenca, Ribnita and Slobozia.

Stigma, discrimination, gender equality and gender-based violence—technical support, capacity building

92. A roadmap for destigmatization of people living with HIV has been developed, including key inputs from people living with HIV with open HIV status, service providers and decision makers, supported by the Joint Team and informed by the Stigma Index. The Roadmap serves as a guiding document for the Government, NGOs and other partners in the development of activities to improve the lives of people living with HIV.

93. Over 60 000 people (including 7000 in Transnistrian region) have been engaged through communication campaigns to fight stigma and discrimination, organized around World AIDS Day 2018–2019, AIDS Candlelight, World Drugs Day. A total of 40 cities from both banks, 6 ministries, 14 NGOs, 4 regional social centres and around 20 media channels participated and covered the events.

94. Eighty people living with HIV developed skills and use the positive deviance approach to promote inclusion, protect their rights and combat gender stereotypes and gender discrimination.

Contribution to the SDG agenda

95. The Joint Team’s work in Moldova is undertaken within the framework of the country’s United Nations Partnership Framework for Sustainable Development 2018–2022, with all activities contributing to SDG 4, 5 and 10.

96. Civil society and women living with HIV were meaningfully engaged in SDG localization, with women living with HIV participating in the Universal Periodic Review and Convention on the Elimination of all Forms of Discrimination Against Women processes.

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges and unblock bottlenecks</i>
<p>Although Moldova’s HIV epidemic is concentrated among key populations, about 95% of funding for key populations programming comes from development partners (mostly the Global Fund), which affects the sustainability of services.</p>	<ul style="list-style-type: none"> • Provide holistic interdisciplinary capacity building, including an innovative online learning, for health-care providers and NGOs staff, on prevention services for key populations, SRH and HIV. • Build capacity of community-based organizations in programming and implementation of community-led services (e.g., PrEP) and anti-stigma advocacy.
<p>Preliminary data shows increase in mother to child transmission of HIV in Moldova which prevented the country from applying for regional validation of EMTCT in 2019.</p>	<ul style="list-style-type: none"> • Support an audit of all new infections in children in 2019 that will be performed by an expert commission of Ministry of Health, Labour and Social Protection, and assist with planning and implementing the needed interventions.
<p>Psychostimulant use is increasing in Moldova but national stakeholders have limited capacity to address the issue.</p>	<ul style="list-style-type: none"> • Provide technical support to develop tools for addressing risky behaviours, especially related to psychostimulants use and HIV risks in key populations.
<p>Fragmented and vertical national HIV and TB programmes are serious barriers.</p>	<ul style="list-style-type: none"> • Support the development of the new national HIV programme 2021–2025 and national TB programme 2021–2025, as well as the consolidated Global Fund funding request 2021–2023.
<p>Gender and human rights-based interventions were mainstreamed, but are not sufficiently resourced, which may add to barriers preventing key populations from reaching services.</p>	<ul style="list-style-type: none"> • Advocate for and support the revision and adjustment of the legal, regulatory, policy and normative framework, based on HIV legal environment assessment findings and recommendations. • Continue to reinforce and empower people living with HIV using the “Positive Deviance” tool, to ensure reduction of stigma and discrimination in general population, and among women living with HIV through mentoring programmes to reduce self-stigma.

Ukraine

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
Optimized HIV treatment cascade to enrol 80% of people living with HIV into services with effective ART to 167 000 people living with HIV; EMTCT certification road map; access to HIV services in nongovernment-controlled area (16 000 on ART).	● WITHIN REACH	<ul style="list-style-type: none"> Optimization of ART regimens resulted in a 43% increase of patients on DTG and less than 10% of patients on non-recommended ARVs. EMTCT Validation Committee was established under the Ministry of Health. Gaps in PMTCT of HIV and syphilis assessed and country-specific recommendations made in preparation for validation of dual elimination. EMTCT roadmap developed and PMTCT electronic information system in place.
50% of a basic HIV prevention package, including community service delivery, is funded by domestic funding.	● WITHIN REACH	<ul style="list-style-type: none"> In 2019, 40% of the planned 211 000 key populations (8,429 MSM, 13 078 sex workers and 150 281 people who inject drugs) received a basic HIV prevention package funded by the state budget and delivered by CBOs.
15 000 people who inject drugs receive OST funded by domestic resources.	● WITHIN REACH	<ul style="list-style-type: none"> The target of 15 000 OST patients funded from domestic resources was integrated into the National AIDS/TB/Hepatitis Strategy approved in 2019.
Reduction in stigma and discrimination against people living with HIV and key population groups.	● WITHIN REACH	<ul style="list-style-type: none"> In October 2019, the Kyiv District Court cancelled and ruled unconstitutional Paragraph 3 of Order #479 of the Ministry of Health, which prohibited people living with HIV status from adopting children. The Ministry of Health of Ukraine adopted Order #933 on “Assigning Women for the First Course of Treatment of Infertility based on Assisted Reproduction Technologies in Accordance with Absolute Medical Indications”. This allowed women living with HIV to gain equal access to assisted reproduction technologies.

Joint Team: UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, ILO, WHO, UNAIDS Secretariat, IOM

Joint Programme contributions and results

HIV testing and treatment—*upstream advocacy, technical support*

97. More than 10 000 maritime transport workers were reached with awareness-raising activities, with 1000 workers taking an HIV test.
98. A national HIV testing algorithm and a new HIV treatment protocol have been reviewed, simplified and aligned with WHO's latest recommendations on HIV treatment. There has been a substantial increase in the number of people living with HIV receiving ART in Ukraine—from 98 237 in Dec 2017 to 128 037 in Dec 2019.
99. Within the framework of the Global Fund Emergency grant, ARV treatment regimens have been optimized and 12 500 people living with HIV in the nongovernment-controlled area received lifesaving ARV treatment. At end-2019, 23 059 people living with HIV were receiving ART. As a result of the optimization of ART regimens, the proportion of people on DTG reached 35% in government-controlled areas GCA and 45% in nongovernment-controlled areas.
100. Clinical monitoring and psychosocial services were provided to more than 450 children living with HIV and children born to HIV-positive mothers in nongovernment-controlled areas. In addition, more than 1200 children and parents from TB and HIV affected families in nongovernment-controlled areas received free medicine vouchers.

HIV prevention—*policy advice, technical support, capacity building*

101. The number of people receiving PrEP increased from 121 in January 2018 to 1732 in December 2019, following an assessment by the Joint Team and recommendations to the Ministry of Health and

Public Health Centre on how to increase access to and uptake of PrEP.

102. During 2019, the number of OST sites increased from 179 to 210 and the number of people who inject drugs on OST increased from 10 053 to 12 411 patients (more than 40% of them are people living with HIV, 93% of those are on ART), including 10 000 patients whose medication was financed from the state budget.
103. During 2018–2019, approximately 446 people living with HIV and those in at-risk groups, including survivors of sexual and gender-based violence or domestic violence in Donetsk and Luhansk (nongovernment-controlled areas), received psychological support, individual case management, protection counselling and access to a safe shelter for survivors of sexual and gender-based violence.
104. Sixty health-care professionals of the primary care units as well as health-care personnel of selected hospitals in Donetsk and Luhansk (government-controlled areas) were trained and strengthened their knowledge on HIV/STI/SRH prevention based on SWIT and MSMIT guidelines.
105. Short video lectures covering important topics of family planning and reproductive health, STI/HIV prevention using easy language were created, and promoted online, reaching over 400 000 viewers.
106. Mobile sexual and reproduction health teams provided outreach sexual and reproduction health service, including STI counselling and treatment services, conducted 5000 HIV tests and in collaboration with health professionals and social services for youth distributed 2.7 million male condoms along the contact line of Donetsk and Lugansk government-controlled areas.

Removing barriers to the HIV response—*policy dialogue, technical support, partnerships*

107. A national strategy of comprehensive actions to overcome human rights-related barriers to HIV and TB services, as well as address HIV-related stigma and discrimination, was developed and endorsed by the National Council on HIV/AIDS, chaired by the Vice-Prime Minister. The strategy was based on assessments of the legal environment, stigma and discrimination levels supported by the Joint Team.

108. The Government endorsed a resolution on drug policy, following two national conferences on drug policy which were held to develop the capacity of key stakeholders, catalyse the development of a new National Drug Strategy 2021–2030 and reverse or neutralize policies that limit access to HIV services and/or criminalize key populations behaviour. About 250 people attended the second conference, which also enabled exchanges between Ukraine, Belarus and Moldova on experiences and good practices.
109. To reduce discrimination against people living with HIV and tackle gender-based violence, the Joint Team supported the development of a teacher guide and trained 154 educators in 5 regions to address GBV/ HIV-related discrimination in educational settings.
110. An online course for doctors, “Tolerance and Hope”, was developed to reduce discrimination against key populations and people living with HIV at health facilities; 600 doctors completed the course. An interactive map platform was introduced, providing information on the location of doctors considered to be key population-friendly; 177 doctors in 48 Ukrainian cities are listed currently.
111. Thirty internships for young people and 36 support groups for teenagers living with HIV were organized

to empower young people living with HIV. The interns conducted 24 educational peer-to-peer events on HIV and SRHR at secondary and vocational technical schools. Each city team organized two HIV events with celebrities where youth took HIV tests and received information and condoms.

Contribution to the SDG agenda

112. Gender-responsive provisions were mainstreamed into the new National Strategy on HIV, AIDS, TB and Viral Hepatitis, as well as a strategy to overcome legal and human rights-related barriers. Provisions include training on gender-sensitive approaches for OST and trainings for providing services for adolescent girls.
113. The Joint Team ensured 446 people living with HIV or at risk—including survivors of sexual and gender-based violence—received individual in-kind assistance. This included nonfood items, psychological support, protection counselling and a safe shelter for survivors of such violence in Donetsk and Luhansk. A community centre in Luhansk also provided space for communication and provision of targeted services to 5000 returnees and members of affected populations, including people living with HIV, to increase public awareness of issues affecting returnees and reduce discrimination.

Challenges and bottlenecks

Persisting and emerging

Major political changes in 2019 led to interruptions in many activities.

Ongoing health reform brings uncertainty in planning, financing, and provision of HIV-related services in Ukraine.

Stigma and discrimination related to real or perceived HIV status or to key populations remain significant barriers to access of HIV and other services.

Key future actions

to respond to challenges and unblock bottlenecks

- Re-establish working relations and cooperation with new counterparts and sensitize them on HIV and related issues.
- Provide technical advice to the country team to finalize a three-year National HIV, TB and hepatitis response strategic workplan and advocate for its approval and implementation.
- Provide technical assistance to strengthen HIV programme governance, financing and human resources, through the Global Fund funding request development for Window 2 and National AIDS Spending Assessment exercise.
- Continued support for the implementation of the multisectoral National Strategy and a comprehensive three-year plan to overcome human rights-related barriers to HIV and TB services as well as to address HIV-related stigma and discrimination.
- Build capacity of NGOs dealing with HIV, TB and key populations, regarding their structural engagement in advocacy and law reforms, including through the creation of the civil and community capacity to link with Parliamentary Platforms on health and social protection issues.

Eastern and Southern Africa

Progress towards the Fast-Track priorities and targets

Regional priorities/ targets (by end-2019)	Status	Results (end-2019)
85% of people with an HIV diagnosis receive ART	● WITHIN REACH	79% against of people who were diagnosed with HIV receive ART (85–79–87)
85% of children living with HIV receive ART	● SLOW PROGRESS	Treatment coverage among children rose from 52% in 2015 to 62% in 2019
At least eight Fast-Track countries reach and sustain at least 90% antiretroviral coverage among pregnant women	● WITHIN REACH	Seven countries achieved at least 90% ART coverage among pregnant women by 2019 (Botswana, Malawi, Namibia, Rwanda, Uganda, Zambia and Zimbabwe)
New HIV infections among key populations and their partners reduced to fewer than 50 000 (200 000 in 2015)	● SLOW PROGRESS	800 000 new infections in 2018*. Key populations and their partners account for 25% (200 000)
New HIV infections among young people, adolescent girls and young women reduced to 150 000 (350 000 in 2015)	● SLOW PROGRESS	Young women (aged 15–24 years) accounted for 26% of 800 000 new HIV infections in the region

Joint Programme contributions and results

HIV testing and treatment—technical support (UNICEF, WFP, UNDP, UNFPA, UNODC, UNESCO, WHO, UNAIDS Secretariat)

114. Eastern and southern Africa results against the 90–90–90 targets stood at 85–79–87, though ART coverage varied among countries, from 91% in Namibia to a very low 11% in Madagascar. Three countries (Botswana, Eswatini and Namibia) have achieved all three 90s. Four countries have achieved >90% viral suppression among people who know their status and are receiving ART (Botswana, Eswatini, Lesotho and Namibia).

115. Mainstreaming of HIV interventions has ensured continuation of care and treatment, including access to ART for all new arrivals in countries affected by humanitarian situations and receiving influx of refugees (Ethiopia, Kenya, Sudan, Uganda and Zambia).

EMTCT—policy dialogue, coordination and technical support, partnerships (UNICEF, UNFPA, WHO, UNAIDS Secretariat)

116. PMTCT coverage reached 92% in 2019, but disparities remain. Coverage ranged from above 95% in 7 countries (Botswana, Malawi, Mauritius, Mozambique, Namibia, Rwanda and Zambia) to below 50% in 3 countries (Angola, Eritrea and Madagascar). The estimated percentage of children newly infected with HIV through vertical transmission decreased from 18.4% in 2010 to 9.2% in 2019. Through increased use of point-of-care EID technologies, as part of PMTCT scale up, EID coverage rose to 69% in 2019, from 43% in 2010.

* An estimated 800 000 [620 000–1 000 000] people acquired HIV in eastern and southern Africa in 2018, a decrease of 28% from the number of new HIV infections in 2010. [Source: UNAIDS Data 2019]

117. New national strategic plans have been developed in 5 countries (Malawi, Namibia, Uganda, Zambia and Zimbabwe) following comprehensive national reviews. These plans have helped countries identify priorities for investment from the Global Fund, UBRAF, PEPFAR and others. Gaps in infant and child diagnosis and treatment were addressed and data quality improved, following technical assistance on paediatric HIV to Ministries of Health in 10 of the “AIDS-Free” countries.
118. An EMTCT regional score card has been populated, with trends for 2016–2018 made available for all eastern and southern Africa countries. Challenges and required actions towards achieving the 90–90–90 targets have been identified through virtual consultations (7 countries) and a workshop (5 countries) on use of HIV-disaggregated data to improve planning and monitoring for children, adolescents, pregnant and breastfeeding women living with HIV.

