

REGIONAL AND COUNTRY REPORT 2020–2021 PERFORMANCE MONITORING REPORT

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2020–2021: Executive summary (*UNAIDS/PCB (50)/22.8*)
- ii. UNAIDS Performance Monitoring Report 2020–2021: Strategy result area report (*UNAIDS/PCB (50)/22.9*)
- iii. UNAIDS Performance Monitoring Report 2020–2021: Organizational report (*UNAIDS/PCB (50)/22.11*)
- iv. 2016-2021 UBRAF Indicator Scorecard (*UNAIDS/PCB (50)/CRP1*)
- v. 2020-2021 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (*UNAIDS/PCB (50)/CRP2*)

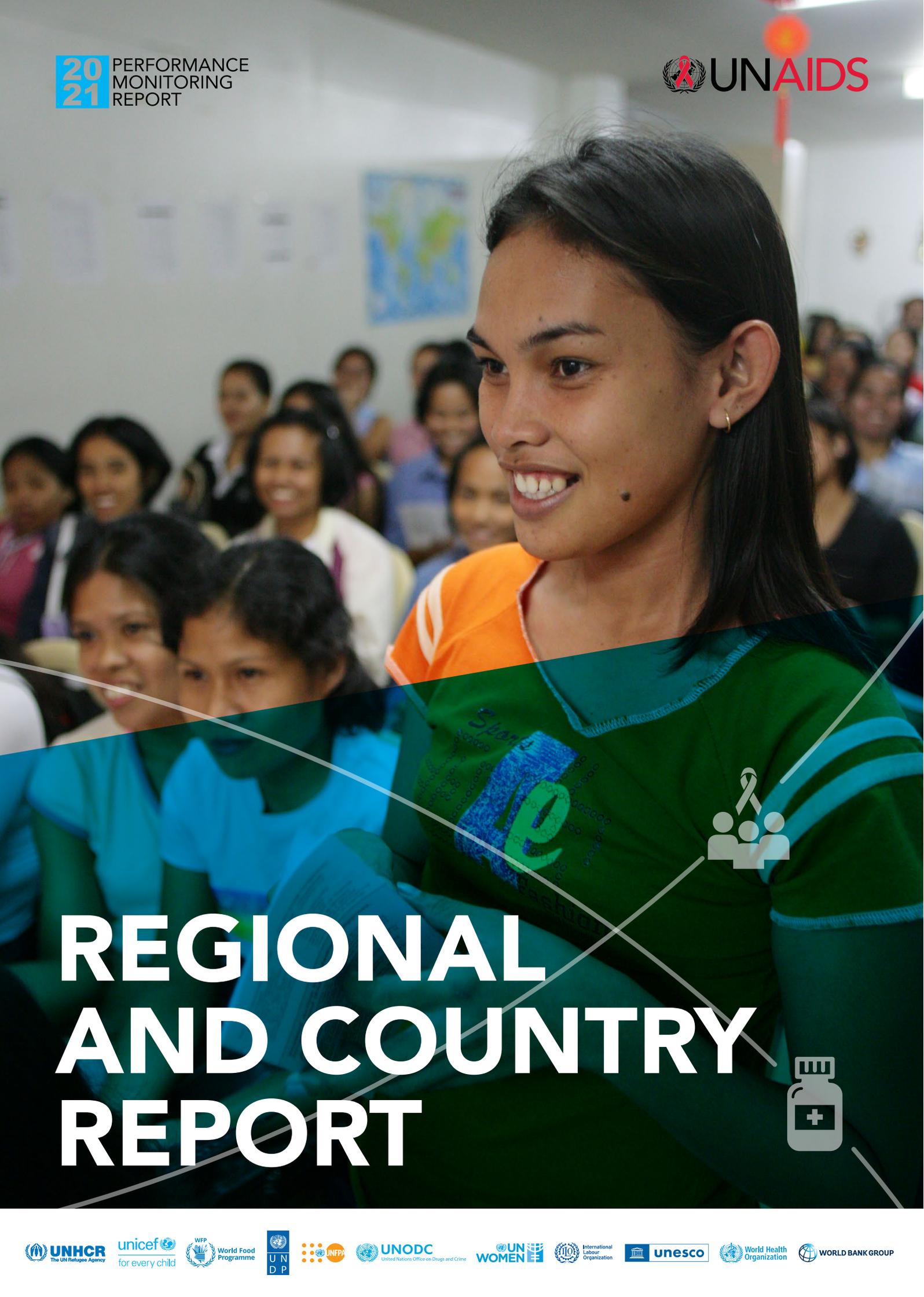
Action required at this meeting:

The Programme Coordinating Board is invited to:

take note with appreciation of the 2020-2021 Performance Monitoring Report, including its scope and depth; and

encourage all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs and as a basis for programme planning.

Cost implications for implementation of decisions: none



REGIONAL AND COUNTRY REPORT





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INTRODUCTION

1. The ultimate test of the Joint Programme's performance is its success in supporting and strengthening HIV responses across the world. This report, which is a component of the UNAIDS 2020–2021 Performance Monitoring Report, showcases the primary contributions of the Joint Programme to progress towards ending AIDS by 2030 in regions and selected countries.
2. This document does not aim to capture the Joint Programme's full and exhaustive contributions to all the national responses it supports. It illustrates some of the most important results achieved by the Joint Programme against the Strategy Result Areas outlined in the 2016–2021 UBRAF. All country and regional reports will be available on the UNAIDS Results and Transparency Portal (<https://open.unaids.org>).
3. In addition to regional summaries of the Joint Programme's contributions, selected achievements in individual countries (one per region) are highlighted, enabling readers to understand the Joint Programme's catalytic role and importance in different country contexts. As these country spotlights demonstrate, the Joint Programme tailors its support to address specific needs of different countries and communities, catalysing innovation, supporting strategic partnerships and making national responses more effective and sustainable.
4. Results highlighted in this paper reflect the collective efforts of all 11 Cosponsors and the UNAIDS Secretariat. In 2020–2021, the Joint Programme supported regions and countries through 6 regional Joint Teams, 91 country Joint UN Teams, as well as other support (including virtual support) from the global level. The Joint Programme's regional and country efforts are undertaken in close collaboration with diverse stakeholders, including governments and other (sub)national entities, communities of people living with HIV, affected by and at risk of HIV, local and international civil society organizations, academia, private sector and other UN agencies. The roles and responsibilities of the Cosponsors and the Secretariat follow the UNAIDS Division of Labour, as agreed by UNAIDS Committee of Cosponsoring Organizations in 2018.
5. The 2020–2021 biennium unfolded during a unique and unprecedented period, when the COVID-19 pandemic affected virtually every aspect of life, including national HIV responses. The regional summaries and country profiles in this report highlight the Joint Programme's actions to mitigate the impact of COVID-19, protect lives at risk due to the intersecting HIV and COVID-19 pandemics, and support country partners with innovative and people-centred approaches.
6. As this report underscores the work of the Joint Programme, while specifically focused on ending the AIDS epidemic, also contributes to the broader, integrated Sustainable Development Goals (SDGs). The Joint Programme participates fully in the development and implementation of the United Nations (UN) Sustainable Development Cooperation Frameworks at country level and other UN-led initiatives, towards realizing the 2030 Agenda for Sustainable Development.

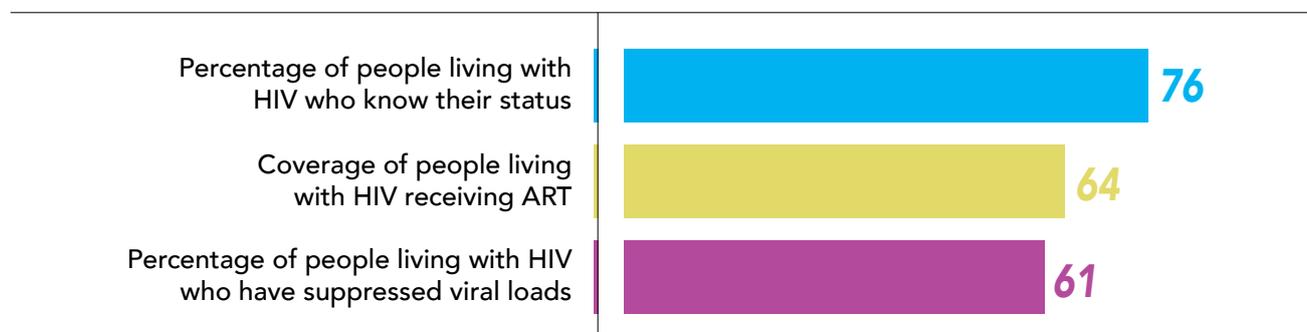
Notes:

1. Please note that the regional reports are organized as per the regional priorities, as included in the [2020–2021 Workplan and Budget – Regional and country priorities for the Joint Programme](#) and presented to the PCB in June 2019.
2. At the time of preparing this report, 2021 national data from the Global AIDS Monitoring (GAM) reporting were being completed and/or validated. Selected preliminary regional and country data were made available exceptionally. Those data should be considered provisional and may still be updated ahead of official publication in the Global AIDS Update mid-2022.
3. To keep the Performance Monitoring Report succinct, the spotlight country reports featured in this paper are abridged versions of the country summary reports, which are posted on the UNAIDS Results and Transparency Portal.

ASIA AND THE PACIFIC

HIV TESTING AND TREATMENT CASCADE IN THE ASIA AND PACIFIC REGION (2020)

Regional and country-level data are available on [AIDSinfo](#)



Source: Global AIDS Monitoring 2020

2021 REPORTING ON SELECTED 2016–2021 UBRAF INDICATORS

Number of countries in the Asia-Pacific region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: **13**

2016–2021 UBRAF Indicators	2021
1.3: Countries adopting quality health-care services for children and adolescents	6
2.1: Countries implementing latest EMTCT guidance	9
3.1: Countries with combination prevention programmes in place (young people)	4
4.1: Countries with comprehensive packages of services for key populations defined and included in national strategies	11 (gay men and other men who have sex with men and sex workers)
	5 (prisons and closed settings)
5.2: Countries with laws and/or policies and services to prevent and address gender-based violence	4
6.2: Countries with mechanisms in place providing access to legal support for people living with HIV	8
8.1: Countries delivering HIV services in an integrated manner	7

FEATURED STORIES

- ASEAN cities protecting the gains of the HIV response during the COVID-19 pandemic ([Link](#))
- What responses to HIV and COVID-19 in Asia and the Pacific led by civil society can teach us ([Link](#))
- Key populations are being left behind in universal health coverage: landscape review of health insurance schemes in the Asia-Pacific region ([Link](#))

JOINT PROGRAMME CONTRIBUTIONS TOWARDS ACHIEVEMENT OF 2020–2021 REGIONAL PRIORITIES

The Joint Programme catalysed notable advances in scaling up facility- and community-led sexual and reproductive health (SRH) and combination HIV prevention services, including pre-exposure prophylaxis (PrEP), in the Asia and Pacific region. Out-of-school comprehensive sexuality education (CSE) programmes were expanded for young students with disabilities and young learners from the lesbian, gay, bisexual, transgender and intersex (LGBTI) community. A multicountry rapid needs assessment on the needs of young people from key populations was conducted and funds were mobilized to support youth-led organizations to scale up programmes and address identified needs.

Prevention of mother-to-child transmission of HIV (PMTCT) services were strengthened through remote visits, programme monitoring and capacity building, and South-South experience-sharing initiatives. People living with HIV, COVID-19 patients and their families received cash transfers to boost treatment adherence and health outcomes during the COVID-19 pandemic. Furthermore, several national laws and policies were revised to remove bottlenecks in the HIV response, and frontline law enforcement officers were trained to improve justice and legal services among key population groups, including people who inject drugs.

