

BENIN

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 the end of 2021, testing and treatment services are available and target 90% of populations in need.	ON TRACK	In 2020, the treatment cascade is as follows: 71% of people living with HIV knew their status, and 70% of people living with HIV received ART; 57% of all people living with HIV were virally suppressed (GAM 2021).
The mother-to-child transmission rate of HIV has been reduced from 6.7% in 2016 to less than 5% by the end of 2021, at the national level and in the priority departments.	WITHIN REACH	The proportion of tested pregnant women remained satisfactory: around 100% of the women received in antenatal care consultations, and 99% of those found positive received ARV treatment. The geographical coverage of prevention of mother-to-child transmission (PMTCT) interventions remained at 75% despite the COVID-19 pandemic. The planned study to measure mother-to-child HIV transmission rate could not be carried out to assess intervention impacts, due to COVID-19. The rate was 6.7% in 2016 (Ministry of Health/National AIDS Programme, Report 2020).
By the end of 2021, combination HIV prevention programmes are implemented and reach 90% of key populations (men who have sex with men, people who inject drugs, sex workers and prisoners) and young people.	SLOW PROGRESS	Among young women aged 15-24, 15% were considered to have some knowledge of HIV/AIDS in 2018; this proportion was slightly lower than that of young men (19%) (DHS Benin, 2018). In 2017, condom use was at 83.5% among sex workers, 66% among men who have sex with men, 51.8% among people who inject drugs, and 86.8% among transgender people (IBBSS 2017).
By the end of 2021, national capacity to raise awareness of laws, access to justice, and law enforcement is strengthened.	WITHIN REACH	Several workshops were organized with national stakeholders, leading to the update of the Law No. 2005-31 of April 10, 2006, relating to the prevention, care and control of HIV/AIDS in Benin. The revised draft law was validated and officially transmitted to the Ministry of Health.

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Testing and treatment services have improved in 2020, through normative guidance and capacity building for health professionals; the prevention of maternal transmission has been a particular focus of the Joint Team's work, and spousal and family testing during antenatal care have seen significant improvement. There is currently poor knowledge regarding HIV among young people in Benin; working with civil society, the Joint Team supported programmes reaching adolescents with sexual and reproductive health (SRH) education, and trainings at decentralized levels strengthened the provision of youth friendly SRH counselling and care services. Technical assistance, community engagement and advocacy have supported the process of revising legislation criminalizing HIV transmission— work which will continue into 2021 to further address HIV-related stigma and discrimination in Benin.

TESTING AND TREATMENT**TECHNICAL SUPPORT; CAPACITY BUILDING; PARTNERSHIPS**

Technical support was provided for the development of the community HIV care strategy in Benin, as well as for the organization of a workshop to validate the strategy document for launch. This innovative strategy is expected to considerably improve care for people living with HIV in the country.

The 2019 national guide to HIV self-testing in Benin was elaborated, and support to the Health Programme on AIDS enabled the design, publication and implementation of training modules and reporting tools for the self-testing programme, for a training programme to be implemented in 2021. Technical assistance was provided to update the testing standards document to include the 3-test algorithm and the syphilis HIV-DUO test.

Training was provided for 33 prescribers from HIV care sites on the pharmacovigilance notification forms, and for 39 health workers on the syndromic management of STIs. Capacity strengthening was provided for departmental paediatric care networks, and agents in care sites to better monitor the nutritional status of people living with HIV.

ELIMINATION OF HIV MOTHER-TO-CHILD TRANSMISSION (eMTCT)**POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

Efforts have been focused on the continuity and quality of PMTCT services in the final year of implementation of the national eMTCT plan 2016-2020, supported through auditing 30 cases of positive PCR test results and nine cases of death of children on ARVs. This activity made it possible to (i) analyse the process of implementing the complete PMTCT protocol in order to identify the bottlenecks that led to a positive PCR result, (ii) draw lessons from the causes and circumstances that favoured perinatal transmission, and (iii) analyse the circumstances of death of children on ARVs. Areas of potential progress include the systematic request for viral load test in the third quarter of pregnancy to avoid perinatal transmission, psychosocial care for HIV-infected children and reinforcement of HIV prevention messaging for parents.