HIV prevention—technical support (UNICEF, UNDP, UNFPA, UNODC, UNESCO, WHO, UNAIDS Secretariat, IOM)

119. The eastern and southern Africa region continued to record the greatest decline in new infections among all populations since 2010 (a 28% decrease), as a result of interventions at regional and national levels, including through UN agencies.
120. All countries in the region have adopted and are implementing new paediatric and adolescent ART guidelines, with introduction of DTG as first-line regimen.
121. The high number of new infections (26% of all infections) among adolescent girls and young women aged 15–24 years continues to require urgent attention. Regional frameworks on SRHR and on sexual and gender-based violence have been developed as a result of Regional Joint Team support (advocacy and technical assistance) to Regional Economic Committees and countries.
122. Assessments of HIV and SRHR minimum standard compliance for prison populations was conducted in 10 countries (Angola, Eswatini, Lesotho, Malawi, Mozambique, Namibia, United Republic of Tanzania, South Africa, Zambia and Zimbabwe). Knowledge of HIV

and SRHR was enhanced among 700 hundred prison officers across 7 countries through the production of a study guide on the SRHR of women prisoners.

Social Justice and Human rights—technical support, financial support, advocacy, policy advice (UNHCR, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, World Bank, UNAIDS Secretariat)

123. The Regional Joint Team established an Emergency Response Fund to provide direct support to victims of human rights violations across the region. This led to the release of (and additional support for) 16 members of an LGBTI organization in Uganda, who had been unlawfully arrested because of their sexual orientation and/or gender identity.
124. A declaration of commitment was issued by 33 parliamentarians from the Republic of Congo and Pan-African Parliament, the President of the National AIDS Assembly, President of the Senate and President of the AIDS Commission, renewing their commitment to address legal barriers for key populations and young people to access to services.
125. As a result of Joint Team advocacy, the final Resolution of Africa Common Declaration on Beijing +25 included the issues of HIV and gender and was adopted by Members States in the region.

Contribution to the integrated SDG agenda

126. Guidance and technical support to the Southern African Development Cooperation Parliamentary Forum resulted in the development of the Regional Gender Responsive Oversight Model—a framework used by National Women’s Parliamentary Caucuses to monitor the implementation of UN Commission on the Status of Women Resolution 60/2. This tool helps parliaments address structural drivers of HIV among girls and young women, by monitoring the implementation of laws, policies and programmes that can contribute to preventing HIV among girls and young women.

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127. A Framework of Action for engaging men and boys, developed in partnership with the Sonke Gender Justice NGO, was drafted, based on lessons learned from engagement work done with men and boys, as well as a review of literature. That work resulted in an online resource which can be searched by topic, country and type of guidance required by the user (www.menandhiv.org).

Challenges and bottlenecks

128. Young people, particularly adolescent girls and young women have inadequate access to SRHR and HIV services, due to misaligned laws and policies on age of consent, stigma and discrimination. There is also push-back on HIV prevention in schools, particularly around access to comprehensive sexuality education (CSE) and SRHR services.
129. A highly criminalized environment for the LGBTI community, sex workers and people who use drugs in almost all counties in the region, paired with limited national ownership and stewardship of adolescent girls and young women and key population programmes, has resulted in slow progress around regional and global guidance and commitments.
130. Linkage in HIV testing, treatment and care is a key challenge in several countries, while EID and paediatric treatment remain major challenges throughout the region.
131. Reliable data on key populations, including prevention and treatment coverage, are not yet sufficiently available and granular data for evidence-informed programming and monitoring of services is lacking. This is exacerbated by a general reluctance to accept data collected and presented by key population groups as valid.







132. National programmes for people who inject drugs are lacking and effective services for this key population, such as harm reduction and PrEP, have not been scaled up.

Key future actions

133. Support adaptation of youth-friendly ICT and improvement of efficiency to expand prevention programming and reinforce adolescents' comprehensive knowledge on HIV, SRHR, sexuality- and gender-based violence, along with other accelerators for improving adolescents' health, through social media platforms.
134. Leverage greater ownership and scale up of adolescent girls and young women and key population programming, including final review of the Eastern and Southern Africa Commitment on SRHR.
135. Facilitate adoption of the 2018 WHO EID guidelines for quality EID and follow up of HIV-negative children.
136. Conduct joint country visits and facilitate and provide technical assistance to countries on prevention self-assessment, acceleration roadmap for 90-90-90 scale-up, point-of-care diagnostics for EID and strengthened linkages of children to care and treatment, as well as rapid scale-up of key population prevention programmes to address gender-based violence and violence against key populations.
137. Support strengthening of regional and national systems, as well as community-led research to collect and analyse data (disaggregated by age, gender and geographic location), enhance its granularity, and expand the use to identify programmatic and population gaps.
138. Conduct a Stigma Index study and initiate community-led evidence to complement the key population data.

Mozambique

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
At least 74% ART coverage for adults living with HIV. 67% coverage for children <15 years living with HIV (baseline 2016: adults 55% and children 38%).	<p> SLOW PROGRESS</p> <hr/> <p> WITHIN REACH</p>	<ul style="list-style-type: none"> An estimated 2.2 million people living with HIV, of whom 1.2 million (55%) were receiving ART. Coverage was 59.4% among adults (15 years and older) and 64% among children (0–14 years). ART coverage is higher in women compared to men (67% vs 46%).
Maputo, Matola and XaiXai (high-burden cities) to have implementation plans and are allocated resources to reach the 90–90–90 treatment, prevention, zero stigma and quality of life targets by 2020.	<p> WITHIN REACH</p>	<ul style="list-style-type: none"> Maputo city leadership has committed to adopting the 90–90–90 Fast-Track targets and the Action Plan currently under development is part of the operationalization strategy. While the Plan is under development, capacity building of municipal leaders is taking place, along with efforts to mobilize support of implementing partners.
Decrease in vertical transmission rate to 6.4% at 18 months (baseline 2016: 11.1%).	<p> SLOW PROGRESS</p>	<ul style="list-style-type: none"> Coverage of pregnant women who receive ARV for PMTCT (2018): >95% [73% - >95%] <i>Source: AIDSInfo Mozambique Country Fact Sheet (2018)</i> Although HIV testing and coverage of PMTCT was high, vertical transmission remains high nationally. Vertical transmission was estimated at 14.97 in 2018 (<i>Source 2019 Spectrum modelling</i>). In 2018, there were 16 020 new HIV infections in children (0–15 years); 28.3% transmissions from mothers who were infected during breastfeeding; 24.3% from mothers who dropped out of ART during pregnancy.
25% coverage of HIV combination prevention programmes among adolescent girls and young women in 5 provinces (Nampula, Zambezia, Tete, Gaza and Maputo City) (baseline 2016: 14%).	<p> ACHIEVED</p>	<ul style="list-style-type: none"> An estimated 25% (793 000) of adolescent girls and young women in Mozambique were reached with prevention services. However, data systems need to be strengthened to avoid double counting of recipients across programmes.
60% and 95% coverage of HIV combination prevention programmes for sex workers and prisoners respectively in 5 provinces (Nampula, Zambezia, Tete, Gaza and Maputo City) Baseline 2016: sex workers 53%, prisoners 25%.	<p> SLOW PROGRESS</p>	<ul style="list-style-type: none"> In 2019, 33.6% and 14.6% of sex workers were reached with UN SRHR and HIV combination prevention and treatment services in Maputo province and Tete province, respectively.
10% of the HIV response funded by domestic public resources (baseline 2016: 3%).	<p>DATA NOT AVAILABLE</p>	<ul style="list-style-type: none"> As a result of high-level advocacy and engagement with the Prime Minister's Office, and the Ministries of Health and Finance, the latter signed a US\$ 10 million commitment for ARVs. UNAIDS is conducting a National AIDS Spending Assessment to gather 2017/2018 expenditure data.

Joint Team: UNICEF, WFP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, UNAIDS Secretariat, IOM

Joint Programme contributions and results

HIV testing and treatment—technical support, community engagement

140. A total of 379 sex workers in Chifunde district, Tete province, were reached with HIV combination interventions, 257 of whom were referred for HIV testing; 64 tested HIV-positive and were referred to treatment. In the same district, a 2348 migrants were reached with HIV combination interventions, 551 were referred for HIV testing, of whom 296 tested HIV-positive and referred to treatment.
141. The role of community health workers to improve linkages, workflows, and follow up of patients on ART was strengthened through advocacy, programme design at provincial levels and mentoring of 164 CHWs in selected provinces. As a result, by end 2019, a total of 2168 people living with HIV had returned to care and treatment in the provinces of Nampula and Sofala.
142. Targeted TB screening and HIV testing was provided to 26 598 current and ex- mineworkers, migrant workers, their families and communities, increasing early HIV and TB detection, treatment adherence and completion. Multidisease testing campaigns at border posts and along transport corridors resulted in health services being provided to 80 000 cross-border informal workers, truck drivers, migrant workers, mine workers, and their families. A further 5053 miners, ex-miners, their families and communities have been reached with HIV, TB and other health services.
143. The Ministry of Health (MoH) adopted the “one-stop-shop” model of care as a best practice and included it in the Adolescents and School Health Plan, which was rolled out in 2019. The model provides youth-friendly services for adolescent girls and young women. Between 2018 and 2019, 776 health providers were mentored on the provision of a high-quality comprehensive package of care and HIV patient-centred case management to increase adherence to ART.

144. To support people living with HIV affected by Cyclone Kenneth, a project was initiated in five districts of Cabo Delgado province (Ibo, Macomia, Meluco, Metuge and Quissanga) through the One UN Fund. Between September and December 2019, 302 HIV patients who defaulted were re-linked to HIV treatment and care, 10 and 23 treatment adherence groups were created and reactivated respectively, and 1373 youth and 2647 adults were reached with SRHR, GBV and HIV prevention messages. In addition, 7950 children were screened for acute malnutrition, 1836 children (6-59 months) and 754 pregnant and lactating women received supplementation for moderate acute malnutrition.

EMTCT—policy dialogue, technical support, partnerships

145. By the end of the third quarter of 2019, more than 66 000 HIV-exposed children had been tested for HIV, of whom 25% benefited from point-of-care testing. Turnaround time for results in <28 days was 60% compared to 49% in the same period in 2017, due to expanded use of point-of-care expansion EID at 130 sites.

HIV prevention—upstream advocacy, technical support, fostering partnerships

146. An estimated 10 200 students were reached with information about SRHR and essential skills for safe behaviours, reducing adolescent pregnancy, early marriage and gender equality, following CSE programme training of 84 pre-service teachers in the Nampula province and 170 in-service teachers in Nampula and Zambezia provinces.
147. Almost 394 000 girls received HIV prevention information at 1629 community safe spaces in 20 districts in Nampula and Zambezia provinces, through the mentorship programme “Rapariga Biz”. In 2019, almost 218 000 girls and young women from the Rapariga Biz districts accessed youth-friendly services, with 38% of girls and young women reached adopting at least one modern method of family planning other than condoms. A total of 88 038 adolescent girls tested for HIV at youth-friendly services, of whom 2% tested positive. Among the girls and young women using the services, 27% were referred through the “Rapariga Biz” programme.

148. A total of 450 workplace peer educators and 200 peer educators (75 women and 125 men) from 150 small and medium enterprises were trained and mobilized on HIV, gender and SRHR programmes. A further 150 peer educators (86 women and 64 men) were trained in informal settings, including informal markets and hot spots along transport corridors in Gaza, Maputo, Sofala and Tete. A total of 10 000 workers were reached in the informal economy with information about HIV testing, the HIV legal framework and rights at work, and stigma and discrimination in the context of HIV.
149. A communication-centred HIV emergency response project was implemented from July to December 2019 in Sofala province to raise HIV/TB awareness during emergencies, improve access to services, and reduce stigma through dissemination of messages via local radio

stations in the Cyclone Idai-affected districts (Beira, Dondo, Muanza, Nhamatanda, Buzi and Gorongosa). The beneficiaries were also provided with nutritious foods.

150. Approximately, 90 officers at 17 prisons in the Southern region and at 6 prisons in the Northern region were trained on SRHR services for women prisoners.

Contribution to the SDG agenda

151. In response to Cyclone Kenneth (at the end of December 2019), approximately 12 000 beneficiaries were reached with quality mental health and psychosocial support, HIV, TB and protection services, referrals and outreach activities, and 15 community adherence support groups were established in the Macomia, Ibo and Quissanga districts in Cabo Delgado province.

Challenges and bottlenecks

Persisting and emerging

Late diagnosis and treatment of men, low treatment coverage and viral suppression for children and adolescents is slowing progress towards the 90–90–90 targets.

Among the key challenges related to EMTCT is poor retention of mothers and babies during the breastfeeding period. Approximately 41 500 women seroconverted while pregnant or breastfeeding, of whom 19 300 were adolescent girls and young women.

Key stakeholders have a poor knowledge on HIV and human rights issues, including professionals of the Justice system and CSOs.

Mozambique continues to face an economic crisis that limits its ability to invest domestic resources in its national HIV response.

Key future actions

to respond to challenges and unblock bottlenecks

- Implementation of MoH male engagement strategy.
- Community nutrition programme among HIV-positive pregnant and lactating women and children <5 years.
- National treatment literacy campaign.
- Community-led monitoring, by people living with HIV and key and priority population organizations.
- Expansion of innovative models to scale up point-Of-care EID.
- Engagement of networks of women living with HIV, community health workers.
- Scale-up patient and family-centred HIV case management for retention of HIV-positive pregnant and lactating women and children <5 years.
- Develop faith-based sector strategy and mobilize joint action to reduce stigma and increase paediatric treatment and retention of pregnant and lactating women.
- Strengthen the capacity of key stakeholders on protective legislation and policies, and the capacity of legal service providers on human rights, HIV and gender-based violence.
- Support the Stigma Index survey, revision of Law on Domestic Violence and HIV Law, and development of the new National Strategic Plan.
- Continue high-level advocacy for domestic funding.
- Support to PEPFAR COP 20 and development of the Mozambique HIV and TB funding proposal for 2021–2023 to the Global Fund.