Combination prevention among young people and key populations

- 7.** The Joint Programme provided technical and financial support to scale up access and uptake of PrEP services in 18 countries in the region. The regional Joint Team also collaborated in convening a two-day virtual multicountry dialogue, several workshops, and regional webinars to share knowledge and experiences, discuss challenges, and foster collaboration for the development and implementation of PrEP policies and programmes. These efforts contributed to the release of new or updated PrEP guidelines in several countries, including India, Indonesia, Lao People's Democratic Republic, the Philippines and Viet Nam; and to initiating PrEP programmes in Indonesia, Lao People's Democratic Republic, Mongolia, Myanmar, Nepal and Sri Lanka.
- 8.** Eleven countries in the region were assisted to expand integrated HIV prevention and SRH services by using fixed sites and community programmes. Support areas included HIV, SRH and sexually transmitted infections (STIs) prevention and referral services, the compilation of HIV prevalence data on key populations in 19 countries and the dissemination of technical guidance for implementing services among key populations.
- 9.** The regional Joint Team, in partnership with Burnet Institute in Australia, conducted a study on private sector engagement to enhance the delivery of health services, including integrated HIV and STIs services among adolescent people in Mongolia, Myanmar and the Philippines. Recommendations from this study will be used to foster private sector engagement and public-private partnerships.
- 10.** The regional Joint Team also provided technical support to expand CSE among learners with disabilities. This included: (i) tailoring of out-of-school CSE for young learners with disabilities and young people from the LGBTI community in Afghanistan, Cambodia and Lao People's Democratic Republic; (ii) commissioning CSE research to identify capacity building needs among teachers of learners with disabilities; and (iii) completing the 2020 regional status review of school-based CSE, with review findings translated into four languages and disseminated widely.
- 11.** In 2021, the Inter-Agency Task Team on Young Key Populations completed a regional resource mapping and needs assessment on digital literacy, safety and participation among young key populations. This effort also sought to identify and counter mis/disinformation and harmful content on digital platforms and to empower vulnerable young people to engage safely in digital spaces. Findings from the study have informed the development and roll-out of an online course on digital safety and security in collaboration with youth-led LGBTI and young key populations networks in the Asia and Pacific region.

HIV testing, treatment and integration

- 12.** Following a 2019 HIV outbreak in Larkana, Pakistan, the Joint Programme, in partnership with the Communicable Disease Control Sindh and other stakeholders, supported the review of Larkana's HIV response. This resulted in a plan to mainstream the outbreak response across the overall health system.
- 13.** The regional Joint Team implemented intensified capacity building through South-South learning for government representatives to support progress towards the elimination of mother-to-child transmission of HIV (EMTCT), syphilis, and hepatitis B in six countries in the region. This included information provided on the AIDS Data Hub website, as well as training on the experiences regarding triple elimination in China. In collaboration with national and subnational counterparts, the regional Joint Team carried out remote visits and monitored progress in EMTCT programmes. This led to the identification of challenges and achievements related to the global EMTCT validation criteria, as well as recommendations to guide plans for the subnational validation. The regional Joint Team supported the Global Validation Advisory Committee to complete a virtual evaluation of progress towards EMTCT in Malaysia, anchored in human rights, gender equality and community engagement.
- 14.** During the COVID-19 pandemic, the Joint Programme supported the procurement and distribution of personal protective equipment, vaccines, test kits, and antiretroviral therapy (ART) in Cambodia, Indonesia, Lao People's Democratic Republic, Mongolia, Papua New Guinea and the Philippines. To support households of vulnerable people living with HIV and COVID-19 patients, the Joint Programme also provided cash transfers to 699 915 people in 2020–2021.
- 15.** While the COVID-19 pandemic continues to affect the region, partial recovery in the disruptions of HIV and other health services was reported at the end of 2021. The regional Joint Team provided technical support to implement renewed local and regional guidelines, including a regional reproductive, maternal, new-born, child, and adolescent health guide to ensure continuity of antenatal, postnatal, HIV testing, care and treatment services during

the pandemic. Other key support areas included capacity building and monitoring via virtual platforms; delivery of home and community-based HIV testing and treatment services; distribution of cash vouchers in India, Myanmar and the Philippines; translation of information materials on COVID-19 prevention and control in Lao People's Democratic Republic, Myanmar and Thailand; and the provision of technical support and guidance for regional networks of key populations to enhance their advocacy efforts.

Legal environment, stigma and discrimination, gender inequality and gender-based violence

- 16.** High rates of stigma and discrimination towards key populations and shrinking space for human rights continue to undermine the ability of marginalized groups to respond to HIV and hold governments accountable. The regional Joint Team prioritized initiatives to address stigma and discrimination towards people living with HIV and key populations, and to promote access to justice. For example, a mobile application is being developed in Malaysia to improve access to legal aid for people who use drugs and people living with HIV when they are detained by law enforcement officers. The Joint Programme supported countries in the region to review and address laws and policies challenging their national HIV responses, leading for example to the amendment of the HIV law in Viet Nam, and the revision of drug laws in Thailand and Viet Nam.
- 17.** Successful advocacy by the Joint Programme resulted in the inclusion of HIV-related recommendations in the Human Rights Council's Universal Periodic Review in selected Asia and Pacific countries. In Bhutan, those recommendations were used to increase support for the LGBTI community and other key populations. Especially during the COVID-19 pandemic, the experience underscored the importance of using the Universal Periodic Review as an entry point for dialogue with governments, for assessing national HIV responses, for identifying opportunities to protect the rights of people who are left behind, and for following up on related commitments.
- 18.** Following the establishment of a regional expert advisory group in 2020, the Joint Programme collaborated with advocacy partners to promote

the transition from compulsory treatment and rehabilitation for people who use drugs in Asia and Pacific towards voluntary, community-based drug dependence treatment, harm reduction and social support services. The regional Joint Team developed a regional report on compulsory drug treatment facilities in East and South-East Asia, which shows the status of countries that are shifting from compulsory to voluntary evidence-based treatment and care services.

19. In the Solomon Islands, 20% of all frontline health-care workers were trained to recognize, medically manage and refer gender-based violence (GBV) survivors to appropriate services. Service providers and representatives of women and community networks were also trained to improve GBV support and services among vulnerable women, including women living with HIV, in Cambodia, China, Indonesia, Papua New Guinea, and Viet Nam.

Health system strengthening for integrated HIV and health services through efficiency gains in HIV investments

20. To mitigate the impact of COVID-19 on HIV service access, the Joint Programme encouraged new partnerships and innovations, such as linkages to primary health care, home delivery of ARVs, and virtual programme monitoring. Community networks were supported to provide community-based HIV services, although inadequate resources hampered their ability to serve their communities. The regional Joint Team worked closely with the Association of Southeast Asian Nations and the Inter-Agency Task Team on Young Key Populations to ensure continuity of HIV services, taking into account diverse country needs. The regional team strengthened countries' capacities for resource mobilization and efficient use of resources.
21. The Joint Programme worked to meet growing demands for real-time data. District-focused monitoring of progress on EMTCT targets in Gujarat, India, highlighted the importance of using subnational level data in large countries as an effective addition to national programme monitoring in the short-to-medium term. Support was provided to Bangladesh, Indonesia, Papua New Guinea, Thailand and Viet Nam to use data

to pinpoint bottlenecks, improve efficiency and increase retention of people in care.

22. A subnational AIDS spending assessment tool was developed in the Philippines by the Joint Programme to track HIV spending, guide decision-making and promote efficient allocation and use of resources, including focusing interventions on key populations. The Joint Programme also supported the Government of the Philippines to launch an online open course on the development of local investment plans for HIV to improve the efficiency of the national response.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

23. The Joint Programme continued to support efforts to reduce stigma and discrimination towards people living with HIV and key populations and to uphold human rights in the region. For instance, in July 2021, the UN launched a three-year joint programme on human rights to implement Human Rights Council Resolution 45/33 to protect the basic human rights of all people, including people who use drugs, in the Philippines. The regional Joint Team also intensified technical support and coordinated advocacy efforts to ensure implementation of rights-based drug policy in Thailand—a direct contribution towards SDGs 3, 5 and 16.
24. Technical support was provided to the governments of Afghanistan, Maldives, Nepal and Pakistan to finalize the costing of an integrated primary health-care package that includes HIV services to ensure successful implementation of the 2018 Astana Declaration on Primary Health Care, in line with SDG 3.
25. The regional Joint Team, in partnership with the Inter-Agency Task Team on Young Key Populations, Youth Lead, Youth Voices Count and civil society, conducted several community dialogues for knowledge sharing and for amplifying the voices of community members who support vulnerable populations, including people living with HIV, sexual and gender minorities, women and girls, and people living with disabilities.

26. A rapid assessment of the needs of young people from key populations revealed that many young people living with HIV were excluded from national COVID-19 responses due to stigma and discrimination. In response, the Joint Programme mobilized funding to support ongoing COVID-19 relief led by young key populations in 12 countries, including food assistance, HIV and COVID-19 prevention commodities, and mental health support in line with the “leave no one behind” principle.

The regional Joint Team partnered with UN Girls’ Education Initiative and UNiTE campaign to develop information materials and organize virtual experience-sharing events for national and regional education partners. This helped increase awareness of CSE and of violence in school settings, including bullying and GBV, thereby contributing to regional progress on SDGs 3, 4 and 5.



INDONESIA

Fostering creativity through entrepreneurship trainings for people living with HIV and key populations, as part of the UN COVID-19 Response for Employment and Livelihood.

Credit : UNAIDS

INDONESIA – SOCIAL PROTECTION AND ECONOMIC SUPPORT FOR VULNERABLE YOUTH AND KEY POPULATIONS

The Joint Programme supported Indonesia across its national response in 2020–2021, with particular attention to supporting national partners in identifying and addressing inequalities and vulnerabilities that drive the epidemic.

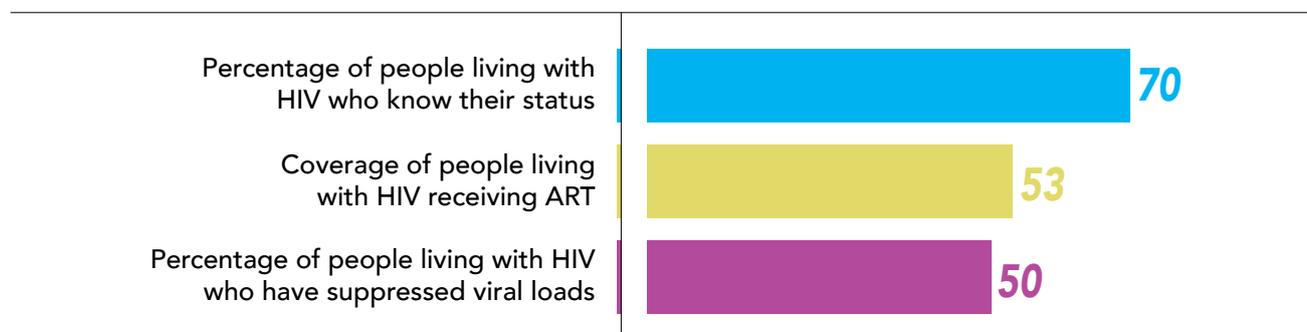
The Joint Programme supported the assessment of the HIV vulnerability of young workers and their access to social protection. This assessment identified behaviours putting young workers aged 15–24 years at high risk of acquiring HIV and STIs. Less than half of young workers had access to social protection, with the lack of access notably greater among young informal workers. Key study recommendations included the need to improve comprehensive knowledge and attitudes about HIV among young workers, and for such efforts to be integrated into the national HIV workplace strategy, with young workers and informal workers as a priority.

UN - led analysis and advocacy also helped the government mitigate COVID-19's disruptive impact on vulnerable households. As part of the *Employment and Livelihood: An inclusive approach to economic empowerment of women & vulnerable populations in Indonesia* funded by the UN Multi COVID-19 Multi-Partner Trust Fund in 2021, the Joint Programme contributed to the broad UN support to the government for expanding social protection for vulnerable groups. This included assessing the efficacy of the cash assistance programme to vulnerable villages, and the piloting of a gender-responsive entrepreneurship programme to generate income through the production of essential goods. In 2021, over 35 million people indirectly benefitted from UN support to strengthen social protection programmes in Indonesia. More specifically, 1180 people from key populations (including 180 members of the LGBTI community and 276 people living with HIV in seven provinces) who were affected by COVID-19 received socioeconomic support in the form of food supplies, hygiene packages, ARVs delivery, and self-quarantine support. Business coaching was provided to 115 transgender small business owners in five cities, with participants increasing their business income between 20% and 900% (average increase of 178%). Four transgender persons owning business were trained as business assistance coaches for the transgender community.

