

NIGER

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, WHO, UNAIDS SECRETARIAT, IOM, OCHA, FAO, UNECA

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

The Joint Team in Niger made technical and financial contributions to strengthen the HIV response through the implementation of the National Strategic Plan 2018-2022 and the United Nations Development Assistance Framework 2019-2021. Technical support was provided to ensure continuity of community- and facility-based HIV testing services for young people and key populations through capacity building of healthcare providers and community organizations. Multimonth dispensing of antiretroviral medicines and social protection and nutrition services were scaled up for people living with HIV during the COVID-19 pandemic to link back to treatment people lost to follow up and boost their overall health outcome. The Joint Team provided key assistance to improve early detection of HIV among pregnant women, and expand access to treatment for pregnant women, mothers, and children. The creation of one-stop HIV and tuberculosis centres and the development and implementation of an HIV prevention strategy for key populations helped the country to improve detection and management of HIV and tuberculosis co-infections.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

Technical and financial assistance was provided to the National HIV/AIDS and Hepatitis Programme (PNLSH) for the development of a national HIV prevention strategy for key populations, which was adopted in 2021. The strategy seeks to scale up access to HIV, sexual and reproductive health (SRH) and viral hepatitis services.

The Joint Team conducted training for 370 peer educators (116 females and 254 males) in Niamey city and in Tahoua and Zinder regions and provided them with sensitization kits to support outreach efforts on HIV prevention among young people and key populations. These peer educators organized and facilitated 1980 sensitization sessions on HIV prevention reaching 30 757 people from the target population groups, including young female domestic workers and students. Besides, technical support was provided by the Joint Team for the development and broadcasting of 19 radio programmes comprising key HIV prevention messages reaching wide community members across the country.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION AND PAEDIATRIC TREATMENT

Significant contributions were made by the Joint Team to improve prevention of mother-to-child transmission of HIV (PMTCT) services among pregnant and breastfeeding mothers and their children in Niger. This included the support to the establishment of 187 community mediators in health centres to promote uptake of services and encourage adherence to treatment among pregnant women during prenatal consultations. As a result, 239 655 pregnant women received HIV testing and counselling (HTC) services in 2021, of whom 1560 pregnant women tested HIV positive; and 991 of them enrolled in PMTCT centres supported by the Joint Team for treatment services. A total of 538 HIV-exposed children were followed up and 41 children who tested positive for HIV were enrolled on paediatric ART. The Joint Team further supported community-led follow up services reaching 934 pregnant and breastfeeding women living with HIV and 548 women who were lost of follow-up were enrolled back on PMTCT services.

To further strengthen PMTCT services and improve paediatric ART coverage, capacity building was conducted for 20 trainers on PMTCT and option B+ treatment regimen; and training was provided for 474 healthcare workers on the delivery of PMTCT services to improve HIV screening among pregnant women, early infant diagnosis, and viral load testing in 235 target PMTCT sites in six priority regions.

HIV TESTING AND TREATMENT, AND INTEGRATION OF SERVICES

The Joint Team and development partners in Niger provided technical and financial support to develop and implement a national COVID-19 response to mitigate the impacts of the pandemic and ensure the continuity of HIV and essential healthcare services. As part of the response, the Government was assisted to expand the rollout of 3-6 months multimonth dispensing (MMD) of antiretroviral treatment (ART) programme for people living with HIV. In 2020-2021, an estimated 11 518 eligible people living with HIV accessed their treatment through 3-6 months MMD.

To improve access to HIV testing services, provider-initiated HTC was established in 23 health centres in Bouza, Illela, Konni, Matameye, and Mirriah health districts and 63 health workers from the targeted health centres were trained on delivery of HTC services. The Joint Team further supported the implementation of two HIV testing campaigns targeting young people and key populations. A total of 261 young people accessed HTC services during the campaigns, of whom seven people tested positive for HIV and were linked to treatment services.

As a result of technical and financial support, 62 one-stop HIV and tuberculosis centres were established in four regions (Dosso, Tahoua, Tillabéri and Zinder) to provide integrated HIV and tuberculosis services and manage HIV and tuberculosis co-infection cases through trained tuberculosis healthcare workers—exceeding the initial target of two regions.