Rwanda

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
Achieve the 90–90–90 targets.	● WITHIN REACH	83.4–97.5–90.1 <ul style="list-style-type: none"> In 2018 and 2019: 6 064 387 people (3 680 194 females and 2 384 193 males) were tested for HIV. Of them, 36 915 (23 333 females and 13 582 males) were tested HIV-positive (positivity rate of 0.61%). All HIV-positive people were linked to care and treatment. At end-2019: 190 906 (120 055 females and 70 851 males) adults and 7115 children were receiving ART. Of them, 159 826 (98 856 females, 55 960 males and 5010 children) were virally suppressed.
Fast-Track Cities (Kigali): Achieve the first “90” in Kigali.	✓ ACHIEVED	91–94–89 <ul style="list-style-type: none"> City of Kigali developed a 5-year strategic plan aligned to the National HIV and AIDS strategy Plan 2018–2024.
Key population (female sex workers) size estimate reports are available.	✓ ACHIEVED	<ul style="list-style-type: none"> A population size estimation of female sex workers was conducted (estimated 13 714 sex workers). Prevalence of HIV among female sex workers was estimated at 45.8%—almost 15 times the estimated national prevalence.
Human rights, stigma and discrimination.	● WITHIN REACH	<ul style="list-style-type: none"> UN-supported advocacy efforts led to the decriminalization of sex work in 2018. 70 health-care workers were trained on preventing stigma in health-care settings. Facilities have started to integrate a no-stigma policy for key populations.

Joint Team: UNHCR, UNICEF, WFP, UNFPA, UNESCO, WHO, UNAIDS Secretariat, IOM

Joint Programme contributions and results

HIV testing and treatment—policy advice, technical support, community engagement

152. New HIV infections in Rwanda continued to decline in the period under review, from estimated 9000 infections in 2010 to 3600 in 2018. Key interventions that contributed to the decline included the scale-up of new testing approaches, such as self-testing, index testing and assisted partner notification.
153. An HIV self-testing initiative was piloted among hard-to-reach male partners of antenatal clinic (ANC) clients in seven health clinics in the City of Kigali. This led to 1313 male partners being invited for HIV testing and counselling at ANCs (via their pregnant partners), which led to male partner attendance at clinics rising from 2% to 30% in June–December 2019.

154. A total of 3151 children of female sex workers were tested for HIV; 123 previously diagnosed HIV-positive children received adherence counselling and support and 20 newly diagnosed children were linked to treatment. A total of 7923 female sex workers were counselled to bring their children for testing; at 29 health facilities (22 in Kigali City), all children in need of testing received the service.
155. All Burundian (730) refugees hosted in Mahama camp and Congolese (698) refugees hosted in 5 camps accessed HIV treatment and care through camp-based health centres and government health centres (for Kigeme and Mugombwa camps). In all camps 32 564 refugees were tested for HIV, 69 tested HIV-positive and were linked to care. In addition, 1300 men in the refugee camps underwent voluntary male medical circumcision.
156. All people receiving ART also received nutrition support through the supplementary feeding programme at health facility level, except for 150 people living with HIV who had access to government health facilities in Kigali and Huye. A total of 24 nutrition and health staff in 6 refugee camps received training to improve prevention and detection of malnutrition among people living with HIV.

HIV prevention—upstream advocacy, technical support, fostering partnerships

157. PMTCT coverage in Rwanda during the biennium was estimated at 96.9% and retention on ART among pregnant and lactating women was estimated at 94.5%.

This resulted in 98.2% of exposed infants being free of HIV infection at 24 months.

158. A total of 1789 couples in Congolese camps and 1760 couples in Mahama camp were tested through PMTCT programmes. By the end of 2019, a total of 67 children and their mothers in Congolese camps, and 80 children plus 94 pregnant and lactating mothers in Mahama camp were being followed in PMTCT programmes.
159. Nearly 200 adolescents and young people aged 15–24 years from 14 sectors in Huye District have been identified, trained and mentored to provide education and counselling to peers, including linkage to HIV services.

Contribution to the SDG agenda

160. A total of 65 HIV-positive women, including former sex workers, gained income-generating skills through training in tailoring and handicrafts, during an 8-month course. At the end of the training, the women had saved the equivalent of US\$ 1000 to start their own cooperatives.
161. Understanding of linkages between human rights, HIV and prevention of gender-based violence was enhanced through the participation of 70 representatives of the Rwanda judiciary, law enforcement officers, health practitioners, civil society members and development partners in a high-level advocacy meeting. The increased awareness strengthened advocacy efforts for the rights of key populations and contributed to the decriminalization of sex work in Rwanda in 2018. This initiative contributed to SDGs 3, 5, 10 and 16.

Challenges and bottlenecks

Persisting and emerging

Prevalence of noncommunicable diseases among older people living with HIV is on the rise. However, there are no clear strategies in place to deal with the aging HIV population and issues of comorbidity with noncommunicable diseases.

Criminalization of clients of female sex workers despite decriminalization of sex work in Rwanda.

Key future actions

to respond to challenges and unblock bottlenecks

- Results of recent data analysis on HIV and aging are expected to facilitate dialogue at national level and result in strategies and funding to address the issue.
- The country's proposal to the Global Fund for 2021–2023 includes interventions to address comorbidity of HIV and noncommunicable diseases among older people living with HIV.
- Continued technical support to CSOs that work to decriminalize liaisons with sex workers.

Zimbabwe

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
90% of people living with HIV know their HIV status, receive ART, and achieve and maintain viral load suppression.	✓ ACHIEVED	90%→95%—data not available <ul style="list-style-type: none"> Although the national level viral load suppression estimate is not available for 2019, preliminary results of the PHIA survey indicate over 90% viral suppression among those on ART. (Source: GAM report 2020)
All adults and children have increased access to an effective and comprehensive package of prevention services, based on approaches that address the underlying drivers of the epidemic, including key populations.	● WITHIN REACH	<ul style="list-style-type: none"> Target for distribution of male condoms by the public sector was 100 000 000 in 2019; a total of 94 849 706 condoms were distributed in 2019. (Source: GAM report 2020) The vertical transmission rate in 2019 was 8.19%, compared to a target of 5%. (Source: GAM report 2020) Coverage of HIV prevention programmes for sex workers reached 64% of the sex workers in 2019¹, up from 44% in 2018². (Source: ¹Frances Cowan (2020). Zimbabwe's "Sisters with a Voice" program for Sex Workers; ²UNAIDS Key Population Atlas) The number of gay men and other men who have sex with men tested for HIV increased nearly four-fold, from 1995 in 2018 to 7717 in 2019³. (Source: ³Tendai Mbenegeranwa (2020). Zimbabwe Key Populations Programme Overview and Recommendations. National AIDS Council)
National AIDS Council and its partners, including CSOs, have capacity to effectively and efficiently manage a multisectoral response	● WITHIN REACH	<ul style="list-style-type: none"> Enhanced capacity of the Zimbabwe AIDS Network, including the NGO charter, has resulted in increased responsibility for coordinating health sector CSOs.

Joint Team: UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, World Bank, UNAIDS Secretariat, IOM

Joint Programme contributions and results

HIV testing and treatment—upstream advocacy, technical support, fostering partnerships

162. HIV self-testing was expanded to 44 districts in all 10 provinces, with 865 health-care workers trained, following completion of the HIV self-testing operational plan.
163. A total of 808 562 pregnant women received ANC and HIV screening during visits to health providers, and 6928 pregnant women living with HIV receiving ART. Technical assistance for PMTCT programming led to a young mentor programme being implemented, assisting in retention of young women in care.
164. Availability and accessibility of ART for people living with HIV in Harare was improved through the construction of a three -roomed opportunistic infections and ART clinic at Harare Central hospital. A national ART operational plan was developed, following financial and technical assistance. As a result, the country exceeded its targets for enrolling children in treatment (83%), as well as for one-year retention on ART for adults (89.7%) and children (91.8%).

HIV prevention—policy advice, technical support, community engagement

165. The key populations programme successfully reached and retained female sex workers and gay men and other men who have sex with men in the prevention, treatment and care continuum. Female sex work interventions have also improved the uptake of PrEP, following an increase in outreach activities and information dissemination during community mobilization meetings. Technical support towards implementation of the adolescent girls and young women programme, funded through the Global Fund 2017–2020 grant, contributed to reduced HIV risk, by increasing access to services and keeping girls in school.

HIV prevalence among adolescent girls and young women declined from 7.2% in 2015 to 5.7% in 2018.

166. The new Life Skills strategy has been aligned to the school health package and to regional frameworks to guide quality and standardization of CSE programming in schools. With support from the Joint Team, 7443 young people were recruited into CSE clubs, surpassing the original target of 5750.
167. An HIV and AIDS legal environment assessment was carried out with support of the UN. The assessment addresses the need to repeal laws that infringe on human rights and present barriers to the uptake of HIV and services, leading to a commitment by government to implement the recommendations.

Efficient management of the response—technical support, capacity building

168. There was increased effort to enhance the granularity of programme coverage data available at the district-level (in five-year bands and by districts) through increased capacity to generate HIV estimates. In addition, training in the use of data from national surveys and routine programming was provided to seven senior technical level staff from the Ministry of Health and Child Care, the National AIDS Council, PEPFAR and Global Fund programmes. The HIV estimates were disseminated and have enabled a more precise determination of gaps in coverage that will inform future planning.

Contribution to the SDG agenda

169. Following Joint Team advocacy and capacity building (using meetings, field visits and community engagement) on SRHR/HIV needs of adolescent girls, young women and key populations, Zimbabwe's Parliament committed to:
 - follow up on amendments, review and lower the age of consent for accessing HIV/SRHR services in the Public Health Act;
 - improve and scale up 90–90–90 services in prisons, as well as provide condoms to prisoners;
 - remove duty from sanitary wear imports, provide free sanitary wear for school going girls; and
 - revise the Termination of Pregnancy Act and the Marriage Bill, emphasizing the need for conformity to the gender equality provisions of the Constitution, as well as gender normative frameworks.

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges and unblock bottlenecks</i>
<p>The worsening economic situation increases high-risk behaviours, especially among adolescent girls and young women, putting them at greater risk of HIV acquisition.</p>	<ul style="list-style-type: none"> • Undertake HIV-sensitive gender assessments. • Support scale up of male engagement in SRHR/HIV services. • Undertake HIV-sensitive social protection assessments.
<p>Prolonged drought and food insecurity are affecting access to HIV and STI services.</p>	<ul style="list-style-type: none"> • Improve information for monitoring food insecurity in HIV programming including social protection.
<p>In late 2019, doctors at public health facilities went on strike due to low wages, which affected service delivery.</p>	<ul style="list-style-type: none"> • Continue to work with the Health Development Partners Group and the Government to seek solutions to the health human resources crisis.
<p>Laws that criminalize key populations affected by HIV are still a barrier to HIV services.</p>	<ul style="list-style-type: none"> • Continue to provide technical briefs and guidance information on the human rights of key populations. • Share examples of good practices from other countries with top-level political leaders, parliamentarians, traditional and faith leaders, lawyers, people living with HIV, women's organizations and other CSOs to advocate for law reforms that can address social norms and the legal barriers facing key populations affected by HIV.
<p>Deep-rooted stigma and discrimination experienced by people living with HIV remains pervasive, including in health, education and workplace settings, the justice system, families and communities. This hinders access to services across all programmes. Existing programmes addressing stigma and discrimination are limited in scale and scope.</p>	<ul style="list-style-type: none"> • Contribute to generating data to support stigma and discrimination monitoring and programming (use the Stigma Index survey to establish stigma and discrimination baseline). • Support development and implementation of a comprehensive programme for reduction of stigma and discrimination in all settings. • Engage top political level leaders, parliamentarians and traditional and faith leaders to address social norms and legal barriers.

Latin America and The Caribbean

Progress towards the Fast-Track priorities and targets

Regional priorities/ targets (by end-2019)	Status	Results (end-2019)
90% of people living with HIV know their HIV status.	● WITHIN REACH	80% of people living with HIV in Latin America and 72% in the Caribbean knew their HIV status.
75% of people living with HIV are receiving ART.	● SLOW PROGRESS	Treatment coverage in 2018 was 55% in the Caribbean (compared with 43% in 2015) and 62% in Latin America (compared with 52% in 2015).
60% of people living with HIV are virally suppressed.	● WITHIN REACH	In Latin America, viral suppression levels increased from 43% in 2015 to 55% in 2018.
	● SLOW PROGRESS	In the Caribbean, viral suppression increased from 31% in 2015 to 41% in 2018.
Six countries certified as having attained EMTCT of HIV and congenital syphilis.	● WITHIN REACH	Seven countries have been re-validated by WHO as eliminating maternal child transmission of HIV and three countries have submitted national EMTCT reports and requested eMTCT validation.
Decline in new infections to 75 000 among adults and to 25 000 among young people.	● SLOW PROGRESS	In Latin America and The Caribbean, the number of new infections among adults (over 15) was 116 000 in 2018, the number of new infections among young people (15-24) was 25 400.
In 20 Latin America and Caribbean countries, at least 15% reduction in discrimination and denial of health services.	● ACHIEVED	The percentage of people who lost employment due to their HIV status decreased from 64% (2013) to 5% (2019) in Belize and from 19% (2011) to 5% (2019) in El Salvador. The same indicator decreased by 36% in Honduras and 29% in the Central American region as a whole. The percent of PLHIV reporting denial of health services decreased from 8.4% (2008) to 4% (2019) in the Dominican Republic.
80% of countries have eliminated legal barriers in access to sexual and reproductive health information and services, including legal reforms to reduce gender-based violence, teenage pregnancies and early marriage.	● SLOW PROGRESS	Only 41% (7/17) countries in Latin America do not have laws requiring parental consent for adolescents to access sexual reproductive health. In the Caribbean, that percentage is 6% (1/16). 78% of countries (26/33) in Latin America and The Caribbean have a national plan or strategy addressing gender-based violence against women that includes HIV.
Countries in the region have developed sustainability plans featuring increased and diversified, innovative domestic investments.	● WITHIN REACH	Costa Rica, Cuba, the Dominican Republic, El Salvador, Guyana, Jamaica, Panama, and Suriname have developed sustainability plans for submission to the GFATM and to support strategic investments. While there is variability between countries, 95% of the HIV response in Latin America is funded through domestic resources while the Caribbean funds only 27%.