EASTERN EUROPE AND CENTRAL ASIA

HIV TESTING AND TREATMENT CASCADE IN THE EASTERN EUROPE AND CENTRAL ASIA REGION (2020)

Regional and country-level data are available on [AIDSinfo](#)



Source: Global AIDS Monitoring 2020

2021 REPORTING ON SELECTED UBRAF INDICATORS

Number of countries in the eastern Europe and central Asia region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: **8**

2016–2021 UBRAF Indicators	2021
1.1: Countries with selected HIV testing services in place	6
2.1: Countries implementing latest EMTCT guidance	4
4.2: Countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs	7
6.2: Countries with mechanisms in place providing access to legal support for people living with HIV	6
7.2: Countries with scale up of new and emerging technologies or service delivery models	3

FEATURED STORIES

- Strengthening the response of health systems to pandemics in the Commonwealth of Independent States ([Link](#))
- A way to optimized HIV investments in the EECA region ([Link](#))
- Towards 10–10–10 in eastern Europe and central Asia ([Link](#))
- Mapping community responses to COVID-19 and HIV in eastern Europe and central Asia ([Link](#))

JOINT PROGRAMME CONTRIBUTIONS TOWARDS ACHIEVEMENT OF 2020–2021 REGIONAL PRIORITIES

The Joint Programme strengthened and scaled up treatment services for people living with HIV, including through the assessment of antiretroviral medicines and HIV commodity demand and supply, strengthening procurement mechanisms, and capacity building of supply chain experts. Financial and social support initiatives helped retain thousands of vulnerable people in HIV treatment and care. Digital platforms and online peer counselling supported countries in sensitizing millions of adolescent and young people on HIV and SRH and linking them to prevention, testing, and treatment services.

The regional Joint Team also focused on strengthening the capacity of harm reduction service providers and outreach workers, and on implementing web-based outreach tools to scale up harm reduction services for new psychoactive substances and stimulant drugs. Several legal, regulatory and policy recommendations were developed to help decriminalization of people living with HIV and key populations across the region.

HIV testing and treatment, prevention of mother-to-child transmission

27. Low ART coverage and limited capacity of countries to utilize Intellectual Property and Trade-Related Aspects of Intellectual Property Rights flexibilities to increase access to affordable medicines continue to challenge the HIV response in the region. The regional Joint Team, in collaboration with key stakeholders, conducted a multicountry assessment of procurement and supply of ARV medicines, and HIV-related commodities in Kazakhstan, Tajikistan and Uzbekistan to ensure uninterrupted HIV prevention, testing and treatment services.

28. The Joint Programme supported Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan to update their HIV treatment protocols. Three other countries—Azerbaijan, Belarus, and Kazakhstan—were assisted in obtaining voluntary licenses to procure the ARV dolutegravir at a lower price, while other countries increased the number of people receiving dolutegravir. As a result of heightened advocacy, 18 countries in the region joined the Paris Declaration on Fast-Track Cities initiative to accelerate progress towards the 90–90–90 targets, increasing the total number of participating cities in the region to 23.

29. The Joint Programme provided technical assistance for validation of EMTCT maintenance reporting in Armenia, Belarus and Moldova, as well as for the preparation of a draft national EMTCT validation report in Moldova. Support was provided to Kazakhstan to submit its validation report to the Regional EMTCT Validation Committee,

while Ukraine completed its readiness-to-apply assessment report.

30. A regional communication initiative was implemented to sensitize people and support organizations in integrating COVID-19 prevention measures in HIV service delivery. As a result, 27 Facebook Lives reached about 700 organizations across the region with each broadcast, while five broadcasts at ok.ru/test scored attracted over 11 million views. Instagram presentations of UNAIDS Good Will Ambassadors and amplifiers in five countries reached 5000 people, and 28 news stories covered the efforts of the UN and community organizations to support people living with HIV during the pandemic.

Combination HIV prevention

31. While the COVID-19 pandemic slowed HIV programming, it also presented opportunities to implement cost-effective online awareness-raising and counselling tools, particularly for young people. A key lesson has been the need to build capacity and use modern technology, innovations and digital solutions in the delivery of HIV and health-related services. For instance, over three million young people, including young key populations, improved their knowledge of HIV and SRH through digital platforms. Artificial intelligence-powered chatbots provided sexuality education and promoted and offered linkages to HIV testing and treatment services. With technical support, the Ministry of Education in Armenia launched an improved pilot HIV and health education school programme to increase knowledge and promote healthy and safe

behaviours among school learners. In Kyrgyzstan and Ukraine, some 1250 teachers were trained and various educational videos were developed to improve the HIV and SRH awareness of 40 000 learners.

- 32.** The regional Joint Team mobilized the Eurasian Union for Adolescents and Youth Teenergizer in Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Ukraine, reaching over 12 000 adolescents (83% girls) with online peer-counselling—responding to requests on sexual and reproductive health and mental health issues. The Teenergizer #ShareWeCare online campaign reached 5.5 million adolescents and young people with key messages on HIV prevention, SRH, safe behaviours, mental health and coping techniques during the COVID-19 pandemic.
- 33.** The Joint Programme supported the Eurasian Women’s Network on AIDS to complete a regional assessment in 10 countries to identify the impact of COVID-19 pandemic on SRH, GBV and treatment services for vulnerable and women living with HIV, as well as to undertake community-led assessment of mental health among 720 women living with HIV in nine countries.
- 34.** Based on the 2020 regional study on HIV and harm reduction needs and barriers, the regional Joint Team strengthened capacities of over 100 service providers and outreach workers on new psychoactive substances and stimulant drugs harm reduction services. It also rolled out a package of web-based outreach tools in Belarus, Ukraine and Uzbekistan. A total of 820 new psychoactive substance users were reached with HIV services, of whom 75 received HIV testing and counselling. The 16 people who were diagnosed with HIV received ART.
- 35.** Support to the Eurasian Coalition on Male Health resulted in the roll-out of the MSM Implementation Toolkit in Kyrgyzstan and Tajikistan, and the use of the toolkit’s monitoring and evaluation tool in Armenia, Belarus, Kyrgyzstan and Moldova to assess the efficiency of prevention services for gay men and other men who have sex with men. The Joint Programme supported the development of comprehensive package of HIV prevention services for transgender people in Armenia, Georgia,

Kyrgyzstan and Ukraine; national adaptation by community-based organizations is underway.

- 36.** As part of the Regional Cooperation Programme, mobile HIV prevention and health clinics in Armenia, Kyrgyzstan and Tajikistan were mobilized to provide COVID-19 related services, servicing 87 000 hard-to-reach people in 2020, including labour migrants. An interactive mapping of community responses providing HIV prevention, treatment, care and support services in the COVID-19 context in the region is available. It was developed by the Alliance for Public Health and the Central Asian Association of People Living with HIV and supported by the Joint Programme.

Human rights, stigma and discrimination

- 37.** Most countries in the region criminalize HIV transmission and nearly all criminalize HIV exposure. In response, the Joint Programme produced legal, regulatory and policy recommendations for an enabling environment to promote decriminalization of people living with HIV and key populations, for instance in Belarus and Moldova. Support was provided to the Ukraine National School of Justices to develop an HIV-specific curriculum to ensure continuous learning of judges. Information on HIV and the law, including the negative impacts of criminalization, was shared with 120 judges from nine countries.
- 38.** Ministries of Interior in Belarus, Kazakhstan, Moldova and Ukraine were supported to develop human rights- and health-based approaches in addressing drug use. In partnership with law enforcement agencies, the Joint Programme developed instructions for the national police on work safety and security, and the role of law enforcement in the national HIV response. Educational/advocacy videos were developed to reflect the police referral best practices in the framework of interactions and partnerships between law enforcement authorities and civil society organizations. As a result, Ukraine developed its progressive National Drug Strategy 2021–2030 and Belarus completed an assessment study of drug policy, laying the foundation for legal reforms.
- 39.** The Joint Programme supported Georgia, Kyrgyzstan, Moldova, Tajikistan and Ukraine for the

sustainability of services for key populations project, which is aimed at monitoring rights violations and providing legal aid to key populations. In Georgia, a behavioural study on barriers of young key populations to HIV testing services led to the adoption of a national consensus protocol for stigma-free services in teleconsultancy.

Furthermore, the State Migration Service in Ukraine was supported to introduce new procedures to determine refugee status and process applications, particularly from people living with HIV and people from the LGBTI community. Employees of the State Migration Service also adopted nondiscriminatory practices in their work with asylum seekers.

40. Media campaigns in Belarus, Kazakhstan, Kyrgyzstan and the Russian Federation reached over two million people with messages on the reduction of HIV- and gender-related stigma and discrimination. A partnership with the Federation of Independent Trade Unions of Russia reached 45 000 viewers in 85 territories through a Profsouz TV programme entitled “HIV/AIDS and the world of work”. Some 400 000 viewers were reached through national and territorial social networks in various economic sectors to improve awareness of HIV in the workplace.

41. In Tajikistan, the regional Joint Team supported the mapping of social and legal pathways for vulnerable women and women living with HIV who have experienced violence. This resulted in the development of a mobile phone app that enables users to select and access GBV, psychosocial and HIV services according to location and provider.

Investment, efficiency and sustainability

42. Prevention programmes in eastern Europe and central Asia continue to depend on donor financing and struggle to achieve the coverage needed for impact. Only four countries allocate above 25% of HIV funding for prevention from all sources, while four countries use social contracting to provide HIV and tuberculosis (TB) services to key populations. Only two countries in the region provide comprehensive HIV services in prison settings. A social return on investment assessment of nongovernmental organization (NGO) social

contracting methodology was piloted in Belarus, Bosnia and Herzegovina, and North Macedonia. This led to the development of a [policy brief and methodology document](#) to support advocacy efforts for expansion of and increased investments in sustainable social contracting.. The brief also resulted in the development of a global guidance Social Return on Investment of social contracting in the context of key and vulnerable populations.

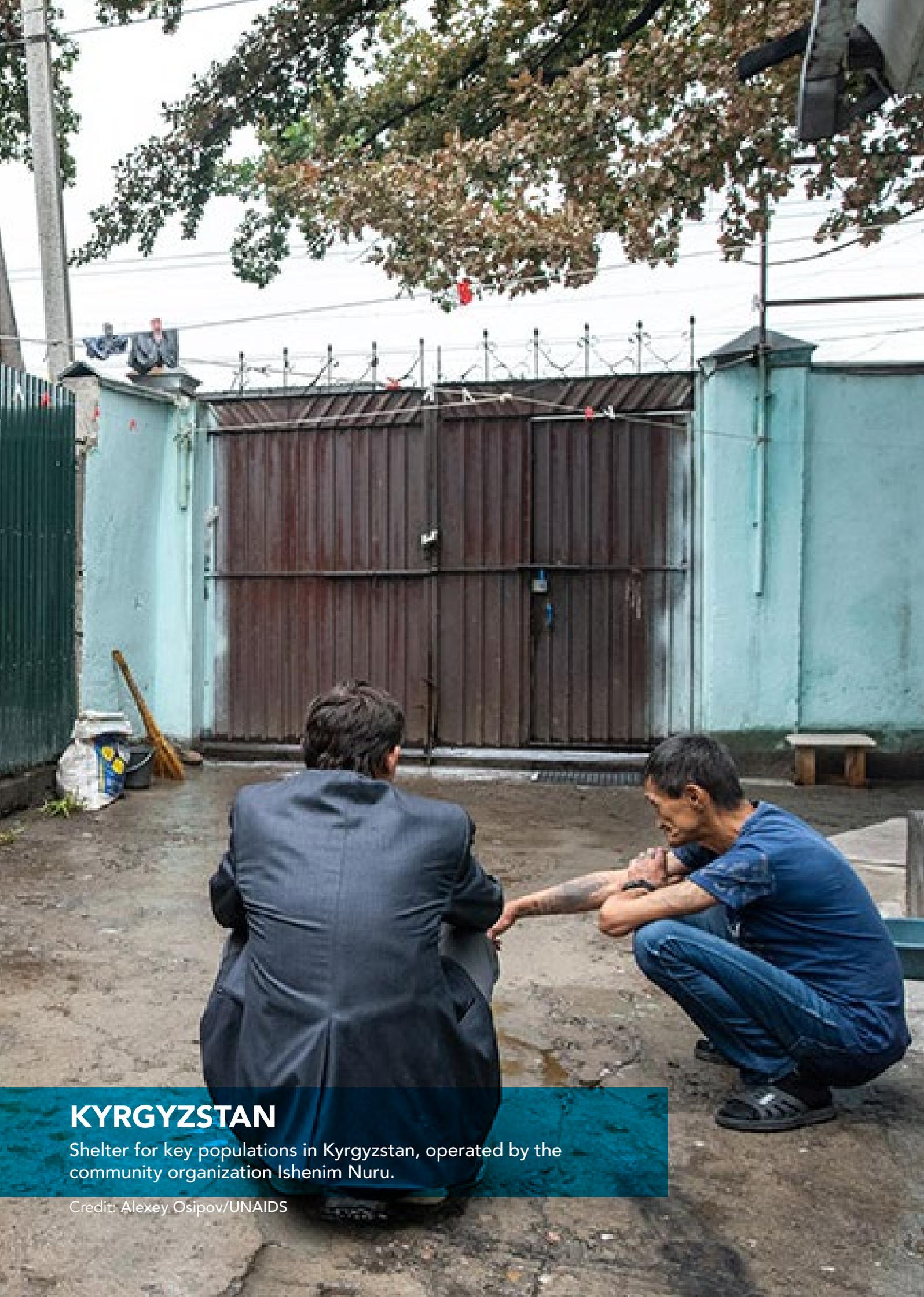
43. The Joint Programme contributed to the Country Coordinating Mechanisms of 13 countries in the region to mobilize resources from the Global Fund for the 2020–2022 grant period, including the Global Fund COVID-19 Response Mechanism (C19RM). In 2021, Kyrgyzstan, Tajikistan, Turkmenistan and the Russian Federation received technical support for mobilizing up to US\$16 million from C19RM to support their national COVID-19 responses. During the COVID-19 crisis, the Joint Programme also reprogrammed 12% of the “country envelopes” in the region to support community mobilization, procure personal protective equipment for HIV prevention programmes and clinics, expand multimonth dispensing and home delivery of ARVs, achieve continuity of opioid agonist therapy programmes, and provide capacity building for the use of innovative applications, including digital consultations for vulnerable and key populations.

