

# ALGERIA

*Report prepared by the Joint UN Team on AIDS*

## PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By 2021, Algeria will attain the 95-95-95 targets in Test and Treat Cascade.	<b>WITHIN REACH</b>	By the end of 2020, 93% people living with HIV know their HIV status, and 92% of them are receiving ART (GAM 2021). Data is not available for viral load suppression.
Elimination of mother to child transmission (eMTCT) of HIV is validated.	<b>SLOW PROGRESS</b>	In 2020, 34% of pregnant women living with HIV received ART to prevent mother-to-child transmission (PMTCT); the mother-to-child transmission rate is at 21% (GAM 2021).
By the end of 2021, access for key and vulnerable populations to HIV combination prevention services increased by 10%, compared with 2018.	<b>SLOW PROGRESS</b>	The implementation of the HIV combination prevention programme funded by the Global Fund in four cities (Algiers-Annaba, Oran and Tamanrasset) resulted in the coverage of 93% of female sex workers, 93% of men who have sex with men, and 84% of people who inject drugs in the targeted locations (Ministry of Health data, 2020). However, the Global Fund grant only covers 9% of the national estimated number of key and vulnerable populations (National Strategic Plan 2020-2024).
By 2021, total domestic spending for HIV combination prevention among key and vulnerable populations increased by 75% compared to 2019.	<b>NO PROGRESS</b>	The government's contribution has not been made as part of the implementation of the Global Fund's transition plan, due to the COVID-19 pandemic and its impact on the national economy.

### JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, UNESCO, WHO, UNAIDS SECRETARIAT, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

*Whilst the COVID-19 pandemic had an impact on the progress of many planned activities in Algeria in 2020, work continued on preparing the national eMTCT strategy, and combination prevention services for drug users were supported in partnership with civil society organizations (CSOs). Amongst the efforts made by the Joint Team to ensure the continuity of HIV services during COVID-19, the provision of SRH education for young people was supported in partnership with the Ministry of Health, and communication materials and training were provided to CSOs to improve prevention services for young people and key populations.*

### ACCESS TO TREATMENT AND PMTCT POLICY GUIDANCE; TECHNICAL ASSISTANCE

Support was provided by the Joint Team to update the national HIV treatment guide with the integration of Dolutegravir as first line treatment regimen, and – for the first time – pre-exposure prophylaxis (PrEP) for sero-discordant couples, men who have sex with men, and sex workers.

Despite delays due to the COVID-19 pandemic, support was provided by the Joint Team to develop the 2021-2022 eMTCT strategy, using an evaluation response plan. The terms of reference for the development of the new eMTCT strategy are being finalised, and new data on eMTCT are available from a multiple indicator cluster survey (MICS6).

### PREVENTION TECHNICAL SUPPORT; CAPACITY BUILDING

Ensuring continuity of HIV combination prevention services for people who inject drugs in 2020, the Joint Team provided support to three CSOs and 150 associated community health outreach workers to provide HIV/COVID-19 prevention, treatment, and care services (including distribution of information materials, clean syringes, and condoms) to over 1000 people who use drugs in three pilot sites (Annaba, Algiers, and Oran).

Support was also provided to the Ministry of Health to design and produce three radio / TV spots on integrated SRH and family planning services, including PMTCT. The spots were broadcast widely for four months, and were followed by an awareness campaign on television, engaging experts in SRH, family planning and HIV in round tables. These campaigns reached a large audience, including young people.

### TOWARDS A SUSTAINABLE RESPONSE POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

Four CSOs (AIDS Algeria, ANISS, El Hayet, Rêve de Vivre Positif) were supported to develop a funding request for the 5% Initiative of Expertise France, relating to the access to healthcare for vulnerable populations. The proposal aimed to contribute to the reduction of new infections among key and vulnerable populations, by strengthening combination prevention programme funded by Global Fund grant; but was unsuccessful on this occasion. Further discussions are planned for 2021 with the 5% Initiative of Expertise France, Global Fund and other donors to identify opportunities for international resource mobilization to mitigate the lack of domestic funding and ensure the sustainability of the HIV programme.

## **CONTRIBUTION TO THE COVID-19 RESPONSE TECHNICAL ASSISTANCE**

The Joint Team responded to the pandemic and its resulting negative impacts on the HIV and SRH response by supporting a national impact study of COVID-19 on reproductive health services and family planning including HIV services for women of childbearing age and pregnant women; the report is currently being validated by the Ministry of Health.

Personal protective equipment (PPE) was provided to protect the 150 healthcare workers who delivered prevention services to people who use drugs in Annaba, Algiers and Oran.

## **CONTRIBUTION TO THE INTEGRATED SDG AGENDA**

As part the development of the Common Country Assessment (CCA) in 2020, the UN Country Team collaborated with the CENEAPED and CREAD research centres to conduct the analysis of those left behind, which highlighted the persistence of certain social and cultural norms that reinforce gender discrimination, inequalities and gender-based violence. People living with HIV, in particular women, and people at risk of HIV, were identified among the groups most affected by socio-economic exclusion and discrimination.

The CCA findings were used for the development of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2026, in which the HIV response has been included as an output under the strategic priority “Inclusive society that reduces inequalities”. The situation of concentrated HIV epidemic among key populations and the environment marked by high levels of HIV-related stigma and discrimination, inequality and gender-based violence, require heightened efforts to accelerate the response to end AIDS by 2030.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic negatively impacted the implementation of the combined prevention programme for key populations, and delayed progress towards eMTCT validation.</p>	<p>Continue to support CSOs in implementing outreach and drop-in centre services targeting key populations at-risk of HIV in Algiers, Annaba, and Oran.</p> <p>Support the continuity of HIV combination prevention services led by CSOs among young people from key populations using communication materials produced by the Joint Team.</p>
<p>Due to the delay in the implementation of the opioid substitution treatment (OST) programme, there is currently poor access to a comprehensive package of harm reduction services, including OST, for people who inject drugs.</p>	<p>Advocate and provide support for the national implementation of evidence-based harm reduction services, including OST, through the roll out of a feasibility study, and the development of a strategy and related guidelines.</p>
<p>There is a low access to primary health care services, including HIV prevention, treatment, and care challenges for prisoners.</p>	<p>Support advocacy with the Ministry of Justice, the Ministry of Foreign Affairs, the Ministry of Health and the National Office for responding to drugs and drug dependence.</p>
<p>Sustainability of HIV combination prevention interventions and services led by CSOs among key populations is at risk, due to insufficient funding and lack of capacity to further mobilize resources.</p>	<p>Continue to leverage resources from the private sector, multi and bilateral agencies, private foundations, associations and international networks, in order to support the activities led by CSOs.</p>

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