Joint Programme contributions and results

HIV testing and treatment—technical support, fostering partnerships (UNHCR, UNICEF, WFP, UNFPA, UN Women, ILO, UNESCO, WHO, World Bank, UNAIDS Secretariat)

170. Sixteen out of 17 countries in Latin America have introduced DTG as first-line therapy regimen but only 6 have started transitioning to TLD as first-line regimen. Thirteen out of 16 countries in the Caribbean have introduced DTG as first-line therapy regimen but only 4 have started transitioning to TLD as first-line regimen.
171. Joint Team members are active participants in the Regional Platform for Venezuelan Migrants, which addresses the protection, assistance and integration of the needs of migrants and refugees from Venezuela in affected Latin American and Caribbean countries, including HIV-related vulnerabilities and needs. Because of the technical support provided to Venezuela and destination countries, Venezuelan migrants are being referred to HIV services in the region. In Peru alone, 3099 Venezuelan migrants living with HIV were enrolled in ART and offered access to legal services in the biennium.
172. In Brazil, a booklet was produced and distributed for Venezuelan migrants with all necessary information to access HIV testing and treatment service. A detailed brochure identifying HIV-related human rights and health services was developed in Peru, including addresses, phone numbers and contact persons. In Trinidad and Tobago, support to the Family Planning Association ensured the provision of IEC and counselling on SRHR, HIV testing, and post-exposure prophylaxis to Venezuelans and host community members. In Guyana, Spanish-language materials were developed to support interagency community-based health fairs and medical outreach interventions. This resulted in HIV testing and SRH services reaching Venezuelan migrants as well as the general population.

HIV prevention—technical support, fostering partnerships (UNHCR, UNICEF, WFP, UNFPA, UN Women, ILO, UNESCO, WHO, World Bank, UNAIDS Secretariat)

173. Brazil, Barbados and the Bahamas offer PrEP through the public system. In Chile, Costa Rica, Guatemala, Mexico and Uruguay, PrEP can be obtained through private healthcare providers, the internet or research projects. Joint Team technical support also led to PrEP service expansion to CSO networks and continued service upgrades, PrEP implementation through a public/private partnership and implementation of a pilot PrEP demonstration project in the Bahamas, Guyana and Jamaica.
174. An online course for in-service training on CSE reached more than 400 teachers in over 20 countries, enabling them to deliver high-quality CSE programmes. In Argentina, 80 young LGBTI people were supported to develop an action plan for 2020, to ensure that the new national strategic plan incorporates CSE. Technical support for the design and implementation of CSE policies, curricula and the development of educational materials also resulted in the inclusion of human rights, gender and diversity, skills for decision making, and confronting stigma and discrimination in CSE programmes in some countries.
175. Six countries were revalidated by WHO for EMTCT of HIV and three countries have submitted national EMTCT reports and requested EMTCT validation.

Key populations—policy dialogue, coordination and technical support, partnerships (UNHCR, UNICEF, UNDP, UNFPA, WHO)

176. Based on the findings of a workshop on “The Extra Mile: Social and Economic Inclusion of Transgender Persons”, national and sub-regional plans were implemented, leading to close collaboration between countries in the region. For example:

- the Government of Uruguay supported the Government of Costa Rica through the Commission for LGBTI Populations to develop a national policy for transgender inclusion, resulting in the countries signing an agreement to implement their respective policies;
- Argentinian, Chilean, Paraguayan and Uruguayan government representatives, CSOs and Joint Team staff developed a joint advocacy plan for trans inclusion, focusing on strategic information, political and social leadership, and strategic communication.

177. Twenty HIV-positive young people from the Regional Network of Young People Living with HIV participated in a workshop to develop a campaign on combination prevention, sponsored by agencies of the Regional Joint Team. The results of the workshop were also used for a regional campaign to reduce stigma and discrimination among health-care providers against young key populations.

HIV and social protection—policy advice, technical support (WFP, ILO, World Bank, UNAIDS Secretariat, FAO)

178. During 2018–2019, an HIV social protection training of trainers’ workshop hosted by the Joint Team improved the knowledge and capacity of stakeholders to implement HIV social protection assessments, using a Joint Team tool. Participating countries received additional tools to conduct assessments and engage civil society (including people living with, affected by or at risk of HIV). The resulting recommendations have been used to improve HIV-sensitive programmes in Argentina, Bolivia, Brazil, Chile, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Haiti, Mexico, Panama, Peru and Uruguay.
179. Technical and financial support led to the completion of the Stigma Index 2.0 in Argentina, Brazil, Belize, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica and Panamá, providing a better understanding of the impact of stigma upon different groups of people living with HIV, including key populations, and their access to health services across the continuum of care.

Fast Track Cities Ending HIV

180. A total of 42 cities as well as three state governments in Brazil; 19 cities in Argentina, 10 in Chile, two in Paraguay, one in Uruguay, Peru and Ecuador have joined the Paris Declaration and work to achieve the city-specific Fast-Track targets.

Contribution to the integrated SDG agenda

181. Regional support on gender-based violence resulted in the creation of safe spaces for women and girls, the promotion of cross-border referral and training on gender-based violence case management for service providers in Brazil, Colombia, Ecuador, Trinidad and Tobago, and Venezuela. Health providers were also trained on clinical management of rape in Ecuador, Trinidad and Tobago, and Venezuela, contributing to more responsive services for survivors of sexual violence.

Challenges and bottlenecks

- Limited national investments in countries to support HIV-related programming, especially for key populations, leading to stagnating progress.
- Weak national information systems and compromised reliability of data limit the quality of data for informed decision-making and the development of reliable PMTCT and other HIV estimates.
- Political shifts in the region have and will continue to challenge progress related to human rights, gender equality, inclusion and sexual diversity.
- Resources for HIV prevention work are limited.
- The potential of CSOs is constrained in many countries.
- There is a lack of strong legislative frameworks, political commitment, institutional capacity and willingness to work with young people.

Key future actions

- Collaborate with global, regional and national partners to strengthen information systems and generate strategic

information to promote evidence-based programming at regional and national levels.

- Conduct a landscape analysis on ANC and HIV data to improve PMTCT-related estimations.
- Advocate for the inclusion of women, young people, gay men and other men who have sex with men, transgender people and other key populations in national and regional decision-making processes and fora.
- Advance the sustainability of human rights observatories managed by key population CSOs and networks.
- Improve access to post-exposure prophylaxis to survivors of sexual violence.

- Promote the expansion of combination prevention programmes tailored to the needs of key population in national strategic frameworks.
- Provide technical support to key population civil society networks for improved monitoring of human rights violations against gay men and other men who have sex with men, transgender women, female sex workers and people living with HIV.
- Implement qualitative and quantitative studies to assess HIV-sensitive social protection programmes.
- Expand access to integrated HIV prevention, treatment, care and support for migrants, asylum seekers and refugees, with a focus on key population groups and people living with HIV.

Haiti

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
By end-2019, 85% of adults and children living with HIV have access to quality care and treatment offered by user-friendly facilities exempt of stigma and discrimination (60% in 2017).	● WITHIN REACH	<ul style="list-style-type: none"> 72% of adults and children living with HIV in Haiti have access to quality care and treatment.
PMTCT coverage increased to 100% (from 95% in 2015).	● WITHIN REACH	<ul style="list-style-type: none"> PMTCT coverage increased to 97%.
By end-2019, 80% of reachable adolescents and youths (including key populations and communities living along the Haiti-Dominican Republic border) reached with HIV prevention services.	DATA NOT AVAILABLE	<ul style="list-style-type: none"> Data not collected during the reporting period. It is hoped that with the addition of IOM to the UN Joint Team in early 2020, more progress will be made against this target.
80% of health facilities providing HIV care offer user-friendly services to key populations and people living with HIV (0% in 2017).	DATA NOT AVAILABLE	<ul style="list-style-type: none"> Data collected but not disaggregated by key population group.

Joint Team: UNICEF, WFP, UNDP, UNFPA, UN Women, ILO, UNESCO, WHO, UNAIDS Secretariat

Joint Programme contributions and results

HIV treatment and care—technical support

182. The “Treat All” policy has been adopted in Haiti, resulting in DTG being introduced as first-line treatment regimen, with more than 300 health-care providers in three departments (North, North east and Artibonite) trained on the revised treatment guidelines.

More than 40 health professionals and newly graduated midwives have had their skillset updated in line with the policy.

183. Surveillance of HIV resistance to ARVs and surveillance, prevention and control of STIs, including viral hepatitis B and C has been strengthened as a result of technical and financial support for monitoring visits, focused on the quality of services provided at institutional and community level.
184. The National Strategic Plan for HIV 2018–2023 was updated, to include the integration of Dolutegravir, and health-care providers were trained on revised norms and standards. Norms and standards for HIV care, SRH, youth and adolescent health, and family planning were updated and disseminated to government agencies, health directorates and CSOs, including women’s organizations and LGBTI groups.

Prevention of vertical transmission of HIV—policy dialogue, technical support

185. Improved data collection mechanisms on key vertical transmission indicators are in place in three departments (South, South-east, Grande Anse). Fifty health practitioners in the South-east were trained on PMTCT of HIV and congenital syphilis.
186. PMTCT structures and satellite clinics have been linked, to reach more HIV-positive pregnant women and newborn children. The Ministry of Health has also developed departmental operational plans (in the South, South-east and Nippes departments) which will facilitate networking of health institutions to provide integrated HIV, maternal, newborn and child health and TB services, following technical support.
187. A standardized procedure manual for youth spaces in maternity health centres was developed, to guide on-going and future interventions targeting young people in Emergency Basic Obstetric and Newborn Care. About 190 health-care providers, including midwives, were trained on the updated norms and protocols for care and treatment, as well as on HIV testing and PMTCT.

HIV prevention and testing among adolescents and youth—technical support, partnerships

188. Through partnerships with CSOs, 284 young people and adolescents have benefited from voluntary HIV testing, as a result of a youth caravan activity that improved awareness and the promotion of responsible sexual behaviour among more than 4000 young and adolescent people in three departments of the country.
189. Another 5804 adolescent girls aged 10–19 years improved their knowledge of SRHR at 62 safe spaces for girls, including in five slums of the Metropolitan Area of Port-au-Prince.

Key populations—technical support, capacity building, partnerships

190. As a result of support provided to the Ministry of Health for the implementation and monitoring of the PrEP pilot project, PrEP services have been made available through eight sites, which are used by 239 members of the LGBTI community.
191. A programming strategy to achieve sustained epidemic control and towards the 95–95–95 targets, resulted in a partnership with the community police. Four training workshops were held on HIV, human rights, stigma and discrimination, violence and sexual minorities, for a total of 1000 police officers and community leaders.
192. A Legal Environment Assessment was completed, and results were presented to the technical working group, comprising government, international NGOs and civil society (including key populations) representatives. The evaluation provided 12 recommendations that will be implemented through a 3-year action plan to respond to abuses and violations of the rights of people living with HIV in Haiti.

Contribution to the SDG agenda

193. The results of Joint Team's work have contributed to the broader SDG agenda, particularly SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality) and SDG 10 (Reduced Inequalities).
194. Support for the development and implementation of high-impact strategies, such as integration of HIV in SRH and TB services, has assisted the Ministry of Health address the gradual decrease in funding from major donors.

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges and unblock bottlenecks</i>
<p>A weak health system hampers the continuum of care and treatment for people living with HIV.</p>	<ul style="list-style-type: none"> • Develop and implement plan to integrate HIV in SRH and TB services. • Training/refreshers courses on ART management for health-care providers. • Maintain HIV as a priority in the national policy of social protection and promotion. • National expansion of interagency collaboration of the ALL-IN initiative Expansion of testing for the PMTCT of HIV and congenital syphilis in two geographical areas (Grand'Anse and South).
<p>Slow implementation of norms and standards by health facilities, including scale-up of DTG.</p>	<ul style="list-style-type: none"> • Support update and implementation of guidelines and protocols for HIV, including transition to DTG, HIV self-testing and partner notification, and PrEP.
<p>Sexual orientation and gender identity stigma and discrimination remain a challenge in the country.</p>	<ul style="list-style-type: none"> • Facilitate inclusion and participation of youth in the HIV response, including implementation of campaigns by and for youth. • Advocate for the elaboration and validation of a national strategy on HIV prevention. • Support the treatment access watch platform, as well as CSO advocacy efforts to ensure quality of care and reduction of HIV-related stigma and discrimination. • Leverage external resources to invest in human rights, gender, stigma and discrimination to strengthen the HIV response in Haiti.
<p>Data quality, collection and analysis are hindered by insufficient human and financial resources.</p>	<ul style="list-style-type: none"> • Evaluate information systems, identify strengths and weaknesses, develop recommendations and create a plan with a timeline to improve the systems.

Venezuela

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
80% of people living with HIV under treatment.	● WITHIN REACH	<ul style="list-style-type: none"> 36 245 people living with HIV (74%) are under DLT coformulation and at least 7000 people are expected to shift to this treatment in 2020.
Increase PMTCT coverage by 60%.	● SLOW PROGRESS	<ul style="list-style-type: none"> Official data not available
Strengthen adolescent care services to implement combined HIV prevention.	✓ ACHIEVED	<ul style="list-style-type: none"> Three new comprehensive care centres for adolescents, which offer free HIV tests and condoms, have had some 8900 adolescents, including 146 pregnant adolescents, attend their services over the last 15 months. About 7000 rapid tests were carried out at the centres, with 2 persons who tested positive referred for treatment.
HIV prevention and prevalence estimations in key populations.	✓ ACHIEVED	<ul style="list-style-type: none"> Three HIV prevalence studies among key populations in 8 main cities in Venezuela show a prevalence of 22.3 % in MSM, 35.8% (and 31% syphilis) in trans women and 3.7% among sex workers in border cities.
Improve health data.	● WITHIN REACH	<ul style="list-style-type: none"> KoBo toolbox (an online/offline tool used to create data collection forms, enter and analyse data immediately) was used to collect GAM and estimates data. National AIDS Programme personnel were trained in the utilization of the tool.