44. With local partners, the Joint Programme published [Tackling the world’s fastest-growing HIV epidemic: more efficient HIV responses in eastern Europe and central Asia](#). The report highlighted efficiency interventions in 11 countries, along with the importance of reaching key populations and migrants with targeted support and ways to improve coverage and outcomes.

45. The Joint Programme provided technical for the integration of HIV services in Armenia, Kazakhstan, Kyrgyzstan, Moldova and Serbia. Investment efficiency and care cascade analyses of TB programmes were conducted in Armenia, Belarus and Kyrgyzstan. Impact evaluations of earlier HIV and TB allocative efficiency analyses were completed in Belarus, Kyrgyzstan and Ukraine to improve the return on investment.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

- 46.** Health systems strengthening projects improved equitable access to services for vulnerable populations, including people living with and affected by HIV, thereby contributing to SDG 3. The projects included the creation of a new e-prescription service operating across Belarus, improved access to and quality of services in Moldova, and a social health insurance project in Kazakhstan that saw a 37% increase in government expenditure on primary health care, including on SRH and HIV testing and treatment services among populations at high-risk.
- 47.** In 2020–2021, the World Bank allocated US\$ 1.5 billion to strengthen emergency responses and maintain essential health services in 12 countries, including critical services for people living with or affected by HIV. The grant supported cash transfers to 56 000 vulnerable households in Tajikistan, social benefits to over 50 000 people in Bosnia and Herzegovina, and social assistance programmes in Georgia for over one third of the population with the lowest income. The funds also financed a social benefits programme in Moldova, which reached 54 000 people, and support to 989 000 people from low-income households in Uzbekistan.
- 48.** The regional Joint Team conducted a regional assessment on strengthening integrity, transparency and accountability of the health sector during and after the COVID-19 pandemic. The assessment presented a snapshot of key interventions and approaches that are needed to address health sector governance issues around increased medicine and commodity procurement—a contribution to SDG 16.
- 49.** HIV investment cases that were used to inform Global Fund grants and national AIDS plans were also applied in non-HIV areas, thus building partnerships for better health and contributing to SDGs 3 and 17. This included assistance to Armenia and Serbia to develop investment cases on tobacco control, which resulted in a new strategy in Armenia, a mental health investment case in Uzbekistan, and a joint value proposition on climate and health to improve national adaptation and mitigation capacities in Georgia, Moldova, Turkmenistan and Uzbekistan.



KYRGYZSTAN

Shelter for key populations in Kyrgyzstan, operated by the community organization Ishenim Nuru.

Credit: Alexey Osipov/UNAIDS

KYRGYZSTAN – ASSESSING AND ADDRESSING STIGMA AND DISCRIMINATION AGAINST PEOPLE LIVING WITH HIV AND KEY POPULATIONS

In Kyrgyzstan, the Joint Programme prioritized support for addressing the human rights and gender dimensions of the country's epidemic and response. Stigma and discrimination towards persons from key populations are a consistent challenge in the country. However, discrimination against some key populations, including people from the LGBTI community and sex workers has surged, including instances of persecutions, unlawful detention and violence, with severe consequence for the mental health and safety of key populations.

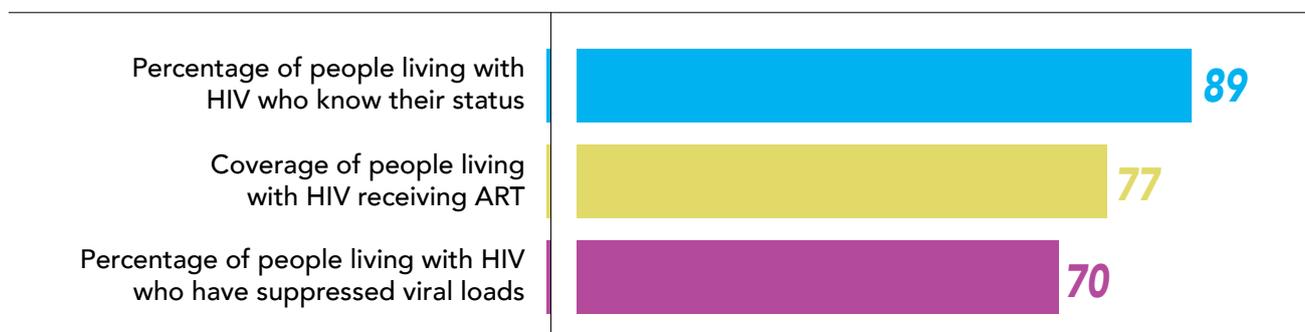
The Stigma Index 2.0 (including an expanded assessment of TB-related stigma) was completed with active involvement of key populations. Initial results revealed elevated HIV-related stigma and self-stigma among people living with HIV and people from key population groups, which undermines their ability to talk openly about their HIV status, sexuality and related needs when seeking employment or accessing health and social protection services.

The Joint Programme introduced the "positive deviance model" as an innovative approach to reduce stigma and self-stigma among key populations. Through trainings and small grants, it aims to ensure that HIV programmes are gender sensitive and build capacity and leadership among girls, women, people living with HIV and men from key population groups. It also aims to eliminate self-stigma and HIV-related stigma and discrimination; support civil society organizations to build meaningful partnership with government agencies; and strengthen coordination for HIV prevention and community development programmes. Seven groups representing key populations and people living with HIV started implementing nation-wide "positive deviance" projects, while 100 people living with HIV and people from key populations were trained as "positive deviants" to disseminate information about HIV among peers. In addition, 665 people living with HIV and people from key population groups participated in information sessions on prevention and management of HIV and (self) stigma.

EASTERN AND SOUTHERN AFRICA

HIV TESTING AND TREATMENT CASCADE IN THE EASTERN AND SOUTHERN AFRICA REGION (2020)

Regional and country-level data are available on [AIDSinfo](#)



Source: Global AIDS Monitoring 2020

2021 REPORTING ON SELECTED UBRAF INDICATORS

Number of countries in the eastern and southern Africa region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: 17

2016–2021 UBRAF Indicators	2021
1.3: Countries adopting quality health-care services for children and adolescents	14
2.1: Countries implementing latest EMTCT guidance	17
3.1: Countries with combination prevention programmes in place (young people)	14
4.1: Countries with comprehensive packages of services for key populations defined and included in national strategies	10 (gay men and other men who have sex with men and sex workers)
	9 (prisons and closed settings)
5.1: Countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	14
8.1: Countries delivering HIV services in an integrated manner	15
8.2: Countries with social protection strategies and systems in place that address HIV	14

FEATURED STORIES

- Leaders from eastern and southern Africa recommit to the education, health and well-being of adolescents and young people ([Link](#))
- Little progress in increasing comprehensive knowledge of HIV among young women in eastern and southern Africa ([Link](#))
- Remarkable progress in the scale-up of voluntary medical male circumcision as an HIV prevention intervention in 15 eastern and southern African countries ([Link](#))

JOINT PROGRAMME CONTRIBUTIONS TOWARDS ACHIEVEMENT OF 2020–2021 REGIONAL PRIORITIES

Eastern and southern Africa has made notable progress in scaling up ART, with seven countries achieving the 90–90–90 targets and 12 countries reaching at least 90% maternal ART coverage. The regional joint team supported Botswana for validation on the path to the elimination of mother-to-child transmission. It also prioritized early infant diagnosis, viral load, TB and testing for human papillomavirus in multiple countries.

Concerted efforts have expanded combination HIV prevention, including services for young and key populations, increased funding for HIV prevention commodities through South-South cooperation, scaled up PrEP services and capacity building for sexual and reproductive health and rights (SRHR) advocacy. The Joint Programme promoted gender-responsive approaches, including through the launch of the Gender Responsive Oversight Model and Southern African Development Community Model Law on GBV. Extensive efforts were made to ensure the inclusion of effective and efficient HIV services in national health benefit packages and the integration of HIV and related health services.

HIV and TB testing, treatment, and EMTCT

- 50.** Key challenges in the regional EMTCT agenda include continuing high levels of new HIV infections and insufficient retention of mother-child pairs in care and treatment. Almost two thirds of vertical transmission cases are attributed to newly acquired infections among mothers and treatment attrition during pregnancy and breastfeeding. As a result of technical and financial support, nine countries scaled up point-of-care technology for early infant diagnosis and viral load monitoring, and four countries introduced integrated testing on Gene Xpert platforms for early infant diagnosis, viral load, TB and human papillomavirus.
- 51.** A multicountry study on paediatric viral suppression was also completed to accelerate quality treatment for children, and a review of models to scale up differentiated care for adolescents living with HIV was disseminated widely. The Joint Programme supported nine countries to use national and subnational data, including through “stacked bar analysis”, to identify and address gaps in PMTCT service delivery and progress on the path to elimination.
- 52.** Maternal ART coverage has reached 95% for the region. Botswana became the first high-burden country to be certified by WHO as having reached “silver tier” status on the path to elimination* which moves it closer to eliminating mother-to-child

HIV transmission. This shows that an AIDS-free generation is possible and it provides an inspiring example for other frontrunner countries.

- 53.** The Joint Programme supported countries to mitigate the impact of the COVID-19 pandemic on vulnerable populations. This included monitoring and strengthening multimonth dispensing policy implementation in all countries, resulting in the expansion of 3-6 month ARV provision for eligible children, adolescents and adults living with HIV. An Expert Advisory Group on Occupational Safety and Health, COVID-19, HIV and TB was also established; thus far, it has reached 1000 health workers through 12 online courses. The regional Joint Team engaged with RB Medical Supply, a private company, to mobilize US\$ 4 million worth of hygiene kits, which were distributed to people living with HIV in 18 countries.

Combination prevention among young people and key populations

- 54.** Despite steep declines in recent years, new HIV infections remain at unacceptably high levels in the region. To accelerate progress on HIV prevention, the regional Joint Team supported the Southern African Development Community (SADC) in developing an annual scorecard on HIV prevention to help Ministers of Health evaluate individual and comparative performances. A stock-taking meeting was organized to assess progress on the

*WHO assigns the “silver tier” status certification to countries which have brought the mother-to-child HIV transmission rate to under 5%; provided antenatal care and ART to more than 90% of pregnant women; and achieved an HIV case rate of fewer than 500 per 100 000 live births.

10-point action plan of the HIV Prevention 2020 Road Map, which attracted the participation of over 160 representatives of government and civil society organizations from 16 SADC member states. Participants developed plans to fast-track HIV prevention to reach revised 2025 targets that are aligned with the Global AIDS Strategy.

capacity-building session for representatives from seven national youth-led HIV and sexual SRHR networks. Some 300 HIV and SRHR advocacy leaders from across the region attended.