With technical and financial support from the Joint Team, a family testing campaign organized in Borgou and Alibori by the Health Programme on AIDS, with the involvement of networks of people living with HIV, enabled 1840 people (including 1320 children under 15 years) to be tested from 623 index cases identified in 93 PMTCT sites, of which 58 were found positive. 82% of the HIV-positive children were referred to care and started ARV treatment.

Standard operating procedures have been developed and validated by HIV laboratories, including genotyping, and an emergency stock of 1500 GenExpert cartridges were procured for the continuity of early testing of children exposed to HIV. With financial support from the Joint Team, systematic children's testing in health facilities for malnutrition, hospitalized children and family testing enabled 33 973 children (compared to 17 771 in 2019) to have an HIV test; 129 of whom were positive. In the first half of 2020, 769 children living with HIV received a viral load test, of which 495 were suppressed, i.e., 64% compared to 59% in 2019.

Through PMTCT counselling services, spousal testing is gradually improving in the health facilities thanks to the technical and financial assistance from the Joint Team; of 292 811 women tested in prenatal consultations in maternity clinics, 26 524 spouses were tested (compared to 4912 in 2019). 427 of these were HIV positive (1.61%).

Despite its reduced scale due to the COVID-19 pandemic, an active search for people lost to follow-up has been carried out in several maternity hospitals, care facilities, and towards health mediators; of the 42 women and children lost to follow-up, 41% were found and reintegrated into care provision.

PREVENTION

POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

In partnership with CSOs, the Joint Team supported activities to strengthen the provision of integrated SRH services, including family planning, STIs and HIV in health facilities and at the community level, for women and adolescent girls facing early and unintended pregnancies, violence, child marriage and female genital mutilation. Reproductive health services and counselling were provided to 123 552 adolescents and young people in total; 30 028 received family planning and HIV services; 17 230 received an HIV test result; and 9389 attended youth-friendly centres. A total of 25 108 male and female condoms were distributed during screening and awareness campaigns organized in the field with the support of NGOs.

Fourteen training sessions in seven Health Zones were delivered to 350 socio-health actors on the needs of adolescents and young people in SRH, structural barriers to accessing services for adolescents and young people, including staff attitudes and behaviours, roles and responsibilities of all staff at service sites in promoting and adapting SRH services for adolescents and young people.

As part of the 2020 World AIDS Day celebration, support was given to the dissemination of video productions of young people promoting HIV screening and the use of condoms, selected by the National Council on HIV/AIDS, Tuberculosis and Malaria, via nationally televised programmes, and a digital campaign.

The Joint Team supported the Claudine Talon Foundation in organizing a 'Red Examination' competition for 240 adolescents and young people in order to improve their knowledge of HIV, across Benin.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION POLICY DIALOGUE; ADVOCACY; TECHNICAL SUPPORT; PARTNERSHIPS

Technical support was provided by the Joint Team to organize several workshops to reflect on and analyse the articles of Law No 2005-31 of 10 April 2006 on HIV/AIDS prevention, care and control which need to be corrected, and share information on the challenges and reforms inherent in the criminalization of HIV transmission. Stakeholders received guidance on how to appreciate better the new data, specific targets and themes necessary to determine the inclusiveness of the law. Proposed revised articles in line with international recommendations were sent to the office of the Minister of Health for review and adoption.

Over 40 adolescents, young men and women living with HIV from the 12 departments of Benin were trained by the Beninese Network of Associations of People Living with HIV/AIDS (RÉBAP+) with the support from the Joint Team, on human rights and removal of self-stigma. This activity also established the creation of Clubs to provide support for adolescents and young people living with HIV/AIDS, supported by RÉBAP+, in the administrative centres of the departments of Benin.

Capacity building of communities at the grassroots level mobilized local authorities to tackle gender-based violence (GBV), stigma and discrimination, and to promote the rights of vulnerable populations. For instance, in Cotonou, 13 district leaders, 39 religious leaders and 8 officials from the town hall were trained on existing laws and regulations.