Joint Team: UNHCR, UNICEF, UNFPA, WHO, UNAIDS Secretariat

Joint Programme contributions and results

HIV treatment—technical support

195. The complex political, economic and social situation in Venezuela has led to the scale-up of the Joint Team's work to support HIV services, including the distribution of ARVs throughout the country, in response to demand from civil society, to ensure prompt delivery to nationwide-pharmacies.
196. Venezuela obtained emergency funds from the Global Fund to access ARVs in 2019, incorporating DTG, following Joint Team work with the Ministry of Health, academics and civil society to develop the "Master

Plan for strengthening the response of AIDS, TB and malaria". HIV has also been integrated as a health priority within the national Humanitarian Response Plan.

PMTCT coverage—policy dialogue, technical support, partnerships

197. PMTCT is a priority in Venezuela. The supply of diagnostic tests for HIV and syphilis has been led by the Joint Team, which also facilitated joint workshops to train health personnel in care centres on maternal health and HIV protocols and on the use of rapid diagnostic tests. This work has been focused on the federal states with the largest populations and has revealed a high incidence of syphilis in pregnant women in the country (7.3%). The information will be used to shape a more targeted response.
198. 140 000 rapid HIV tests and 200 000 rapid syphilis tests were distributed in the main maternity units. However, this strategy has been insufficient. Due to economic sanctions on Venezuela, the Ministry of

Health has been unable to buy more supplies, leaving the country reliant upon international support.

199. In response to gaps in data collection and processing, the Joint Team provided support to the Ministry of Health to obtain improved data against HIV indicators. The support led to improved availability and processing of key data, such as HIV prevalence (0.5% in 8 states) and syphilis (5.5–7.8%), causes of death, morbidity, etc.
200. A total of 293 people participated in 14 training workshops held on the prevention of vertical transmission of HIV and syphilis, aimed primarily at doctors and nurses in the community-based integrated health areas of six federal entities (Miranda, Capital District, Guaira, Zulia, Bolivar and Táchira).

Delivering HIV services to young people—*technical support*

201. Young people’s access to comprehensive SRHR and HIV prevention and treatment services, including the provision of free HIV testing and distribution of condoms, has been improved through the creation of 3 comprehensive centres for the care of adolescents, located in low-income settings. The centres are located in primary health centres near 8 schools and can reach 65 300 adolescents (10–19-year-olds). All personnel are trained in SRHR and HIV prevention.
202. A total of 2296 adolescents who underwent rapid HIV diagnostic tests in differentiated health services and schools formed the sample for an HIV prevalence study on knowledge, attitudes and practices in adolescents aged 15–9 years. Two adolescents who tested

HIV-positive were referred for free treatment in the public health system.

Key populations—*technical support*

The first HIV prevalence studies with gay men and other men who have sex with men, transwomen and sex workers have provided a baseline for future public policy actions. The studies were undertaken with a total of 1715 MSM, 371 transwomen and 535 female sex workers. A total of 497 female sex workers received counselling as part of the HIV prevalence survey. A total of 532 people who tested positive for HIV and 46 who tested positive for syphilis in these studies were referred to care services.

203. To support roll out of the survey, the capacity of eight CSOs was enhanced—in counselling, HIV diagnosis and rapid testing and the “Respondent-Driven Sampling” methodology—in priority states of the country.

Contribution to the SDG agenda

204. Joint Team support, through prevalence studies, the improved data collection system for pregnant women and improved SRH services for young people, have resulted in a better understanding of the epidemic in Venezuela, contributing to SDG 3.
205. Joint work on the empowerment of women, the reduction of gender-based violence and the comprehensive management of women victims of sexual violence, with an emphasis on border areas, has supported SDG 5.

Challenges and bottlenecks

Persisting and emerging

The complex political, economic and social situation could continue in the following months with increasing uncertainty, hyperinflation and low wages, which will continue to encourage the migration, including among health personnel. In this scenario, the health situation could continue to be affected. Weakened institutions are also leading to inefficient and untimely responses.

Economic sanctions mean the Government is unable to purchase health commodities, including those for HIV. This has led to insufficient availability of ARVs, mainly for the third-line schemes, pregnant women and children and means the coverage of activities and results are limited. This makes an effective response to HIV challenging and the country will not meet the 2020 targets on HIV.

Key future actions

to respond to challenges and unblock bottlenecks

- Continue to support the country through the Humanitarian Response Plan, including advocacy to donors and partners for resources.
- Continue to advocate for the inclusion of people living with HIV in the activities of the Health and Protection Clusters in the new Humanitarian Response Plan.
- Donors are currently being sought to support projects addressing PMTCT, key populations (indigenous), stigma and discrimination.
- Using emergency funds from the Global Fund, first-line drugs were purchased and other ARVs could be purchased by 2020, including paediatric medicines (2020).

Middle East and North Africa

Progress towards the Fast-Track priorities and targets

Regional priorities/ targets (by end-2019)	Status	Results (end-2019)
70% of people living with HIV know their HIV status.	● SLOW PROGRESS	By end-2018, only 47% of the estimated 240 000 people living with HIV knew they were HIV-positive.
50% of people living with HIV are receiving ART.	● SLOW PROGRESS	About 79 000 or 32% of people living with HIV were receiving ART in 2018.
At least 80% of people living with HIV achieve viral suppression.	● SLOW PROGRESS	Only 27% of people living with HIV had a suppressed viral load in 2018.
Reduce the annual number of new HIV infections to fewer than 12 000.	● NO PROGRESS	Rising new infections with an estimated 20 000 people acquiring HIV in 2018 (mainly among key populations and their partners).
At least 50% of domestic investment in low- and middle-income countries (from 20% in 2017) to the total resource needs to achieve the fast track targets.	● SLOW PROGRESS	Domestic investment to the total resources required to achieve the fast track targets increased from 20% in 2017 to close to 25% in 2018. However, the actual domestic resources to the total investment in terms of USD has increased from 48% in 2010 to 77% in 2018.

Joint Programme contributions and results

HIV testing and treatment—technical support (UNHCR, UNICEF, UNODC, WHO, World Bank, UNAIDS Secretariat, IOM)

206. New HIV infections are on the rise in the Middle East and North Africa. The region's HIV epidemic is heavily concentrated among key populations and their sexual partners, and results across the 90-90-90 cascade are well below global averages and the 2020 Fast-Track Targets.
207. In 2018-2019, more than 66 000 people from key affected and other vulnerable populations were voluntarily tested for HIV in the 4 Middle East

Response countries (Jordan, Lebanon, Syria, Yemen. More than 100 000 rapid diagnostic tests were procured and distributed in those countries. About 2700 people living with HIV received ARVs in 2018, increasing to 4645 in 2019 in the 4 Middle East Response countries.

208. HIV “test-treat-retain” cascade assessments were conducted in Iran, Lebanon and Sudan, providing a clearer picture of the engagement and retention of people living with HIV in care. New guidelines were developed, and treatment and testing were further prioritized in the national strategies and programmes in Iraq and Pakistan, following a full programme review.
209. The HIV response has been strengthened through delivery of integrated services, where appropriate, and increased access to health and social protection services for people living with HIV and those most at risk of HIV (such as MSM, female sex workers and people who inject drugs) in Djibouti, Egypt and Morocco, following technical support to programmes on multisectoral determinants of health.

210. Country-specific action plans or roadmaps for the introduction and scale-up of PrEP and HIV self-testing have been produced in 11 countries (Afghanistan, Algeria, Djibouti, Egypt, Iran, Lebanon, Morocco, Pakistan, Sudan, Somalia and Tunisia) after a regional consultation.
211. National strategies and roadmaps to EMTCT of HIV and syphilis have also been produced for Djibouti, Egypt, Iran and Kuwait, in order to scale up PMTCT interventions, following technical support by the Regional EMTCT Validation Team.

Combination prevention among vulnerable key populations—policy advice, technical support (UNHCR, UNODC, WFP, WHO, UNAIDS Secretariat)

212. A US\$ 7.5 million Global Fund multicountry grant for sustaining services for key populations has been secured, following technical support to the MENA H Coalition. The grant empowers national CSOs to advocate for domestic HIV financing through strengthening their capacities and governance for possible social contracting and integration of HIV in the broader health and development agenda.
213. The first-ever HIV, hepatitis B and C and TB prevention, treatment, voluntary confidential counselling and testing services and SRH projects in prisons were implemented in Egypt, Morocco and Tunisia. Since the prison project in Egypt began in February 2019, more than 2000 inmates have been screened for HIV, hepatitis B and C, and TB screening. Over 5500 prisoners were reached with 250 rounds of awareness sessions.

Stigma and discrimination and gender inequality—advocacy, technical support (UNHCR, UNDP, UN Women, UNAIDS Secretariat)

214. The Parliaments of Jordan and Lebanon repealed Articles 522 and 308 (legal provisions that protected rapists from punishment if they married their victims) following a 2018 gender justice exercise and national consultations in 20 countries.

215. The NAWARA Network of Vulnerable Women was created, composed of women from 12 countries. It has conducted analysis and research about the root causes of vulnerabilities of women in the region, including gender-based violence, economic disempowerment and financial exclusion. It also advocates for the improved health and wellbeing of women.

Contribution to the integrated SDG agenda

216. The Regional Joint Team supported enhanced regional coordination, joint planning and implementation of regional initiatives through the UN Sustainable Development Group (UNSDG) on regional reform initiatives, including the development of the regional knowledge hub, the issue-based coalitions and the organization of the Arab Sustainable Development Forum.
217. The work of regional Cosponsors on the review and implementation of UBRAF priorities and progress reporting provided opportunities to integrate HIV with the UN Country Team and national agendas. Engagement in the regional fora, such as the migration working group, gender working group and the regional health forum have enabled Joint Team to contribute to the broader SDGs.

Challenges and bottlenecks

218. Conflict and political instability, as well as a new wave of protests in many countries, continue to push HIV down the list of priorities for governments and donors.
219. Punitive laws and practices deter those most at risk of HIV from seeking essential services, with increasingly conservative and criminalizing environments in countries across the region restricting the work of CSOs and negatively affecting people living with HIV. There is low availability, access to and coverage of HIV prevention programmes, especially for key populations.
220. Gender inequality and gender-based violence persist in the region, especially in the most marginalized communities of women and girls. Addressing sexual and reproductive health and rights, and the needs and rights of key populations remain challenges.

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- 221. Protection concerns are still paramount for populations affected by humanitarian emergencies who are living with and affected by HIV, and mandatory testing for HIV continues to occur. Reaching populations such as refugees and asylum seekers in urban settings is also a challenge, due to limited data and punitive laws in some countries, which drive these populations underground and prevent them from seeking assistance.
 - 222. Significant gaps in the treatment cascade need to be addressed if countries in this region are to meet the UNAIDS 90–90–90 Fast-Track Targets.
 - 223. Availability of age- and sex-disaggregated strategic information on the HIV situation among adolescents and young people remains limited. Data on sizes and HIV prevalence among key populations in many countries are also scarce.
 - 225. Provide technical support for Global Fund funding requests and implementation in eligible countries, including the provision of essential HIV services in countries affected by humanitarian emergencies.
 - 226. Continue protection efforts for displaced people living with HIV, including advocacy to end mandatory testing for HIV, and psychosocial and nutritional support. Scale up efforts to reach key populations in humanitarian settings.
 - 227. Enhance the role of communities within the framework of the regional multicountry grant on sustaining services for key populations.
 - 228. Provide financial and technical support to priority countries implementing PrEP and HIV self-testing action plans.
 - 229. Expand comprehensive harm reduction, and integrate health service delivery platforms, including community-based services.

Key future actions

- 224. Mobilize partnership to develop the new UNAIDS Strategy's regional priorities and update the Arab AIDS Strategy to address gaps in prevention and treatment provision. Collaborate with regional bodies, such as the League of Arab States, to accelerate the HIV response. Strengthen support to countries to scale-up quality ART services and improve retention in care; support the use updated guidelines, enhance country capacities for cascade assessment and monitoring, and assist in improving procurement and supply management and monitoring of HIV drug resistance in Djibouti, Egypt, Iran, Morocco and Sudan.
 - 230. Support the generation and use of strategic information including new estimates, the GAM, the Stigma Index and scorecards.
 - 231. Mobilize financial and technical resources to five countries (Algeria, Egypt, Morocco, Sudan and Tunisia) for the implementation of gender assessments, integration of gender-based violence in HIV programmes and empowerment of women in all their diversity for gender-responsive national HIV strategies.
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Morocco

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
People living with HIV including pregnant women have increased access to testing, know their status and receive ARV treatment to achieve 90–90–90 targets and eliminate vertical transmission of HIV.	✓ ACHIEVED	<ul style="list-style-type: none"> • Almost 600 000 people were tested during 2019, including 115 000 from key or vulnerable populations. Almost 2300 people (including 1100 MSM and 1200 female sex workers in 5 cities used HIV self-testing kits. • Four new treatment centres began providing care for people living with HIV. • A protocol for recovery of people living with HIV lost to follow-up was developed and implemented. • HIV and EMTCT have been included as a priority for the Health Plan 2025. • ART coverage of pregnant women living with HIV increased to 73% in 2019 (from 60% in 2017)
Key populations and vulnerable adolescents/young people have expanded access to comprehensive HIV prevention services.	✓ ACHIEVED	<ul style="list-style-type: none"> • 400 people (260 MSM and 140 female sex workers) in 4 cities are using PrEP. • More than 6000 refugees accessed medical (including HIV testing) services (47% women, 28% children and 9% young refugees; including 28 female victims of sexual violence).
Institutional and civil society partners support the HIV national response in the framework of advanced regionalization and gender-sensitive and human rights-based governance principles.	✓ ACHIEVED	<ul style="list-style-type: none"> • An action plan to reduce stigma in health services developed and under implementation (in partnership with IFMSA/ Morocco).

Joint Team: UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO, UNAIDS Secretariat, IOM

Joint Programme contributions and results

HIV testing and treatment—advocacy, policy advice, technical support, community engagement

233. National ART treatment guidelines have been revised, with the introduction of DTG for use in first-line regimens, and the preparation of a transition plan for ART procurement until 2023.

234. Morocco is committed to improving access to testing across the country. HIV testing has been formally integrated into the minimum package of services for public health centres, and the Ministry of Health has officially authorized CSOs' community workers to carry out HIV testing. Community testing has also been scaled-up, especially for key populations.