Social justice—human rights, gender and social protection

- 55.** Eastern and southern Africa is characterized by an exceptionally high rate of new infections among adolescent and young girls and women aged 15–24 years (accounting for an estimated 29% of all new HIV infections in the region). More than 14 countries receiving Global Fund’s catalytic funding for adolescent girls and young women programmes were supported to strengthen HIV evidence-based prevention services, including the allocation of new catalytic funding for condom programming. Eight countries scaled up the Global Protection Corp. initiative to pioneer a South-South network for condom programming among key populations.
- 56.** The regional Joint Team also supported the monitoring and review of SADC’s regional strategy for HIV prevention, treatment and care and SRHR among key populations. Review findings were shared with Ministers of Health, influencing regional and national efforts at focusing services for key populations. In addition, the Joint Programme collaborated with the African Sex Workers Alliance to complete a draft advocacy strategy, focusing on health, human rights and social protection programmes among sex workers, particularly in emergencies and humanitarian settings.
- 57.** In 2020, the regional Joint Team supported rollout of the UN Inter-Agency Working Group adolescent SRH toolkit for humanitarian settings in the region. Informed by an innovative multidisciplinary virtual think tank, an implementation brief was developed to support the expansion of PrEP services among adolescent girls and young women. Also emphasized was the need for age-appropriate programming to scale up HIV prevention services and close the treatment and viral suppression gap among adolescents and children living with HIV.
- 58.** The Joint Programme assisted the regional Ground UP! Project and the Global Network of Young People Living with HIV (Y+) to conduct a virtual capacity-building session for representatives from seven national youth-led HIV and sexual SRHR networks. Some 300 HIV and SRHR advocacy leaders from across the region attended.
- 59.** SADC, with technical support from the regional Joint Team, developed and launched a gender-responsive oversight model and a SADC model law on GBV to guide national legislation aimed at ending child marriage in the region. Parliamentarians, representatives of human rights institutions, civil society and other stakeholders were mobilized to enhance their understanding of the gender-responsive oversight model and strengthen advocacy for repealing punitive and discriminatory laws.
- 60.** SASA!, a community mobilization initiative for preventing GBV, was rolled out in 15 districts in Zimbabwe, reaching 30 000 women with GBV information and services. The initiative also reached 50 000 community members in three districts in Uganda, resulting in increased GBV case reporting and increased use of local HIV testing clinics. SASA! Faith, an adaptation of the programme for faith-based communities piloted in Kenya, improved access to HIV testing, couple’s counselling and treatment services among women and men. The initiative also contributed to a 59% reduction in reported HIV-related community stigma and discrimination towards women living with HIV. In addition, the Joint Programme supported the HeForShe Alliance to document progress of its programmes aimed at addressing harmful gender norms and practices at community level in Malawi, South Africa, Uganda and Zimbabwe.
- 61.** Harmful social norms and gender inequalities, coupled with restricted movement and social isolation linked to the COVID-19 pandemic, had especially negative effects on the lives and livelihoods of key populations and women. The regional Joint Team engaged the Pan-African Parliament with a dialogue on the right to health in the time of COVID-19 to advocate for increased health spending. A high-level forum with the Women’s Parliamentarian Caucus brought

together 110 female members of parliaments who addressed the impact of COVID-19 pandemic on women and girls and agreed on an action-oriented communique.

62. The Joint Programme mapped HIV-sensitive social protection programmes in 15 countries, an exercise that led to recommendations to make existing social protection programmes HIV-sensitive and support the development of transformative social protection programmes. Other recommendations included using quality data to drive national decision-making and integrating informal social protection systems into current programmes.

Health system strengthening for integrated HIV and health services through efficiency gains in HIV investments

63. The Joint Programme provided technical assistance at country and regional levels to strengthen health financing and the integration of HIV services in the region. SADC was supported to complete the SADC Road Map for Sustained Health, HIV and AIDS Response to fast-track progress towards the 90–90–90 targets, in line with the Universal Health Coverage and the SDGs.
64. In 2020–2021, the regional Joint Team contributed to the development of a position paper on the status of laws and international agreements in SADC member states to intensify advocacy for increased domestic funding to address SRHR and gender inequalities. The Joint Programme also mobilized US\$ 6 million to guarantee continuity of SRHR services during the COVID-19 pandemic. Advocacy and technical support were provided to ensure that access to essential services and social protection schemes were included in newly funded country projects.

65. Extensive support was provided to multiple countries in the region to ensure efficient, appropriate inclusion of HIV-related services in health benefit packages and the integration of services for comorbidities. The support included allocative efficiency analysis to improve national and subnational HIV financing, analytic assistance to support countries in service integration via health benefit package design and universal health coverage, and tracking and analysing HIV resource investments. For instance, the Joint Programme provided technical support and guidance to Malawi's National Tuberculosis Programme on the allocation of existing resources for TB and integrated HIV and TB programmes in three districts, which was followed by a rapid decline in TB incidence in those districts. Collaboration with the United States President's Emergency Plan for AIDS Relief (PEPFAR), the George W. Bush Institute and other partners was further strengthened in 12 countries within the Go Further partnership for ending AIDS and cervical cancer in sub-Saharan Africa.
66. Significant efforts were also made to secure financial commitment and leadership by providing evidence to drive key policy direction and capacities across the region through economic analysis and collective modelling. Of note was the Modelling to Inform HIV Programmes in Sub-Saharan Africa Collaboration, which is aimed at boosting programme impact, for example in Malawi, South Africa and Zimbabwe. In 2021, gaps in HIV data and poor digital reach continued to affect efforts to identify poorly performing programme areas. The scale-up of targeted programmes continued to be hampered by a lack of data that are disaggregated by age, sex, location and population type; insufficient information on access to services; and data gaps on HIV and TB comorbidity and mortality and on access to combination treatment services.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

67. The Joint Programme supported an external evaluation of the Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa (ESA Commitment 2013–2020). The results were used to successfully advocate for the extension of that commitment until 2030. The renewed ESA Ministerial Commitment on Education, Health and Well-being of Adolescents and Young People (2021–2030) brings together four sectors—education, gender, health and youth—in order to accelerate policies and programmes for adolescent SRHR, including CSE and youth-friendly SRH services. The commitment, which has been endorsed by 10

countries, seeks to accelerate reductions in new HIV infections and in early and unintended pregnancies and child marriages. It also promotes gender equality, youth employment and girls' education, thereby contributing to SDGs 3, 4 and 5.

68. To address the structural barriers facing adolescent girls, young women and key populations, technical support was provided to countries to roll out the Education Plus Initiative in order to strengthen the integration of SRHR and economic empowerment programmes for young people. The regional Joint Team also supported the development and launch of a SADC policy paper on strategies for adopting HIV and SRHR laws and policies that advance the rights of adolescent girls and young women, in line with SDGs 3, 5, 10 and 16.



Protect against HIV if you are positive
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UGANDA

A member of the winning team of the 2019 Masaza Cup final in front of a board with messaging promoting HIV testing and adherence to treatment.

Credit: E.Museruka/UNAIDS

UGANDA – EXPANDING SEXUALITY EDUCATION FOR ALL AND LEVERAGING MALE ENGAGEMENT

The Joint Programme provided support to Uganda's HIV response to increase HIV prevention services coverage among youth and address the disparities in men's and women's access to testing and treatment services. For example, the Ministry of Education and Sports was assisted to roll out the National Sexuality Education Framework to guide sexuality education in schools, and the National Curriculum Development Centre was supported to translate the national sexuality education into lower-secondary school curricula and develop implementation guidelines for extracurricular activities.

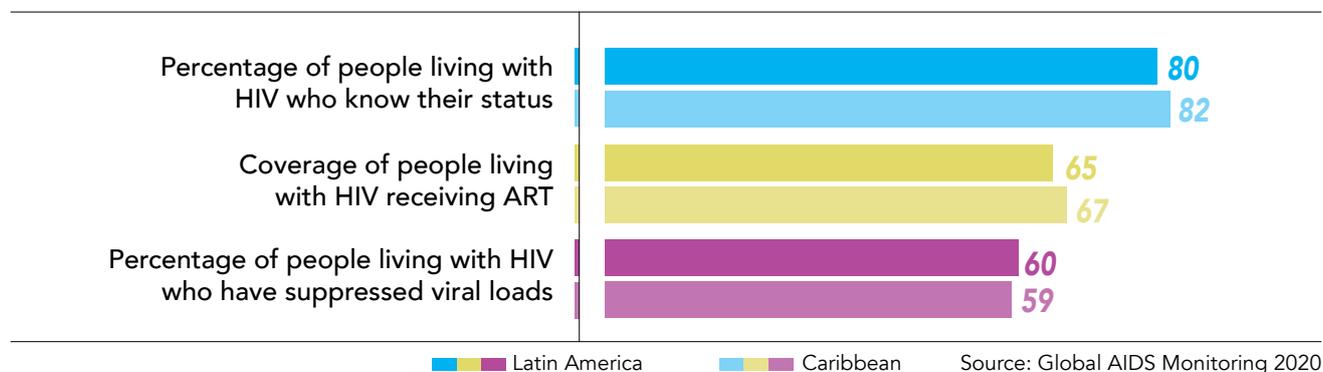
Working towards achieving gender equality, the Joint Programme also focused efforts on strengthening male engagement in the HIV response. A social and behaviour change communication campaign for male engagement was rolled out in Buganda. Featuring the King of Buganda as UNAIDS Goodwill Ambassador, it focused on accelerating uptake of HIV services, challenging gender-related norms, and conducting advocacy on COVID-19 prevention. An estimated seven million men were reached via the campaign's activities. To sustain the campaign's gains, some 3000 people were identified as champions and sensitized on HIV and COVID-19 prevention, care and treatment, and on ending violence against women and girls.

In collaboration with the Federation of Uganda Employers, the VCT@Work campaign on male engagement reached 12 350 young people (67% of them male) with HIV testing and counselling services at 30 targeted boxing clubs in the Eastern Region and at 12 commercial and manufacturing business enterprises across the country. Four per cent of people tested were seropositive, each of whom was referred for early ART enrolment. Forty boxing coaches and instructors were trained on HIV prevention and interpersonal communication to serve as male champions and promote positive masculinity.

LATIN AMERICA AND THE CARIBBEAN

HIV TESTING AND TREATMENT CASCADE IN THE LATIN AMERICA AND THE CARIBBEAN REGION (2020)

Regional and country-level data are available on [AIDSinfo](#)



2021 REPORTING ON SELECTED UBRAF INDICATORS

Number of countries in the Latin America and the Caribbean region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: 20

2016–2021 UBRAF Indicators	2021
1.1: Countries with selected HIV testing services in place	15
1.2: Countries adopting WHO HIV treatment guidelines	8
1.5b: Countries offering HIV-related services for populations affected by humanitarian emergencies	9 (refugees and asylum seekers)
	6 (internally displaced persons)
	6 (people affected by emergencies)
2.1 Countries implementing latest EMTCT guidance	11
4.1 Countries with comprehensive packages of services for key populations defined and included in national strategies	14 (gay men and other men who have sex with men and sex workers)
	12 (prisons and closed settings)
5.1: Countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	8
8.2: Countries with social protection strategies and systems in place that address HIV	10

FEATURED STORIES

- New study recommends strategies to serve the under-protected Caribbean transgender community ([Link](#))
- Wide range in access to HIV testing of babies in the Caribbean ([Link](#))
- Multicountry People Living with HIV Stigma Index 2.0 study launched in Latin America ([Link](#))

JOINT PROGRAMME CONTRIBUTIONS TOWARDS ACHIEVEMENT OF 2020–2021 REGIONAL PRIORITIES

In Latin America and the Caribbean, the regional Joint Team made concerted efforts to expand access to HIV testing services and optimize ART, including for children, with scaling up of innovations including through community-based services, peer support networks and South-to-South cooperation in the challenging context of COVID-19, to ensure early HIV diagnosis and reduce AIDS-related deaths. The Joint Programme also contributed to strengthening HIV drug resistance surveillance in several countries and to accelerating progress towards the dual elimination of mother-to-child transmission of HIV and syphilis. To reduce the persistently high levels of new HIV infection across the region, countries were supported to accelerate the scale-up of PrEP, CSE and SRH.

Support was provided to strengthen GBV surveillance systems and related responses, and to improve the capacity of civil society organizations to promote and defend the human rights of key and vulnerable populations, including people on the move, as well as their access to HIV and other public health services. The regional Joint Team led efforts to monitor and respond to needs of essential HIV services for persons affected by humanitarian emergencies. Gaps for HIV sensitive social protection were identified and best practices for the inclusion of key populations in national and subnational social protection programmes shared paving new opportunities to expand social protection for vulnerable communities.