With Global Fund support, the Joint Team implemented a pilot project to provide emergency assistance in the form of cash transfer to vulnerable and key populations affected by the COVID-19 pandemic. In 2020, a total of 607 people living with HIV, female sex workers, and men who have sex with men and people in their households received cash transfer to ensure their food security and adherence to treatment in Agadez, Diffa, Dosso, Maradi, Tahoua, Tillabéri, and Zinder regions. Similarly, in 2021, US\$154 was provided to 115 people living with HIV in Tahoua and Zinder regions to help them adhere to their treatment during their first six months of ART. Lessons from this pilot project include the need to ensure the approach is informed by communities, with a high flexibility to adapt to different cultural contexts.

To overcome the COVID-19 pandemic, the Joint Team continued to support the Ministry of Health through procurement of 38 GenXpert machines, 18 000 COVID-19 testing supplies, and video conference technologies for all eight regions in the country and building the capacity of 115 laboratory technicians on COVID-19 sampling techniques.

HUMAN RIGHTS AND GENDER-BASED VIOLENCE

To strengthen institutional capacity and create an enabling environment for the elimination of inequalities, stigma, and discrimination, the Joint Team facilitated capacity building for 57 participants from the legal, law enforcement, and health sectors on the human rights of people living with HIV and key populations. Meanwhile, 40 women leaders representing women's associations were trained to promote gender and economic empowerment, address stigma, discrimination, and violence against women and girls, and advocate for a gender-sensitive HIV response.

INVESTMENT AND EFFICIENCY

The Joint Team conducted training for 32 focal persons of four priority regions and provided technical support at district level to strengthen HIV data collection and reporting and update the District Health Information System 2 (DHIS2).

Intensive advocacy and strong collaboration with the Global Fund allowed the Joint Team to leverage the cash transfer and social protection projects, towards reaching more people over a longer period. The Joint Team also advocated with the national and United Nations partners for the inclusion of vulnerable and marginalized populations, including people living with HIV and key populations, into broader social safety net initiatives, and for the reduction of HIV-related stigma and discrimination through awareness campaigns.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team continued to lead and deliver on the United Nations support to the national HIV response as part of the implementation of the United Nations Development Assistance Framework (UNDAF) 2019-2021 and contribute to Niger's progress towards the Sustainable Development Goals (SDGs). Significant gains were made to expand coverage of PMTCT and paediatric ART in Niger. The technical and financial support provided to build the capacity of healthcare workers in the delivery of HIV services, including sampling; and to procure HIV, tuberculosis and malaria testing kits and equipment, directly contributed towards SDG 3 (Good Health and Wellbeing).

In line with SDG 2 (Zero Hunger) and 3, the Joint Team led a cash transfer operation for vulnerable people living with HIV, key populations and their families significantly improving their livelihood during the COVID-19 pandemic. The Joint Team has also been leveraging the work of HIV partners, building the capacity of civil society organizations, and ensuring synergies to strengthen social protection mechanisms for people living with HIV. Efforts were also made to scale up implementation of community-led HIV testing, treatment, and care programmes using a differentiated service delivery model. All these efforts strongly contributed to reducing inequalities and to leaving no one behind in the HIV response.

CHALLENGES AND LESSONS LEARNED

Social and travel restrictions associated to the COVID-19 pandemic created a significant delay in implementation of planned support activities and interrupted delivery of HIV and essential health care services in Niger. Lessons learned showed the importance of scaling up MMD and ensure inclusion of people living with HIV in social protection programmes.

Niger continued to experience stockouts of HIV testing reagents that challenged HIV rapid testing at antenatal consultations. In response to the 2021 extended stockout, the Joint Team procured and donated 212 500 reagents to the Ministry of Health to meet the demand for three months. Lessons learned showed the need to put in place a system that allows timely estimation of the national demand for PMTCT services and procurement of supplies using national and donor funding.

Treatment coverage among women living with HIV and follow up of children living with HIV who are enrolled on ART remains a major concern in the national HIV response due to cultural constraints and stigma. Poor quality of data on reproductive health and HIV and failure to capture data from community-led services on DHIS2 impedes evidence-based programming and the delivery of differentiated services.

Numerous areas in Niger remain inaccessible due to security issues and led to the closure of health centres and displacement of populations, including people living with HIV, which hampers provision of HIV services. These challenges are further exacerbated by the lack of funding needed to support community mediators who play a key role in expanding community-led HIV services among people living in hard-to-reach locations. The lack of resources is also expected to limit the effective implementation of the newly developed national HIV prevention strategy for key populations.

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org