235. More than 2300 people, including 1200 female sex workers, 1100 men who have sex with men and 53 transgender persons in 5 cities (Agadir, Casablanca, Marrakech, Rabat and Tangier) used HIV self-testing kits in 2019 under a pilot programme to introduce self-testing among key populations.

236. HIV and EMTCT have been included as the priorities of the Health Plan 2025. Implementation of the EMTCT roadmap is in progress, with continued Joint Team support.

Comprehensive HIV prevention— advocacy, technical support, fostering partnerships

237. Adolescents and young people's access to SRHR information and to improved SRH, STI and HIV services, has been enhanced through a multisectoral approach to reproductive health among adolescents and young people. A training kit on combination prevention for adolescents and young people from key populations was used to strengthen the capacities of 20 community workers from 8 CSOs to meet the specific needs of this vulnerable age group.
238. A PrEP pilot programme for MSM and female sex workers in 3 locations (Agadir, Casablanca and Marrakech) reached 400 people—260 MSM and 140 female sex workers in the period under review. Following an evaluation of the pilot, PrEP was integrated into the Association de Lutte Contre le Sida (ALCS) package of combination prevention services and an extension protocol is being implemented. The target is to reach 1000 MSM and female sex workers with PrEP in 2021, rising to 3000 in 2023. PrEP promotion tools have been developed and 21 medical doctors, community workers and counsellors in sexual health clinics were trained.
239. Prison populations' access to HIV, syphilis and TB prevention, treatment, care and support services was improved following the development of national guidelines and operation procedures for health-care services in prisons. In the 5 targeted prisons, 7336 inmates received prevention information and 5831 were tested for HIV (9 tested HIV-positive), 3039 for syphilis (63 tested positive) and 3735 for TB. In addition, 30 peer educators and 10 prison staff were trained in prevention and voluntary, confidential HIV testing. Community workers' access to prisoners (especially young adults, women and people who inject drugs) was facilitated as a result of close collaboration between NGOs and the General Delegation of the Penitentiary and Reintegration Administration.
240. More than 6000 refugees accessed health (including HIV) services (47% women, 28% children and 9% young refugees). Twenty-eight women survivors of sexual violence received assistance and 781 refugees received psychological support. Migrants and refugees in Morocco

are an integral part of the populations prioritized by the national strategic plan and have free access to primary health-care (including HIV programmes and services) in the public health system. CSOs working with migrants trained 227 health-care providers and 82 community workers to deliver protection, respond to gender-based violence and offer psychosocial support.

Gender-sensitive and human rights- based governance—advocacy, policy guidance, technical support

241. A country dialogue on violence against women in their diversity and women living with HIV was conducted, resulting in recommendations being published and specific actions being integrated into the new Human Rights and HIV Strategy 2018–2021. The Strategy was launched and signed by the Minister of Health and the President of the National Human Rights Council on World AIDS Day 2018.
242. Fifty medical students were trained to reduce stigma in health-care services, and recommendations/actions to reduce discrimination in health-care settings were developed based on the findings from the Stigma Index study, following a workshop with over 40 health-care providers, CSO representatives and programme managers.
243. The evidence base on the gender dimensions of the HIV response (including for cervical cancer) was improved, following a gender assessment of the response, using the UNAIDS Gender Assessment Tool, as well as action research on cervical cancer that involved 100 women living with HIV in Agadir, Fes and Rabat.

Contribution to the SDG agenda

244. Joint Team support on reproductive, maternal, neonatal, infant and adolescent health resulted in a national declaration by H6 partners in Morocco committing to work jointly to support the Ministry of Health on these issues.
245. An action plan for financial transition preparedness and increased sustainability through domestic funding in Morocco was produced with contributions from nearly 70 stakeholders from the Ministry of Health, CSOs and health insurance institutions.

Challenges and bottlenecks

Persisting and emerging

Stock-outs in rapid HIV tests and reagents for confirmation in relation with procurement problems.

Stigma and discrimination among the general population, as well as in health-care settings.

Key future actions




to respond to challenges and unblock bottlenecks

Revision of procurement procedures of drugs and medical products by the Ministry of Health as part of the financial transition preparedness plan.

A recourse mechanism for cases of discrimination and a community monitoring system will be put in place under the new Human Rights and HIV Strategy.

Republic of Sudan

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
At least 65% of people living with HIV know their status, 70% of those who know their status are on ART (80% for pregnant women), and 70% of those on ART have suppressed viral loads.	 SLOW PROGRESS	<ul style="list-style-type: none"> • Only 31% of people living with HIV knew their status (16 000 out of the estimated 51 000 people living with HIV). About 55% (8803) of people who knew their status were on treatment. Viral load testing was offered to fewer than 2000 people, of whom 1391 were virally suppressed. • 58% of pregnant women who tested HIV-positive in 2019 were on ART (68 women out of a total of 117). This represented only 4% of the estimated number of pregnant women living with HIV (1753).
60% of the general population of selected humanitarian settings know their HIV status and 80% of those who test HIV-positive are linked to treatment and care services.	DATA NOT AVAILABLE	<ul style="list-style-type: none"> • No specific data is available on testing and linkages of people living with HIV in humanitarian settings. However, low detection, enrolment and retention on ART suggest slow progress towards this target.
25% of key populations (including MSM and female sex workers) have access to comprehensive combination prevention services.	 ACHIEVED	<ul style="list-style-type: none"> • Almost 87 000 female sex workers and MSM were reached with combination prevention services in 2018–2019. This represents about 25% of the estimated 344 500 people belonging to key populations.
HIV services are decentralized and integrated, and the implementation environment is improved.	 WITHIN REACH	<ul style="list-style-type: none"> • Management of HIV service delivery is decentralized and integrated at the federal level through the Directorate of the Disease Control. The level of integration is variable at the state level and is less developed at the facility levels. • Curricula on the rights of people living with HIV were designed, printed and delivered to health-care providers in all priority states.

Joint Team: UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, WHO, UNAIDS Secretariat

Joint Programme contributions and results

HIV testing and treatment—upstream advocacy, technical support, fostering partnerships

246. National care and treatment guidelines have been updated and a transitional plan produced to adopt DTG as the preferred antiretroviral drug in first- and second-line regimens. By the end of 2019, no ARV stock-outs had been reported in ART centres. The Joint Team supported the Ministry of Health in securing US\$ 1.03 million worth of ARVs (adult and paediatric), US\$ 180 900 worth of commodities for opportunistic infections and other sexually transmitted infections, and US\$ 570 000 worth of rapid diagnostics testing kits, through the Global Fund-funded HIV programme.
247. During the biennium, 443 144 people were tested for HIV in Sudan, of whom 7178 tested HIV-positive (a 1.6% positivity rate) and 4580 people started ART. By end-2019, a total of 10 452 were on ART—18% of the estimated number of people living with HIV. Sudan was able to develop a clearer picture of engagement and retention of people living with HIV along the continuum of care through a HIV test, treat and retain cascade analysis, which was completed in 2019.

HIV services in humanitarian contexts—policy advice, technical support, community engagement

248. HIV services, including PMTCT services, were provided in all 8 internal displacement or refugees camps in the White Nile State. Of the 11 076 pregnant women who accessed ANC clinics in the camps, 8368 were tested for HIV, of whom 53 tested HIV-positive and 43 were linked to treatment. Sixteen HIV-positive newborns and 1 HIV-positive partner were also linked to care and treatment services.
249. In White Nile host communities, 8272 of the 12 190 pregnant women who visited ANC clinics were tested for HIV, of whom 27 tested HIV-positive and 20 were linked

to treatment. Thirteen HIV-positive newborns were also linked to care and treatment services. In addition, 2142 young people were provided with prevention information in local languages and 336 health-care providers received training in HIV services, including PMTCT.

Combination prevention—technical support, capacity building, community engagement

250. A total of 86 750 MSM and female sex workers were reached with HIV prevention service packages; 56% received HIV testing services and 33% accessed STI services. Key population targets were surpassed for female sex workers (150%) and MSM (106%).
251. Through hotspot outreach sessions which included family planning services, 169 748 people (122% of the target) from vulnerable groups in mines and other disadvantaged areas were reached with HIV prevention service packages: 63 009 received HIV testing and 23 838 received STI syndromic management (57% of the target).

Stigma and discrimination and human rights—technical support

252. The Public Order Act, a punitive law frequently used against women and key populations, has been revoked. The HIV legal environment assessment and advocacy with the Ministry of Justice have contributed significantly to this outcome.

Contribution to the SDG agenda

253. Gaps and inequities in access to HIV services have been addressed, and maternal, newborn and child mortality and new infections reduced, through the mainstreaming of PMTCT services in ANC services and by scaling-up interventions among adolescents in humanitarian settings.
254. The introduction of point-of-care viral load measuring technologies has greatly enhanced the capacities of the Ministry of Health to decentralize viral load testing. Although testing coverage is still far below targets, decentralization of testing facilities is expected to improve performance, contributing to SDG 3 (target 3.4).
255. Coverage of interventions for key populations increased. The use of peer-driven methods, alongside existing peer education services, improved the quality of services delivered to key populations. This is contributing to SDG 3 (targets 3.4 and 3.7).

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges and unblock bottlenecks</i>
<p>Challenges related to the civil unrest, inflation rate and devaluation of the Sudanese currency during the previous biennium affected performance on reaching key populations with HIV combination prevention packages.</p>	<ul style="list-style-type: none"> • Support the Ministry of Health in developing and costing the new national strategic plan and the operational plan. • Provide hands-on assistance in preparing the Global Fund funding request. • Support efforts to address risks (e.g., through payment in kind, longer-term agreements with suppliers and service providers, and costing in US\$).
<p>Surveillance for potential vulnerable groups is limited to the annual hotspot mapping exercise. The functionality of the strategic information technical working group needs to be enhanced within the national response to assist in generating evidence.</p>	<ul style="list-style-type: none"> • Undertake rapid assessments and surveys for vulnerable groups other than female sex workers and MSM to improve knowledge about these populations and guide interventions among them.
<p>Despite the improvement in ART retention rates, tracking of patients who missed their appointments and those who are lost to follow-up is still challenging. The tracking system is not yet well implemented in hospitals. Quality of HIV services is still failing to attract and retain people in care.</p>	<ul style="list-style-type: none"> • Support the Ministry of Health to develop a programme management mentoring system to allow states to improve and sustain treatment services in ART centres. Services of active referral, tracking and free investigations will be supported by the Global Fund, through WHO.
<p>Linking and tracking pregnant women, mothers and their infants to care and treatment services is still a challenge. This is mainly attributed to transitional status of integrating the PMTCT services into the reproductive health and maternal and child health programme.</p>	<ul style="list-style-type: none"> • Strengthening the technical capacity of the reproductive health service provider cadre at the state level to implement and follow-up PMTCT services is ongoing. • Advocacy and coordination efforts are underway at the federal level to mobilize more resources support various HIV services, with a focus on PMTCT.
<p>Inadequate drug consumption reporting, in addition to lack of clarity on the roles and responsibilities of different actors, negatively affects the drug quantification and timely delivery of medicines, leading to incidences of emergency supply orders to avoid stockouts of drugs.</p>	<ul style="list-style-type: none"> • An expert in supply management systems will be recruited by UNDP under the GF grant to support and build national capacities in supply management. The Joint Team will be actively involved in national committees of quantification that include different actors from the Disease Control Directorate, the National Medical Supplies and ART centres.

West and Central Africa

Progress towards the Fast-Track priorities and targets

Regional priorities/ targets (by end-2019)	Status	Results (end-2019)
<p>Treatment cascade—Overall treatment cascade increased from 48% to 80% for testing, 40% to 70% for treatment, 25% to 60% for viral load suppression, balancing specific needs of men, women and children, including pregnant women. [Baseline year: 2015]</p>	<p>● WITHIN REACH</p>	<p>Western and central Africa countries have achieved around 64%–79%–75% by end 2018.</p>
<p>Prevention—At least 80% of young people, key populations, as well as young women and adolescent girls and other vulnerable groups have access to combination prevention services in 7 Fast-Track countries.</p>	<p>● SLOW PROGRESS</p>	<p>There has been progress among young people, but key populations are still missed in many of the large countries. Sex workers' access to services is well-monitored. Data on combination prevention are not available at regional level.</p> <p>Available data on prevention programme for Sex Worker and MSM for some countries:</p> <p>Female sex workers: Burkina Faso (46.8%), Cote d'Ivoire (96.2%), Niger (59.1%)</p> <p>MSM: Burkina Faso (76.4%), Cote d'Ivoire (39.1%), Guinea (17.1%), Niger (46.4%), Senegal (6.4%)</p> <p>(Source key population Atlas)</p>
<p>Enabling Environment—All western and central Africa countries specially the 7 Fast-Track countries demonstrate real progress towards the 10 Fast-Track commitments.</p>	<p>● SLOW PROGRESS</p>	<p>Good progress has been made in community and CSO engagement and domestic resources have been mobilized by leaders by the end of 2019. In 2018, US\$739 million (24% of HIV total spending) were coming from domestic sources (public and private).</p>

Joint Programme contributions and results

HIV testing and treatment—technical support, capacity building, policy advice (UNHCR, UNICEF, WHO)

256. As of 30 June 2019, 2 714 148 million people were receiving ART in western and central Africa, which is equivalent to 54% of the estimated total number of people living with HIV (5 million). Access to ARVs among those who know their status varies amongst countries in the region—for example, 92% in Democratic Republic of Congo to 52% in Liberia.
257. In order to promote integration of Nutrition Assessment, Counselling and Support in HIV care, the development of national nutritional guidelines for people living with HIV/TB were supported in five countries (Chad, Guinea, Guinea Bissau, Mali and Sierra Leone), resulting in more than 2200 health workers and community agents being trained on the guidelines.

EMTCT—technical support (UNICEF, WHO)

258. In western and central Africa, 47% of countries are on-track with integrating point-of-care HIV diagnosis and viral load monitoring technology into national laboratory systems to scale-up early infant diagnosis (EID) and improve linkage and retention on ART for children living with HIV and their parents. However, the ARV coverage among children (28%) and rate of EID (29%), in 2018 are still very low in the region.