HIV testing and treatment

- 69.** Late diagnosis remains unacceptably high across much of the region. The regional Joint Team backed the implementation of pilot programmes focusing on HIV testing, rapid identification of HIV, TB, histoplasmosis and cryptococcosis in Paraguay and in Trinidad and Tobago. Several countries were assisted in setting testing targets in line with WHO recommendations and updating their guidelines to include self-testing, same-day ARV initiation and expanded access to treatment for opportunistic infections, such as liposomal amphotericin B.
- 70.** The Joint Programme contributed to the revision of national guidelines and protocols, sensitization of service providers and NGOs, and coordination to fast-track transitions to dolutegravir-based treatment regimens. Support was provided for implementing the WHO HIV Drug Resistance Strategy in nine countries, and for improving the surveillance of HIV drug resistance and quality of ART and PrEP services.
- 71.** The COVID-19 pandemic has disrupted HIV services, exacerbated financial and health worker shortfalls, and affected procurement and supply chain systems across the region. In response, the Joint Programme supported countries to scale up multimonth dispensing of ART and PrEP, community-based and peer-to-peer HIV testing and

support services, including self-testing, rapid linkage to care and treatment services, and the use of peer networks and south-to-south cooperation. This helped ensure continuity of essential HIV prevention and care services.

Elimination of mother-to-child-transmission of HIV and syphilis

- 72.** In 2020–2021, a health system strengthening project supported by the Joint Programme continued to provide financial and technical support to advance HIV integration in the broader health-care system and achieve Universal Health Coverage. For example, in Paraguay, the project aided the scaling up of primary and micro health-care networks and interventions aimed at improving access to maternal and child health services, HIV testing for men and boys aged 15 years and older, and treatment for HIV, STIs, TB, cervical cancer and other diseases.
- 73.** The Joint Programme provided technical and financial support for the procurement of paediatric dolutegravir-based regimen. It also trained health professionals in Guatemala, Panama, the Bolivarian Republic of Venezuela and Caribbean countries on the inclusion and optimization of paediatric dolutegravir-based regimens, in partnership with the Pan-Caribbean Partnership Against HIV and AIDS (PANCAP).

74. The Joint Programme supported the Dominican Republic in the validation process for EMTCT of HIV and syphilis. The country was certified for EMTCT in May 2021, becoming the eighth Caribbean country to receive WHO validation for dual elimination.

HIV combination prevention among key and vulnerable populations

75. Delays in adoption of global recommendations on PrEP and treatment optimization have hindered implementation of proven strategies to reduce new HIV infections and AIDS-related mortality. The number of new infections across the region, particularly in Latin America, have not declined in the past 10 years and reductions in AIDS-related mortality remain below the global average. The regional Joint team provided technical support to enable 10 countries to complete estimations of PrEP needs, target-setting and implementation costs under different scenarios. An estimated 3300 health-care workers were trained through an UN-led virtual campus platform to improve their knowledge of PrEP. With support from the Joint Programme, Argentina, Costa Rica, Guyana and Paraguay began the roll-out of PrEP in 2021. Technical support was also provided to prepare for the roll-out of PrEP in Belize and El Salvador, including through capacity-building activities.

76. The Joint Programme also supported the monitoring of HIV services for key populations. This resulted in 10 countries developing prevention cascade analyses in the past year: Bolivia, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua and Paraguay.

77. The regional Joint Team conducted a study on the availability, accessibility and acceptability of post-exposure prophylaxis among key populations and promoted its universal access in the English-speaking Caribbean countries as part of HIV combination prevention. The study highlighted the need to foster the active participation of key population networks and civil society to expand exposure prophylaxis programmes in the region.

78. Adolescents and young people, particularly young men, remain at higher risk of acquiring HIV in the region. Efforts are needed to improve

access, uptake and correct use of condoms, and to scale-up awareness-creation efforts and the dissemination of evidence-based information. The Joint Programme supported Bolivia, Colombia, Costa Rica, Ecuador, Nicaragua, Paraguay and Peru in implementing an out-of-school CSE programme that uses an integrated approach to HIV and SRH which is aligned to global guidance. The Latin American Faculty of Social Sciences in Argentina, in collaboration with the regional Joint Team, launched a series of digital CSE materials entitled "Pausa. Vamos de Nuevo". These target adolescents, teachers and families to facilitate safe and evidence-based decision-making and to forge positive relationships and ensure diverse masculinities.

Addressing stigma and discrimination and promoting gender equality and women's empowerment

79. Despite significant progress in creating enabling legal policy environments across the region, some countries continue to have restrictive legal frameworks that undermine access to HIV testing, treatment and other health services, particularly for vulnerable and key populations. The crisis caused by the COVID-19 pandemic also disproportionately affected members of vulnerable communities, including people living with HIV, key populations, youth, women, indigenous and Afro-descendent communities, migrants and refugees. As early as April 2020, an online survey highlighted that 8 in 10 people in Latin America and the Caribbean lacked access to information or advice on care for people living with HIV in the context of COVID-19.

80. Under the initiative #I AM KEY: By Communities, For Communities, the Joint Programme in 2020 launched a call for projects to support communities during the COVID-19 crisis. Sixty community-based organizations in 19 countries implemented projects aimed at (i) upholding human rights and preventing stigma, discrimination and violence towards people living with or affected by HIV and COVID-19; (ii) preventing COVID-19 transmission; and (iii) ensuring continuity of the HIV response. From September 2020 to December 2021, this initiative reached more than 700 000 people living with HIV and persons from key populations.

81. The COVID-19 pandemic has exacerbated

inequalities and GBV across the region. In response, the Joint Programme provided support to strengthen surveillance, prevention and assistance systems at country level. For instance, in partnership with the UN Girls' Education Initiative, government and civil society participated in a three-day event on school-related GBV held in Santiago, Chile.

- 82.** In Peru, a health system strengthening project reinforced GBV surveillance systems in targeted health facilities and improved access to essential health services, including HIV services for survivors of GBV. In Brazil and El Salvador, support was provided to improve municipal social assistance systems aimed at addressing GBV. In Ecuador, 492 paediatric post-exposure prophylaxis kits were donated to the Ministry of Health, which distributed them to 134 health-care units in 24 provinces. The Joint Programme also supported the Ministry of Women, Family and Human Rights in Brazil to build knowledge- and experience-sharing platforms for protection systems that survivors of domestic violence can use.

Essential HIV services for persons affected by humanitarian emergencies

- 83.** During the biennium, the Joint Programme played an active role in improving access to HIV services for persons affected by humanitarian emergencies. Within the Regional Interagency Coordination Platform for Refugees and Migrants of Venezuela, the regional Joint Team leads the effort to identify and respond to the main barriers that prevent refugees and migrants from the Bolivarian Republic of Venezuela from accessing essential health services, including treatment for TB, HIV and STIs, as well as sexual and reproductive health care.
- 84.** The Joint Programme also provided extensive technical assistance to several national health entities and programmes in the context of COVID-19. For example, the National Tuberculosis Programme in Peru was assisted to analyse the impact of COVID-19-related service disruptions and prioritize programmes aimed at mitigating the impact and protecting lives.
- 85.** An estimated US\$ 4.6 billion was mobilized from the World Bank to support the regional COVID-19 response and strengthen national systems for

public health emergency preparedness in 16 countries, including Argentina, Ecuador, Haiti and Uruguay. The fund was used to ensure continuity of HIV prevention and treatment services and provision of urgent social, financial and safety net support to affected households of vulnerable people living with HIV, COVID-19 patients and their families. In the Bolivarian Republic of Venezuela, direct support provided to the national HIV and TB programmes ensured the continuity of HIV treatment for more than 56 000 persons living with HIV and for 10 000 people diagnosed with TB. The support was financed through an Exceptional Funding Mechanism of the Global Fund to address the health crisis in the country (US\$ 12 million for 2022–2023).

Sustainability and transitions

- 86.** The regional Joint Team conducted qualitative studies on HIV as part of social protection programmes in Chile, Ecuador and Peru. The studies sought to generate evidence to create new or strengthen existing public policies enabling the introduction of social protection mechanisms that are sensitive to the needs of people with HIV. The main finding across the three studies was the lack of adequate statistical information. In most cases, the desired information was unavailable in relation to people living with HIV in different population groups and other pertinent characteristics, such as their living conditions food security and housing status. The studies revealed that the available information focused almost exclusively on the health dimension and did not comprehensively reflect the needs of people with HIV.
- 87.** The regional Joint team, in collaboration with the Inter-American Centre for Social Security Studies, organized a series of subregional consultations covering Latin America and the Dominican Republic to identify best practices for the inclusion of key populations in national and subnational social protection programmes. The Joint Programme supported the Ministry of Health in Brazil to conduct a study using big data science to examine service delivery relating to viral hepatitis—a major comorbidity concern for people living with HIV—and identify possible improvements in efficiency and effectiveness.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

- 88.** The Joint Programme made valuable contributions to improving access to health-care and social protection services among vulnerable and key populations, including sex workers and refugees. Work also focused on ensuring the inclusion of refugees in national development plans, grant proposals, Universal Health Coverage and health programming, including HIV, TB and immunization. For example, in Peru the Joint Programme provided financial support to cover the cost of medical exams that are needed to enrol people living with HIV in the national HIV programme. Refugees and migrants in Colombia were assisted to regularize their legal status in the country to access the subsidized health system—contributing to SDGs 3 and 10.
- 89.** Substantial support was provided to scale up comprehensive and integrated HIV, SRH and GBV services, including maternal and child health care for pregnant women and mothers living with HIV, key populations, adolescents and young people in the region. In Colombia, refugees and migrant mothers living with HIV received formula to feed their babies and contraception options post-delivery before leaving the hospital—in line with SDGs 3, 4 and 5.
- 90.** Partnerships and collaborations with various stakeholders (including governments, regional institutions, community and other civil society organizations, and academia) contributed to the SDG 17 aim of advancing partnerships for development.

Red Multicultural de Mujeres Trans



GUATEMALA

The Red Multicultural de Mujeres Trans de Guatemala distributed HIV and COVID prevention kits to young transgender women.

Credit: REDMUTRANS

GUATEMALA – ADDRESSING GENDER-BASED VIOLENCE AND GENDER INEQUALITIES TO LEAVE NO ONE BEHIND IN THE HIV AND COVID-19 RESPONSES

In 2020–2021, the Joint Programme prioritized partnerships and technical support to address key social and structural factors that increase HIV vulnerability and reduce service access, with particular attention to the unique vulnerabilities associated with the colliding HIV and COVID-19 pandemic. Despite important advances, gender inequality and sexual- and gender-based violence remain among the greatest barriers to the HIV response in Guatemala. Moreover, the Joint Programme provided technical support for the development of the UN Socio-Economic Response Plan and Multi-Partners Trust Fund proposals, especially in the social cohesion component that included actions focused on women, including women living with HIV, transgender women, and female sex workers in the COVID-19 response.

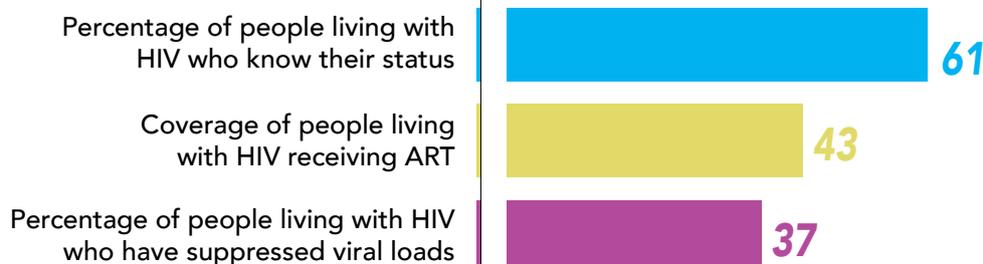
The Joint Programme assisted the civil society organization Grupo de Apoyo Xela to provide hygiene and prevention kits to 140 LGBTI people living with HIV. An additional 500 people were sensitized on HIV and COVID-19 prevention and services, while 160 teachers from Quetzaltenango City were trained on the prevention of sexual- and gender-based violence, with a focus on LGBTI persons. Extensive technical and financial support to the Ministry of Health and civil society organizations raised public awareness during the 16 Days of Activism against Gender-Based Violence.