CONTRIBUTION TO THE COVID-19 RESPONSE

Support was provided to the National AIDS Programme within the Ministry of Health, to conduct a study on the impact of the COVID-19 epidemic on all HIV services and populations living with HIV, as well as key populations; a rapid gender and COVID-19 analysis taking into account women living with HIV was also conducted in collaboration with development partners and the government, highlighting the vulnerability of women, young people, older people, people living with HIV, people living with disabilities and especially those working in the informal sector. These studies allowed an enhanced follow-up of the different key populations and patients.

To ensure continuity of PMTCT services during the COVID-19 pandemic, 1869 health workers were trained on COVID-19 in the 'cordon sanitaire' areas in the south, with the Joint Team's support; 15 000 surgical masks and 1000 hydroalcoholic gels were provided to PMTCT site workers and mediators for care and home visits as part of the continuity of care, and government posters and leaflets with information for people living with HIV were reproduced and distributed in care and PMTCT sites.

The COVID Community Response, a group of community-based organizations for key populations and/or involved in the response to HIV, and the RÉBAP+ network of associations of people living with HIV, received support to strengthen their internal communication capacities and reach on social networks, through the procurement of computer equipment. By providing computer equipment, youth networks were also supported to actively contribute to the mobilization of their peers through digital information campaigns on social networks, especially in the observance of prevention measures for COVID-19 and HIV.

In 2018 and 2019, the Joint Team provided support to groups of women living with HIV in the Couffo and Donga departments to develop income-generating activities. In 2020, with the onset of the COVID-19 pandemic, ten of these groups of women living with HIV were provided with personal protective equipment and hygiene kits, comprising 480 protective masks, 36 boxes of bar soap, 120 1-litre cans of bleach, 10 pedal hand-washing devices, and 120 conventional thermometers.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

To launch the “Education Plus” initiative in Benin, a drafting committee was set, composed of the UN Country Team, ministerial structures and technical partners, with targeted actions in the areas of the sexual health, as well as access to employment, economic security and empowerment. The overall objective of the "Education Plus" project in Benin is to strengthen interventions and synergy of action in education, health, sexual and reproductive rights. Tackling GBV is an important component of this project, for the development of adolescent girls and young women and their integration into working life.

As initiated by the Beninese government, the Joint Team is supporting the provision of school meals to children towards strengthening their participation in education and improve their school performance. This initiative is promoting the access to quality education for all, and especially for households with low income and who face food insecurity, contributing to social security, education, health and gender equality among children in Benin (including orphans and children vulnerable to HIV).

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The emergence of COVID-19 prevented the achievement of several important results around HIV care.</p>	<p>Support the continued training of health workers in health facilities on the syndromic management of STIs and the comprehensive care of people living with HIV.</p> <p>Provide technical support to increase the demand for and use of viral load and interpretation of genotyping results.</p> <p>Support the evaluation of the functioning of the viral load supply mechanism and the early diagnosis of HIV infection from the demand to the delivery of results.</p>
<p>Lack of engagement of men in PMTCT and family testing initiatives, and high rates of lost-to-follow up among pregnant women and children, are hampering the results in terms of PMTCT.</p>	<p>Support the evaluation of the EMTCT plan and the development of a new EMTCT plan for 2021-2025.</p> <p>Support the roll-out of self-testing and the strengthening of the family-centred testing approach, including testing of spouses, testing of young people and key populations.</p> <p>Support the Ministry of Health/National AIDS Programme in strengthening the retention strategies for the mother-child couple.</p> <p>Support the evaluation of the use of data from testing of pregnant women at antenatal care to generate HIV seroprevalence among pregnant women instead of sero-surveillance annual studies by sentinel site (an increasingly recommended solution for determining HIV prevalence in pregnant women).</p>
<p>Increase the proportion of adolescents and young people, especially girls, with better knowledge of HIV and more responsible behaviours.</p>	<p>Support communication activities to improve the level of knowledge on HIV and behaviours among adolescents and young people.</p> <p>Support the implementation of the Education Plus initiative.</p>
<p>The legal environment still needs to be enhanced towards increased access to care for people living with HIV and key populations.</p>	<p>Strengthen advocacy and capacity building of judicial authorities, police forces, local authorities and leaders on stigma and discrimination and more specifically the non-repression of key populations.</p> <p>Support the national HIV law review process for better consideration of the specific needs of people living with HIV and key populations, as well as the decriminalization of HIV transmission.</p>

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