HIV prevention among young people and key populations—policy dialogue, coordination and technical support, partnerships (UNDP, UNFPA, UNODC, UN Women, UNESCO, IOM)

259. Key populations and their partners represent 64% of all new infections in western and central Africa. At least

80% of key populations in 15 Fast-Track cities in the region have access to HIV combination prevention services, with work ongoing to achieve Ministerial endorsement of a regional ECOWAS strategy for key populations on HIV, TB, viral hepatitis and sexual reproductive health and rights. A draft strategy and monitoring and evaluation framework have been developed and a regional consultative meeting was convened to gather inputs on the draft documents.

260. Regional efforts to ensure improved access to comprehensive sexuality education and SRHR services for adolescents and young people engaged a broad range of stakeholders (including policymakers, CSOs and youth organizations), who agreed upon a roadmap and work towards a regional Ministerial commitment on CSE and SRH services for adolescent and young people in western and central Africa, which is expected by the end of 2020.

Enabling environment for the HIV response—policy advice, technical support, capacity building (UNHCR, UNDP, UN Women, UNAIDS Secretariat)

261. Seven countries (Benin, Cameroon, Côte d'Ivoire, Ghana, Senegal and Sierra Leone) in the region have been able to develop five-year plans for comprehensive national responses to rights related barriers, with the support from a virtual review team of experts and leveraging the Global Fund Catalytic Rights Initiative. Support provided to country stakeholders during human rights crises facilitated access to rapid response mechanisms and helped ensure that those arrested have legal representation.
262. The Stigma Index 2.0 has been initiated in three countries, with six other countries selected to pilot the new methodology. Work is ongoing to add more countries, with financial support from USAID.
263. Six countries in western and central Africa have implemented the HIV/Handicap Projects, including a bio-behavioural survey to better understand the situation of men and women with disabilities in western Africa regarding HIV. The data collected are disaggregated by type of disability and gender. The results have informed advocacy on inclusion of disability in the national strategic plan (Burkina Faso, Guinea Bissau, Mali and Senegal).

Contribution to the integrated SDG agenda

264. A joint mission to fragile states (including Central African Republic, Cameroon, Chad and Democratic Republic of Congo) in early 2019 facilitated consensus on enhanced integration within the Health Sector, particularly regarding HIV, TB and cancer. User fees were also identified as a critical issue in Cameroon. Following advocacy with the Ministry of Health, progress towards their removal has been made at national level.
265. The ICASA meeting in Kigali in December 2019 stimulated dialogue, partnership and exchange of best practices on the mobilization of domestic resources between countries in the region (Cameroon, Côte D'Ivoire, Guinea and Nigeria).

Challenges and bottlenecks

266. A range of challenges have been identified.
- Western and central Africa countries are experiencing several political, social, humanitarian and security crises, which affect their health systems and HIV responses.
 - Access to social protection and support for people living with HIV or key populations remain a challenge in the region, with a lack of social insurance, health insurance and social assistance (either cash or in-kind) for people living with HIV—including support for single parents living with HIV or orphans and vulnerable children. Widespread hostile legal and social environments are also creating barriers for key populations accessing standard testing and HIV treatment

services. Comprehensive prevention programmes do not sufficiently address key populations' needs.

- Lack of a well-integrated package for PMCT/point-of-care EID in health systems, coupled with weak procurement supply and management in most countries leads to the stock out of diagnostic commodities and medicines for children. This jeopardizes acceleration efforts for PMTCT and paediatric ART.

Key future actions

- Strengthen health system support towards sustainable and resilient systems for health in western and central Africa; support integration of point-of-care, viral load testing and EID in maternal and child health in 10 Fast-Track countries.
- Provide technical support for national “Free to Shine” campaigns, as well as capacity building for stakeholders, adolescent girls and young women and communities for PMTCT/EMTCT in Cape Verde, Côte d'Ivoire and Nigeria.
- Support countries in implementing comprehensive treatment and care packages that include nutrition support.
- Address shortages of funding for humanitarian response in the region.
- Leverage partnerships with private sector and civil society and advocate collectively for social protection mechanisms.
- Support countries in integrating HIV in contingency plans, based on the regional roadmap on HIV in humanitarian contexts.

Cameroon

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
National ART coverage increased from 32% to 60% and viral suppression from 7% to 30% through intensified HIV and AIDS response interventions in 5 Fast-Track cities (Bamenda, Bertoua, Ebolowa, Edea and Limbe).	<p>● WITHIN REACH (adults)</p> <hr/> <p>● SLOW PROGRESS (children)</p>	<p>National level indicators <i>Treatment cascade: 79–78 (2019)</i> <i>[no available data for the third 90]</i> National ART Coverage: 62% [54% - 68%] (2019)</p> <ul style="list-style-type: none"> • Adult ART coverage: 62% [56% - 70%] • Paediatric ART: 33% [25% - 40%] <p>Source: Cameroon 2019 Country Data</p>
HIV combination prevention (i.e. CSE, condom promotion, HIV/STI diagnosis and treatment, gender-based violence prevention, post-exposure prophylaxis and PrEP) strengthened through new policy/programmatic guidance with focus on young people, adolescent girls and young women, as well as on sex workers and their clients in the 5 Fast-Track cities and generation and use of data at subnational level.	● WITHIN REACH	<ul style="list-style-type: none"> • HIV test and treat guidelines updated, with switch to LDT. • National prevention roadmap and technical assistance plan completed. • HIV and human rights assessment and national strategic plan completed. • Civil society engagement mapping and National strategic plan and resource mobilization completed. • National HIV policy for world of work completed. • Private sector mapping and roadmap completed. • PrEP and self-testing pilots are underway. • Generation and use of new data to better target HIV/STI/TB interventions to high-burden populations/locations, including more granular HIV estimates. • An integrated HIV/TB/Malaria contingency plan for North-West and South West regions to scale up interventions in humanitarian settings under development
By end of 2019, stigma and discrimination against people living with HIV, key populations and vulnerable groups, gender inequality and gender-based violence contained (<5% people faced stigma and discrimination in accessing HIV/STI/ SRH services.	● WITHIN REACH	<p><i>No new Stigma Index data available to measure indicator</i> Progress included:</p> <ul style="list-style-type: none"> • Cameroon's First Lady (UNAIDS Ambassador) campaigns focused on stigma and discrimination reached >1.5 million people. • Civil society platform created advocating on need to reduce stigma and discrimination. • Expanded communications campaigns on stigma and discrimination and human rights. • Community monitoring expanded, with focus on HIV user fees elimination, access and quality of services.

Joint Team: UNHCR, UNICEF, WFP, UNDP, UNFPA, UN Women, ILO, UNESCO, WHO, UNAIDS Secretariat

Joint Programme contributions and results

HIV testing and treatment—technical support, policy advice, financial support, community engagement

267. In the biennium, 571 241 adults and adolescents and 4391 children born to HIV-positive mothers were tested for HIV and know their status; 19 187 persons (93%) of those who tested for HIV and were found positive were put on ART, with 89% of them retained in treatment. A total of 833 ART patients had suppressed viral loads after 12 months. These results were achieved through technical support to 156 health facilities within 34 districts in the Centre, Littoral, East and North Regions, to increase HIV testing and treatment uptake. A total of 425 health personnel were trained and supervised (through tutoring) to expand the provision of HIV services and improve their quality, as part of “Treatment for All”.
268. A nutrition assessment was conducted, and counselling and livelihood support provided to targeted 4915 malnourished people living with HIV on ART among refugees and host population across 9 government HIV treatment and care units. Nutrition assistance including provision of specialized nutritious food was provided to 4915 ART clients in the East and Adamawa regions.
269. A ground-breaking new policy on the elimination of HIV user fees was developed and came into effect 1 January 2020.

EMTCT—technical support, capacity building

270. The intervention of three community-based organizations in Bertoua, Edea and Ebolowa, with technical and financial support of the Joint Team, led to a total of 18 311 women tested for HIV. A total of 943 women were tested HIV-positive (5.1%). Among the HIV positive women, 85% (801) were

pregnant women. All of the tested HIV positive women (943/943) were put on ART.

271. A total of 130 health-care providers and community health workers were trained on active case finding of HIV-positive children, adolescents, pregnant and breastfeeding women, as well as retention in care and psychosocial support. Twenty-three point-of-care devices were provided to key regions. Through active case finding, 700 infants were tested, among those 25 infants tested HIV-positive, and all of them were initiated on ART.

HIV prevention among key populations and young people—technical support, community engagement

272. In 2018–2019 the Joint Team galvanized commitment to expanding combination HIV prevention activities and scale-up of outreach to the people most in need of these services, through the creation of a National HIV Prevention Coalition Group and the development of an HIV prevention roadmap, with a special focus on prevention among key populations and youth, especially adolescent girls and young women aged 15–24 years. Implementation of the roadmap is underway and regular quarterly meetings are contributing to improvements in coordination of various interventions.
273. The mapping of community engagement in the response to HIV and AIDS and studies on human rights barriers provided evidence for advocacy and helped development of strategies to accelerate decentralization and differentiation of HIV services through community outreach.
274. Serious challenges remain around the quantification of procurement needs and supply chain management. However, progress is being made through partnerships between the Ministry of Health, PEPFAR and the Global Fund, facilitated by the Joint Team, and a total of 8 150 000 male condoms, 640 000 female condoms and 253 000 gels and lubricants have been procured.
275. Around 30 000 adolescents and young people have been reached through comprehensive sexuality educational talks in school and out-of-school settings. A further 100 000 adolescents and young people learned about HIV prevention, through extra-curricular programmes and activities led by youth associations. Following training of 750 teachers in HIV and SRH,

awareness raising campaigns were conducted in schools in high HIV burden locations. The mobile phone app “Hello Ado”, which provides information on where to access STI/HIV and sexual reproductive health services, has also reached 286 216 young people.

Stigma, discrimination, human rights and gender issues—technical support

276. The results from Joint Team-supported research on sexual orientation, gender identity and rights in Cameroon were used for advocacy, programme adjustments (including the National HIV/STI Strategic Plan and the new Global Fund grant proposal), and

revision of the Stigma Index tool. A total of 30 health workers and 45 staff of community-based organizations, 39 parliamentarians, 27 police officers, 62 private sector enterprise managers and 750 teachers across the country were trained on issues regarding sexual orientation, gender identity and rights-based approaches.

Contribution to the SDG agenda

277. The creation of 30 “gender call centres” increased availability of information on gender-based violence, HIV, stigma and discrimination, as part of a wider women and girls empowerment agenda promoted by the UN in Cameroon.

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges and unblock bottlenecks</i>
<p>Paediatric ART coverage is lagging.</p>	<ul style="list-style-type: none"> • Provide technical and implementation support to expand EID, scale up paediatric care and eliminate mother-to-child transmission of HIV, through a US\$ 40 million grant from the Islamic Development Bank.
<p>Low retention on treatment due to poor access and quality of services, as well as weak health systems and weak links to community services. There is also limited viral load testing and suppression (due to poor ART adherence).</p>	<ul style="list-style-type: none"> • Continue supporting decentralization and outreach of HIV testing and treatment, promote demedicalization, differentiated models of care, engagement of communities and innovative approaches (e.g. multi-month dispensing, PrEP, community-based and self-testing, index testing, case tracing and re-initiation of patients who are lost to follow-up). Monitor and address rising drug resistance. • Support implementation of Cameroon’s new HIV user fee elimination policy to increase service uptake, and accelerate progress toward testing and treatment targets.
<p>Insufficient combination prevention targeted at key populations and young people, especially adolescent girls aged 14–20.</p>	<ul style="list-style-type: none"> • Expand combination prevention programmes targeting locations and populations with highest disease burden especially key population groups and adolescent girls and young women aged 14–20 years who are at higher HIV risk through integrated packages of services addressing HIV, STIs, sexual reproductive health and rights, gender-based violence, and stigma and discrimination
<p>Widespread stigma and discrimination and criminalization of key populations’ behaviours.</p>	<ul style="list-style-type: none"> • Reinforce advocacy to create a better enabling legal and policy environment and expand interventions to reduce stigma and discrimination. Strengthen the capacity of community organizations and networks to plan a stronger role in the HIV response and engage them in implementation and monitoring of interventions to take differentiated care and service delivery models to larger scale.
<p>Weak supply and distribution systems for health inputs (drugs, tests, lab products, etc.).</p>	<ul style="list-style-type: none"> • Support strengthening of procurement and supply chain management and laboratory systems for improved HIV and viral load testing and better health outcomes related to HIV and other diseases.

Côte D'Ivoire

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
50% increase in testing coverage among young people.	● SLOW PROGRESS	<ul style="list-style-type: none"> The national information system does not have an indicator on testing coverage among young people. CIPHIA (2017–2018) shows that among young people (15–24 years), 5.80 % of males and 17,20% of females had been tested in the previous 12 months and knew their HIV status. 47.6% of boys and 54.6% of girls aged 15–24 years living with HIV are under ARV treatment.
90% testing coverage among sex workers (81% in 2014), 86% among gay men and other men who have sex with men (59% in 2012), and 83% among people who use drugs (47% in 2014).	● WITHIN REACH	<p>Based on the National Strategic Plan final review, by end 2019 testing coverage was:</p> <ul style="list-style-type: none"> 76% of sex workers. 88% of gay men and other men who have sex with men. 67% of people who use drugs
ART coverage increased from 41% in 2016 to 85%	● SLOW PROGRESS	<ul style="list-style-type: none"> 73% of people living with HIV knew their status in 2019. 63% of people living with HIV were receiving ART at the end of 2019. 36% of HIV-positive children (aged 0–14 years) are on ARV treatment in 2019.
90% PMTCT coverage (72% in 2015)	● SLOW PROGRESS	<ul style="list-style-type: none"> Only 34% of pregnant women are receiving a pre-natal consultation during the first trimester of their pregnancy. Only 52% of seropositive pregnant women gave birth in a health centre in 2019. 80% of pregnant/lactating women living with HIV were receiving ART.