The Joint Programme supported Red Multicultural de Mujeres Trans de Guatemala (a civil society organization working on protecting the rights of transgender women) to conduct community-led monitoring in the Guatemala, Escuintla, Izabal, Quetzaltenango, Peten, Suchitepéquez and San Marcos departments. Results showed the need to improve access to information and HIV prevention and care services, as well as on COVID-19 prevention, care and vaccination among populations at risk, including transgender women. Following the monitoring process, a strategy was developed to strengthen services to address the needs of young transgender women in Guatemala.

MIDDLE EAST AND NORTH AFRICA†

HIV TESTING AND TREATMENT CASCADE IN THE MIDDLE EAST AND NORTH AFRICA REGION (2020)

Regional and country-level data are available on [AIDSinfo](#)



Source: Global AIDS Monitoring 2020

2021 REPORTING ON SELECTED UBRAF INDICATORS

Number of countries in the Middle East and North Africa region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: **8**

2016–2021 UBRAF Indicators	2021
1.2: Countries adopting WHO HIV treatment guidelines	3
1.5b: Countries offering HIV-related services for populations affected by humanitarian emergencies	6 (refugees and asylum seekers)
	4 (internally displaced persons)
	3 (people affected by emergencies)
2.1: Countries implementing latest EMTCT guidance	3
4.1: Countries with comprehensive packages of services for key populations defined and included in national strategies	5 (gay men and other men who have sex with men, and sex workers)
	3 (prisons and closed settings)
5.1: Countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	5
7.1a: Countries with a HIV sustainability plan developed	1

FEATURED STORIES

- Regional network of people living with HIV launched in the Middle East and North Africa ([Link](#))
- Middle East Response Initiative on sustaining HIV, TB and malaria services for key and vulnerable populations, including people on the move in countries affected by humanitarian emergencies ([Link 1](#) / [Link 2](#))
- New awareness campaign on gender-based violence in the Middle East and North Africa ([Link](#))

†Note that in January 2022, the Islamic Republic of Iran was moved to UNAIDS Asia-Pacific region. As this report covers achievements for January 2020 to December 2021, and for consistency throughout the UBRAF 2016–2021 cycle, the Islamic Republic of Iran is included as part of the Middle East and North African region in this Performance Monitoring Report.

JOINT PROGRAMME CONTRIBUTIONS TOWARDS ACHIEVEMENT OF 2020–2021 REGIONAL PRIORITIES

In the Middle East and North Africa, the Joint Programme continued to provide extensive support to hasten the slow progress towards the 95–95–95 targets. Catalytic efforts brought significant results in improving access to HIV treatment and differentiated care, COVID-19 prevention, and ensuring continuity of HIV services among people living with HIV. HIV self-testing pilot programmes were implemented, while social media-based campaigns promoted increased uptake access of testing, with over half a million people in 13 countries learning their HIV status.

Primary health-care services, including integrated HIV and maternal and child health services, reached pregnant and breastfeeding mothers in many countries minimizing vertical transmissions. To address increasing new HIV infections in the region, HIV prevention and harm reduction programmes were scaled up in prisons and extended to thousands of people from key populations, including prisoners, people who inject drugs, and their families. Advocacy and technical support focused on encouraging the removal of harmful national policies and laws, including HIV-related travel restrictions.

Testing, treatment and elimination of mother-to-child transmission

- 91.** Egypt, the Islamic Republic of Iran and Sudan received technical assistance to update their national testing and treatment guidelines, while 18 countries adopted the treat all policy for ART. Technical support to 19 countries led to the implementation of differentiated service delivery and multimonth dispensing of ARVs, thus enhancing service continuity and health outcomes of people living with HIV.
- 92.** With the Joint Programme's support, Lebanon, Jordan and Yemen updated clinical and programmatic guidelines to improve service access for vulnerable and key populations through the Global Fund Middle East Response Initiative. In 2020–2021, the Initiative provided ART to 5450 people living with HIV annually, as well as HIV testing services to 156 190 people from vulnerable and key populations. Individuals who tested HIV-positive were linked to treatment and care services. Furthermore, a "search and rescue" initiative was rolled out in Jordan, Somalia and Sudan, which improved the tracing of people living with HIV who had been lost to follow-up and made it possible to relink them to ART services.
- 93.** Pilot HIV self-testing programmes were supported in the Islamic Republic of Iran, Lebanon and Morocco. For World AIDS Day 2021, the regional Joint Team launched a social media-based testing campaign to improve access and uptake of HIV testing services among key populations across the region. The campaign reached 18.3 million people and resulted in 100 000 people being directed to WHO's HIV testing centres web page. In December 2021, approximately 560 000 people in 13 countries took an HIV test conducted, of whom 1587 people tested positive for HIV. That represented a 2.3-fold increase in the average monthly number of HIV tests from January to November 2021, and a two-fold increase in case identification.
- 94.** Assessments were conducted in Algeria, Egypt, the Islamic Republic of Iran, Morocco, Tunisia and Yemen to assess the impact of the COVID-19 pandemic and the needs among people living with HIV. A rapid assessment in Tunisia, with support from the Joint Programme, resulted in implementation of a volunteer-based home delivery of ART.
- 95.** Nearly US\$ 2.5 million from existing Global Fund grants was reprogrammed with the Joint Programme's strategic guidance and support to assist nine countries. This helped them sustain HIV services, including through the procurement of personal protective equipment, ARVs and other HIV-related commodities, and medical equipment, as well as train health-care workers in providing ART services during the early phase of the

COVID-19 pandemic. In Algeria, Egypt, Morocco, Palestine, Sudan and Tunisia, an estimated five million pieces of personal protective equipment were procured and distributed to inmates, prison staff and key populations. The regional Joint Team actively contributed to a technology and skills transfer programme in Djibouti, which enabled people living with HIV to manufacture personal protective equipment and support their livelihoods.

96. To sustain HIV services during the political instability in Sudan, the Joint Programme conducted a rapid situation analysis of treatment services, funded by Global Fund grants. Findings of the assessment informed interventions to strengthen the continuity of ART services for people living with HIV through the use of multimonth dispensing and community-led home delivery of ARVs. The country also received 16 460 items of personal protective equipment for preventing COVID-19 in closed settings.
97. The Joint Programme provided technical support to Algeria, Egypt, the Islamic Republic of Iran, Morocco and Tunisia to integrate PMTCT programmes in maternal and child health services. Oman was supported to complete the EMTCT validation process; reports have been submitted to the Global Validation Advisory Committee. Oman is expected to be the first country in the region to receive EMTCT validation.
98. Projects on multisectoral determinants of health led to institutional development and capacity building for the HIV response, strengthening the delivery of integrated services, where appropriate, and increasing access to health and social protection services for people living with HIV and vulnerable populations. Projects in Djibouti, Egypt and Morocco focused on the needs of adolescent girls, women and children to improve their access to and use of quality health-care services. The Morocco project provided antenatal care, including PMTCT, to 256 180 vulnerable pregnant women.

HIV combination prevention among key and vulnerable populations

99. New HIV infections among key populations have increased across the region in the past decade. To intensify combination prevention, the Joint

Programme supported a situational assessment of drug use across 11 countries to guide policy development and priority settings in the region. Final reports are due in 2022. Secondary analysis of data on knowledge, attitudes and perceptions of HIV among key populations in Lebanon, and among refugees and migrants in Jordan, is underway to improve understandings of the vulnerability of these groups. Results from the analysis will contribute to improved understandings of HIV knowledge and programming among key populations, including adolescents and young people in the region.

100. The UN-led health in prisons programme provided access to health care, including HIV services, to 80 000 inmates in Algeria, Egypt, Jordan, Lebanon, Libya, Morocco, Sudan and Tunisia. In Egypt, the programme extended HIV, hepatitis B and C, and syphilis services to 28 500 prisoners. It also helped prisons adopt policies for opioid agonist therapy; develop minimum packages of prison health services, training manuals and facilitator guides on HIV and noncommunicable diseases; and re-equip clinics in 10 prisons. Some 150 000 people from populations at high risk and their families were immunized against hepatitis B and 5000 people accessed harm reduction services via outreach or drop-in centres in the cities of Alexandria, Cairo, Fayome, Luxor and Minia. The programme also supported access to opioid agonist therapy services for 1200 people who use drugs in Lebanon, and better access to HIV services to 9000 inmates in five prisons in Morocco.
101. In 2020–2021, the Joint Programme supported countries across the region to mitigate the impact of COVID-19 pandemic on key populations. More than seven million items of COVID-19 protection equipment and related commodities (including masks, gloves, glucose strips and sanitizers) were distributed to prevent infections and improve health outcomes of prisoners and people who inject drugs in Egypt. The Joint Programme supported the Ministry of Health and prison administration in Jordan in procuring and distributing 2750 COVID-19 protection and diagnosis items, ranging from COVID-19 rapid test kits to gloves and thermometers.

Addressing stigma and discrimination and promoting gender equality and women's empowerment

102. Stigma, discrimination, gender inequality, punitive laws and constraints on civil society are some of the main challenges affecting the HIV response. Although many countries provided some socioeconomic support as mitigation measures against COVID-19 pandemic, these challenges also affected people living with HIV, women and key populations in their access to such support services. Lessons showed the need for scaling up equitable access to high-quality, innovative HIV combination prevention, testing and treatment, with a focus on key populations, using integrated and differentiated service delivery models to better reach communities across the region. There is also a need to promote a gender-equality and rights-based response to ensure that no-one is left behind.

103. The Joint Programme's partnerships with community leaders who are living with HIV was strengthened with the launch of the first regional network of people living with HIV, *MENA Plus*. It is aimed at enhancing the leadership, representation and effective participation of people living with HIV in HIV responses across the region. The Joint Programme provided technical support to strengthen national capacities for the inclusion of people living with HIV and key populations in social protection schemes in Egypt and Somalia. In Egypt, institutional development, capacity building and technical support for programmes on multisectoral determinants of health led to increased delivery of integrated services, as well as improved access to health and social protection services among people living with and at risk of HIV. In Somalia, people living with HIV, and both state and civil society structures were sensitized on policies and existing safety net schemes. This led to the elaboration of an action plan to improve access to social protection for people living with HIV.

104. Support was provided for the roll-out of the Stigma Index 2.0 in the Islamic Republic of Iran and Tunisia. Advocacy and the revision of national

policies and laws based on assessments of the legal environment resulted in the development of a rights-based national strategic plan in Somalia and the lifting of HIV-related travel restrictions in Sudan.

105. In 2020 the Joint Programme and its partners implemented multisectoral projects to prevent and respond to sexual- and gender-based violence through medical and psychosocial services, protection and legal services. This included the provision of post-exposure prophylaxis to survivors of sexual assault. For instance, in Morocco, a protection hotline for women was established to enable greater access to services and information, address the impact of COVID-19 and respond to the needs of refugees. In Lebanon, digital content with informative awareness-raising materials about COVID-19 and about emerging risks for women and girls was shared with refugee and host communities.

Essential HIV services for persons affected by humanitarian emergencies

106. The Joint Programme supported the delivery and expansion of various HIV services, including PrEP and HIV testing services, with a focus on refugees and asylum seekers in Algeria, Djibouti, Egypt, the Islamic Republic of Iran, Jordan, Lebanon, Libya, Morocco, Sudan and Yemen. For example, 28 500 refugees were sensitized on prevention of HIV and GBV in Yemen, while 7900 refugees accessed harm reduction programmes in the Islamic Republic of Iran. Heightened advocacy in Algeria resulted in the inclusion of refugees and asylum seekers in national policies and strategies, including the country's national strategic plan for 2020–2024.

107. Protection concerns and access to services are paramount for populations affected by humanitarian emergencies. Mandatory HIV testing still occurs in the region. In a few countries, foreigners living with HIV, including refugees and asylum seekers, are subject to deportation. With the largest concentration of humanitarian crises in the world, the region has to ensure that all affected people can access a full range of HIV services and GBV programmes, and that these are fully represented in emergency, disaster and pandemic response plans.

108. Across the Middle East and North Africa, domestic and external resources for the HIV response continued to fluctuate in the past decade. In 2020 available resources amounted to less than 20% of the funding needed to scale up HIV programmes and achieve the 2025 targets. In service of a well-funded and sustained response, the Joint Programme provided technical assistance to the governments of Algeria and Morocco to prepare for their transitions from Global Fund grants. The assistance focused on the mobilization of domestic resources to fully fund their HIV responses, as well as on the development of social contracting guidelines needed to operationalize public financing for and partnerships between Governments and civil society organizations for effective HIV responses.