Joint Team: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, UNAIDS Secretariat

Joint Programme contributions and results

HIV testing and treatment—technical support

278. The percentage of people living with HIV who know their status has increased by 16% to reach 73% in the period under review, due to increased availability of HIV testing in public and private health facilities. Despite the improvement, the number of people who know their status in Côte d'Ivoire remains below the 90% target. The percentage of men aged 25 and over who know their HIV status remains very low, compared to that of women (8.32% vs. 31.93%).
279. The strategy for adolescents and youth-friendly health services was reorganized through support to the Programme National de la Santé Scolaire et Universitaire (PNSSU). In 2018 and 2019, total of 73 100 adolescents and young people have been reached through mobile campaigns and routine school and university health services activities. In 2019, during recreational activities, 1066 were tested for HIV, with one positive case referred for treatment.
280. ARV coverage among adults and adolescents has increased, with a 13.5% increase in 2019 compared to 2018. ARV coverage among children aged 0–14 years increased by 27.5%, and by 50% among men who have sex with men. Despite the strengthened provision of ART for children, the rate of increase in paediatric care sites is not keeping pace with that of adults

PMTCT—capacity building, technical support

281. In 2018–2019, 93% of first-contact health facilities provided PMTCT services, 99.9% of HIV-positive pregnant women who came for antenatal care were put on ART option B+ and 73% of HIV-exposed children received PCR before two months. A total of 888 exposed children were found, and 29 children who tested positive for HIV were put on ART. Some 83% of HIV-positive pregnant women were retained in HIV

care at six months and all the HIV-positive children were started on ART.

282. To strengthen use of the family approach to HIV testing a total of 20 community health professionals were trained on family testing methods to test all exposed children of the index client. A further 143 health workers from 14 health centres received training in paediatric care.

HIV prevention—technical support

283. Around 312 967 adolescents and young people were reached through awareness campaign on STI/HIV and promotion of SRHR services. Among them, 117 994 accessed HIV, family planning or sexual and reproductive health services. 246 507 female and male condoms have been distributed to adolescents and youth.
284. In 2019, 47 free outreach SRHR, family planning and HIV service consultations organized in 12 health districts enabled 7163 women to access modern contraceptive methods. Additionally, 662 community-based distribution agents were trained and equipped, and 200 model husbands from 20 Schools of the Husbands (Ecole des Maris) have facilitated community access to contraceptive products and prevention against HIV.
285. In 2018 and 2019, through comprehensive sexual education, 1 883 233 primary and secondary school pupils received 4 courses included one specific on STI/HIV. Nationally, on average 50% of pupils received this package of four life lessons.
286. In key regions where most Ivorian returnees are concentrated, 125 peer educators trained on STIs, HIV and AIDS carried out 95 community sensitization sessions, reaching 990 young people (587 girls and 403 boys). A total of 2440 people (1161 women and 1279 men) were also reached through 10 mass sensitization sessions, where 35 792 male condoms were also distributed.

Contribution to the SDG agenda

287. Technical and financial support has been provided to the Government of Côte d'Ivoire towards implementing the SDGs, through the National Development Plan and developing the 2019 Voluntary National Report on the SDGs. The report, which covered the 5 targeted SDGs 4,8,10,13 and 16 was presented in July 2019 at a High-level Political Forum.

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges and unblock bottlenecks</i>
<p><i>Testing and treatment:</i> Early diagnosis of people living with HIV is insufficient; reaching target populations outside health-care facilities is challenging; there is insufficient use of HIV testing services by key populations, young people and men; ART adherence is low and rates of loss to follow-up are high, as a result, achieving viral suppression is challenging.</p>	<ul style="list-style-type: none"> • Ensure quality of testing including the strengthening of self-testing and index testing; scale-up community-based testing and differentiated care approaches for target populations; and focus on retention of people living with HIV in care.
<p><i>EMTCT:</i> PMTCT coverage is insufficient, with 94% of public health facilities delivering PMTCT services and weak integration of those services in private clinics. Weak coverage of pre-natal consultations and HIV testing for pregnant women in the first trimester; weak early detection of HIV exposed children; weak screening for partners of pregnant and breastfeeding women; insufficient integration of HIV services and reproductive health or family planning services; weak integration of PMTCT/HIV interventions in private health centres.</p>	<ul style="list-style-type: none"> • Scale-up early diagnosis (before 2 months of age) of more HIV-exposed children. • Reinforce pre-natal consultation HIV testing for pregnant women. • Strengthen the integration of HIV, reproductive health and family planning service provision. • Improve retention of the mother-child pairs in care until the final status of the HIV-exposed child is known.
<p><i>Youth:</i> Persistent level of high-risk behaviours, with a high number of new STI and HIV infections and early pregnancies in school settings; few prevention activities in school settings; insufficient behaviour change communication (BCC) interventions targeting youth people; uptake of HIV prevention and testing services among adolescents and young people is low.</p>	<ul style="list-style-type: none"> • Scale up the adaptation of the strategy for youth-friendly health services in schools and universities. • Set up listening centres for adolescents and young people. • Strengthen BCC, coupled with other prevention/combination prevention tools. • Support implementation of comprehensive sexuality education for youth, both in and out of school. • Develop programme to increase right to education for girls
<p><i>Key populations:</i> Targeted services for key populations are lacking. Violence, stigma and discrimination persist and a lack of national estimates on key populations complicates programming.</p>	<ul style="list-style-type: none"> • Improve targeting and coverage (combination prevention and strengthened BCC) of key populations. • Remove barriers to accessing prevention services (stigma, discrimination, violence, restrictive laws and policies and criminalization of behaviours or practices). • Support size estimations of key populations, through regular IBBS surveys. • Reinforce community engagement and religious leader on gender equality, and fight against gender-based violence and female genital mutilation.

Nigeria

Progress towards the Fast-Track targets

Country priorities/ targets (by end-2019)	Status	Results (end-2019)
<ul style="list-style-type: none"> By end 2020, 90% of the 1.8 million people living with HIV receive ART. 	<p>● WITHIN REACH</p>	<ul style="list-style-type: none"> At end-2019, 1.1 million of 1.8 million Nigerians living with HIV were on ART. At end-2019, results for the HIV testing, and treatment cascade were 73–65–50.
<ul style="list-style-type: none"> 95% ANC attendance in 7+1 states (82% in 2015). 95% of pregnant women tested for HIV in 7+1 states (68% in 2015). 95% of HIV-positive pregnant women receiving ART in 7+1 states (62% in 2015). 50% early infant diagnosis coverage (16% in 2015). <p><i>Note: The re-evaluation of the Nigerian HIV epidemic was followed by reprioritization based on new prevalence estimates and unmet treatment needs. As a result, the 7+1 states referred to in this target were changed to reflect 7+2 states with high prevalence and high unmet treatment need. These states are currently engaged in a surge strategy to reach treatment saturation.</i></p>	<p>● NO PROGRESS</p>	<ul style="list-style-type: none"> Among the initial 7+1 states, the 2018 results were: ANC attendance coverage (62%), PMTCT testing coverage (61%), PMTCT ARV coverage (44%), and EID coverage (27%). The 2019 results were: ANC attendance coverage (42%), PMTCT testing coverage (37%), PMTCT ARV coverage (43%), EID coverage (28%). However, based on the re-calibration of the epidemic and reprioritization of geographic focus in 2019, investments were made in the new 7+2 surge states. The response began slowly and by end-2019, the results were: ANC (22%), PMTCT testing (21%), PMTCT ARV (31%), EID (18%). Comparable results for 2018 were: ANC (24%), PMTCT testing (24%), PMTCT ARV (28%), EID (15%). Based on this, this indicator is not on-track.
<ul style="list-style-type: none"> 90% of key populations have access to combination prevention in the 7+1 states. 90% of adolescents and young people at risk of HIV infection have access to comprehensive HIV prevention services. 50% reduction in new infections in the 7+1 states. 	<p>● SLOW PROGRESS</p>	<ul style="list-style-type: none"> 24% of key populations have access to combination prevention in the 7+1 states; 1% of adolescents and young people at risk of HIV infection have access to comprehensive HIV prevention services; there was an estimated 7.6% reduction in new infections (Spectrum).

Joint Team: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, World Bank, UNAIDS Secretariat.

Joint Programme contributions and results

HIV treatment—technical support; financial support

288. The Nigeria HIV Indicator and Impact Survey, undertaken in 2018 with technical and political support from the Joint Team, found that about 8 new HIV infections per 10 000 adults (aged 15–64 years) occur annually, with HIV incidence highest among females and males aged 25–34 years. Overall, HIV prevalence among adults (ages 15–64) was 1.4%, with 1.8% in females and 1.0% in males. HIV viral load suppression prevalence among adults was 43.1% (45.5% in females and 38.8% in males). These findings were used to inform the revision of the National Strategic Framework 2021–2025, PEPFAR COP2020 and 2020 Global Fund funding request.
289. In 2019, the first-ever national prisons survey to estimate the prevalence of HIV, other infections, and drug use among people in prisons was implemented. Findings indicated that the HIV prevalence in Nigerian prisons is twice that of general population and the number of people who use drugs in prison is 50 times higher than in the general population. The study results emphasized the urgent need to respond to the health needs of people in prison in Nigeria and resulted in the development a National Health Programme for Custodial Centres, which was submitted to Global Fund for funding in the 2021–2023 Grant Cycle.
290. Political support for HIV acceleration efforts in selected states and the elimination of both formal and informal user fees for HIV treatment and related services has been secured, through an MOU between PEPFAR, the National HIV and STI Control Programme and 10 selected State Governments. Some surge states have already waived user fees (e.g. Akwa-Ibom, Benue and Rivers states), with patients now able to access services without payment. This has

improved access to HIV treatment services as well improved retention in care.

291. Access to PMTCT services has remained a challenge in Nigeria. However, delivery of ANC services is being improved, through Joint Team systems strengthening support, including training of health-care workers and working through mother to mother groups. HIV testing is routinely provided to pregnant woman who receives ANC services. As a result, in the 7+2 focus states in 2019 a total of 432 354 women attended ANC, 407 927 tested for HIV, 13 819 tested HIV-positive (including people who previously tested HIV-positive), 13 543 received ARVs and 7529 infants tested for EID within two months of birth.
292. An epidemiological synthesis and response analysis report has identified key barriers to services across the PMTCT cascade and other services, with recommendations from the report informing the Global Fund funding request for Nigeria. It is also being used to inform programme implementation.
293. The implementation of the National Treatment and PMTCT Programme (NTPP) roadmap has been reviewed and technical assistance provided to the National AIDS and STIs Control Programme (NASCP), to document lessons learned, produce the 2019 Status report on NTPP and develop a biennial rolling plan for NTPP implementation at the federal and state levels. By end of December 2019, the provisional treatment cascade for Nigeria was 69–67–58 for people living with HIV.
294. The National Data Repository showed that 95% of adults living with HBIV and 80% of children were receiving first-line regimens, while 5% and 20% of adults and paediatrics were on second-line regimens. The Joint Team provided support to NASCP to undertake data quality reviews of all HIV programme data from states, including analysis and use of the outputs generated from the National Data Repository.

HIV prevention among key populations and adolescents and young people—technical support

295. At the ICPD +25 Conference in Nairobi, a consultation on prevention led to stakeholders developing and agreeing on an 11-point prevention roadmap for 2020. Stakeholders included

Government and development partners, the private sector, key population communities, adolescent girls and young women, men, civil society (including people living with HIV) implementers and civil society advocates. This informed the development and operationalization of Nigeria's National and State Prevention Plans to guide HIV prevention efforts in the 4 pillars of PrEP, adolescents and young people, condom programming, and key populations.

296. The programming capacity of state-level actors was enhanced for key populations, adolescents and young people and data management systems. This was done through institutional support to the National Prevention Technical Working Group for developing an operational plan, which improved the capacity to implement HIV programmes at subnational levels. Nigeria produced its national HIV prevention scorecard, which served as a tool for high-level advocacy at federal and state levels for investment in HIV prevention.

Sustainability of the response—advocacy

297. High-level advocacy for increased domestic funding, with the Government of Nigeria, State Executive Governors and Members of the Legislature of the

State, resulted in budgetary releases to the State AIDS Control Agencies in 2019: N5.0 billion for NACA and N1.0 billion for the Ministry of Health. These funds are significant steps towards meeting the Presidential commitment to treat 50 000 Nigerians living with HIV, in addition to an estimated over 60 000 people living with HIV who already are receiving treatment (paid for with Government funds). Through targeted advocacy via the Resource Mobilization Working Group, statutory deductions from allocations to local government councils were also secured, to support local HIV interventions.

Contribution to the SDG agenda

298. UHC has been further operationalized towards reducing inequalities in access to basic health services, through support to states to finalize and enact legislation that expands access to care and support services, including for people living with HIV.
299. The UN Joint Team has continuously leveraged its advocacy and convening power to build partnerships across all donors in the AIDS response (including Global Fund and PEPFAR) in order to improve coordination and harmonization of efforts towards ensuring communities of people living with HIV and key populations are better served.

Challenges and bottlenecks

Persisting and emerging

Low antenatal coverage in public facilities is resulting in low PMTCT coverage. EID coverage is also low due to weak sample collection and transportation systems and long turnaround times. Many women do not give birth at health facilities, resulting in HIV exposed babies not being tested at six weeks.

Stigma and discrimination towards people living HIV and key populations persists in some states.

Arrests of key populations continue and there is very limited space and time for response, particularly in the absence of a coordinated national platform to respond to the arrests.

Human rights literacy of people living with HIV and key populations is also low and there is no structured mechanism for reporting abuse, discrimination and seeking redress.

Key future actions

to respond to challenges and unblock bottlenecks

- Advocate for strengthening of ANC service delivery at primary health-care level, including community HIV service delivery for pregnant women to reduce the cascade losses for PMTCT.
- Strengthen the implementation and coordination of National Treatment and PMTCT Programme including performance reviews to track key performance indicators for PMTCT.
- Support the implementation of Stigma Index 2.0 for people living with HIV and key populations, in partnership with the Global Fund, Network of Persons Living with HIV and Key Population Secretariat.
- Provide technical support to the Akwa Ibom State to produce an anti-stigma bill to protect the human rights of people living with HIV.
- Partner with Lawyers Alert and CoLAHR for reporting and pro bono legal services for victims of abuses, violations and discrimination.
- Provide technical assistance for the restructuring of the Key Population Secretariat to properly coordinate and respond to the issues of key populations in Nigeria.
- Support the Government of Nigeria to develop and implement a comprehensive HIV programme, including HIV prevention, treatment and care services, for people in prisons and related capacity building efforts, in collaboration with other technical agencies. .