109. The Joint Programme contributed to the development of national strategic plans in Djibouti, Egypt, Iraq, Jordan, Somalia, the Syrian Arab Republic and Tunisia, with an emphasis on domestic investments and the integration of HIV programmes with health system development efforts.

110. As of October 2021, the World Bank had committed over US\$ 5.4 billion to address the impact of COVID-19 across the region, helping countries strengthen their health systems and ensure continuity of essential health services for vulnerable populations, including people living with HIV. Similarly, US\$ 23.9 million was mobilized from the Global Fund COVID-19 Response Mechanism for 2021–2023 to overcome effects of pandemic on HIV, TB and malaria control in Iraq, Jordan, Lebanon, Palestine, the Syrian Arab Republic and Yemen.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

111. An alliance of 15 UN agencies, the Regional Health Alliance was established to accelerate progress towards the health-related SDGs in the Middle East and North Africa. As a member of the Alliance, the regional Joint Team made significant contributions to the development of the Regional Health Action Plan 2022–2023. The Action Plan addresses the implications of the COVID-19 and the systemic gaps which the pandemic has exposed and exacerbated in countries across the region. In line with the Action Plan, the Alliance conducted a mapping exercise to review country efforts to make use of innovations for the COVID-19 response. It also developed and launched a virtual training course to support full integration of primary health care into the COVID-19 response in all countries of the region.

112. Support was provided to ensure access to health, nutrition and social protection among people living with HIV and people at higher risk of HIV in the region. The Joint Programme promoted gender-responsive and rights-based HIV services (SDG 5 and 10) and advocated for equal access to HIV services for gay men and other men who have sex with men, female sex workers, people who use drugs, and people in prisons, while working to eliminate discrimination against key populations, including prisoners (SDG 16).

113. To sustain the progress made in the HIV and TB response, food security and nutrition support was consistently integrated into the multisectoral support of the Joint Programme to national HIV responses in the region, contributing to the SDGs 2 (zero hunger) and 17 (global partnerships).



ALGERIA

People gathered for community HIV voluntary testing in the city of Algiers.

Credit : UNAIDS

ALGERIA – MOBILIZING CIVIL SOCIETY FOR THE INTEGRATION OF HIV AND COVID-19 SERVICES

The COVID-19 pandemic has disrupted combination HIV prevention programmes for vulnerable and key populations, as well as care and treatment services for people living with HIV. Efforts to strengthen NGO-led HIV programmes and community sensitization to promote the uptake of HIV and COVID-19 services were key for the Joint Programme in 2020–2021.

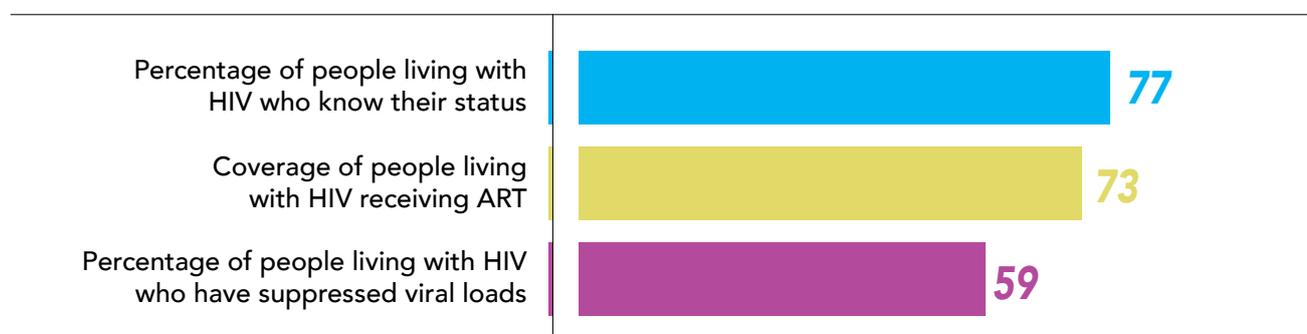
Under the Partnership to Accelerate COVID-19 Testing and in collaboration with the Ministry of Health and five NGOs (AIDS Algérie, ANisS, El-HAYET, Rev+ and Solidarité AIDS), 168 community health workers were engaged to sensitize 5000 people on COVID-19 prevention, associated risks, testing and vaccination services in 15 cities across Algeria. The work included organizing 380 awareness-raising activities in “hot-spots”, 140 orientation and support sessions for COVID testing and vaccination services, three advocacy workshops with health authorities and health professionals, and economic support to 200 vulnerable people living with HIV.

The COVID-19 pandemic has underscored the leading role civil society organizations play in ensuring the continuity of HIV services among vulnerable people living with HIV. Their activities included the provision of HIV and COVID-19 prevention services (e.g. COVID-19 testing and vaccinations), home delivery of ART, transportation to treatment centres, and provision of socioeconomic support. This greatly enlarged the opportunities for a more effective HIV response closer to, with and for communities.

WESTERN AND CENTRAL AFRICA

HIV TESTING AND TREATMENT CASCADE IN THE WESTERN AND CENTRAL AFRICA REGION (2020)

Regional and country-level data are available on [AIDSinfo](#)



Source: Global AIDS Monitoring 2020

2021 REPORTING ON SELECTED UBRAF INDICATORS

Number of countries in the western and central Africa region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: 21

2016–2021 UBRAF Indicators	2021
1.2: Countries adopting WHO HIV treatment guidelines	19
1.5b: Countries offering HIV-related services for populations affected by humanitarian emergencies	18 (refugees and asylum seekers)
	16 (internally displaced persons)
	15 (people affected by emergencies)
2.1: Countries implementing latest EMTCT guidance	18
3.1: Countries with combination prevention programmes in place (young people)	15
4.1: Countries with comprehensive packages of services for key populations defined and included in national strategies	18 (gay men and other men who have sex with men, and sex workers)
	16 (prisons and closed settings)
5.1: Countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	20
8.2: Countries with social protection strategies and systems in place that address HIV	18

FEATURED STORIES

- Summit concludes with a call for action to reinvent the response to the HIV pandemic and end AIDS in Western and Central Africa ([Link](#))
- Funding the AIDS response and reforming health systems in western and central Africa ([Link](#))
- Less than 60% of pregnant women living with HIV in western and central Africa have access to services to stop vertical transmission of HIV ([Link](#))

JOINT PROGRAMME CONTRIBUTIONS TOWARDS ACHIEVEMENT OF 2020–2021 REGIONAL PRIORITIES

Across western and central Africa, the Joint Programme strengthened and expanded national HIV responses, with a particular focus on addressing the needs of key populations. Actions included initiatives like the regional mapping of social protection programmes and assessment of their sensitivity to HIV, and evaluations of key population's knowledge and access to social protection schemes. Capacity building for population size estimations, needs assessments, the use of mapping tools, and data analysis contributed to increased knowledge and visibility of key populations as well as more evidence-informed and targeted programming for key populations across the region.

Thanks to the Joint Programme's advocacy and support, efforts redoubled to eliminate stigma and discrimination especially with seven countries joining the Global Partnership to eliminate Stigma and Discrimination and the roll out of the Stigma Index 2.0 led by networks of people living with HIV in twelve countries.

Economic empowerment and social entrepreneurship among key populations was supported through skills building and catalytic financing. Significant technical and financial support was provided to help countries recover from the socioeconomic and health impact of the COVID-19 pandemic and to ensure the continuity of HIV and essential health services. HIV-related stigma and discrimination were addressed by implementing awareness campaigns, community dialogues and evidence-informed advocacy led by people living with HIV.

Testing, treatment and elimination of mother-to-child transmission

114. As the region has been facing challenges with reaching the 90–90–90 testing and treatment targets, the Joint Programme provided technical support and catalytic funding to scale up differentiated HIV service delivery models across the region. This resulted in various initiatives, including a regional study on multimonth dispensing and community ARV distribution, the development of normative guidance on differentiated service delivery in Mali, and the inclusion of such service delivery approaches in the Central African Republic's 2021–2025 National HIV Strategy Plan. The efforts also helped mitigate the impacts of the COVID-19 pandemic and related lockdown measures, including HIV service disruptions. During the biennium, the regional Joint Team continued to provide technical support to strengthen national health services. In Ghana, this work included strengthening maternal and child health and nutrition service delivery through the use of community-based health and nutrition services.

115. The Joint Programme commissioned a regional mapping exercise in 12 countries on existing social protection programmes to understand their sensitivity to HIV issues and evaluate knowledge

and access among vulnerable people and living with or affected HIV. A total of 1299 people (46% of them women and 216 of them from key populations) participated in the survey. More than half of the participants did not know whether a social security system existed in their countries, 80% did not have any health insurance, 77% were unaware of any existing social safety net programmes, and 80% did not know whether they were included in existing social protection schemes. The assessment highlighted the need to intensify advocacy with governments and capacity building of community partners, disaggregated data collection, and dialogues to remove barriers and make social protection schemes more inclusive. A regional capacity-building workshop provided opportunities for 240 national stakeholders to share their experiences and informed development of a compendium of social protection resources and materials.

116. In 2020, the Joint Programme piloted a rapid cash transfer and community engagement programme in Burkina Faso, Cameroon, Côte d'Ivoire and Niger to mitigate the socioeconomic impact of COVID-19 pandemic among vulnerable people living with HIV and key populations and to ensure their access to HIV services, including treatment. A total of 3,987 vulnerable households of people living or affected by HIV received cash transfer of

US\$ 87–133 for food, health-care, housing and other expenses. A synthesis report and four country case studies were finalized through a real-time and participatory documentation process. They identified key lessons, policy implications and recommendations for more inclusive and HIV-sensitive national social protection.

Combination HIV prevention among key and vulnerable populations

- 117.** The Joint Programme supported implementation of the Education Plus Initiative to empower adolescent girls and young women in western and central Africa through education, tailored health packages and gender equality—reducing their risk to HIV infection. In 2021, the Joint Programme formed partnerships for Education Plus with national stakeholders in Benin, Cameroon, Gabon, Lesotho and Sierra Leone, while Ghana expressed a desire to join the effort in 2022.
- 118.** Critical contributions were also made towards the Ministerial Commitment for Educated, Healthy and Thriving Adolescents and Young People, including finalizing a situation report of adolescents and young people, developing 24 country briefs, and organizing 14 national and a regional consultation around the commitment. Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Nigeria and Senegal received technical assistance to fully integrate at least three core indicators of the education sector HIV response in their school censuses. Support was also provided to complete assessments of legal frameworks and education policies relating to CSE in Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Nigeria and Togo.
- 119.** To strengthen HIV programming for key populations, the regional Joint Team collaborated with RECCAP—a subregional project implemented by the NGO Énda Santé—and Johns Hopkins University to train 30 people from Côte d'Ivoire, Guinea, Guinea-Bissau and Senegal on population size estimations, mapping tools, HIV service and needs assessment, data analysis, and reporting. A consultation on rethinking key population programmes, held in Côte d'Ivoire, brought together civil society representatives from 18 countries. It discussed successes and shortcomings

of current programmes for key populations and developed a strategic plan for action.

- 120.** The West Africa Drug Policy Network and the International Drug Policy Consortium were supported for the development and dissemination of the 2018 West Africa Model Drug Law, which promotes the expansion of harm reduction and other key programmes for people who use drugs. The Joint Programme also supported the development and dissemination of a short guide for local NGOs on applying the drug model in their work.
- 121.** In December 2020, the Solidarity Fund for Key Population Social Entrepreneurship was launched to support social entrepreneurs and microbusiness owned by key populations who face hardship during the COVID-19 pandemic. The Fund was piloted in five countries, including Ghana, where the catalytic subsidies spawned an innovative vegetable greenhouse farm that generates income and nutritional supplements for young people living with HIV. Vulnerable women were trained in sewing and assisted to establish a clothing design shop. Several people from the LGBTI community were able to initiate start-ups or build back community ventures in baking, tailoring, cooking, interior décor and make-up artistry.

HIV services for people affected by humanitarian emergencies or living in fragile states

- 122.** The region is severely affected by humanitarian crises arising from political instability and a general context of insecurity. This requires that HIV responses be adapted to the needs of the most-affected populations, by using a comprehensive and integrated approach. In collaboration with partners, including national counterparts, civil society and networks of people living with HIV, the regional Joint Team is supporting efforts to monitor the movements of people within the region and assessing their needs, raise awareness on HIV and the specific risks for refugees and internally displaced populations, and deliver HIV testing and services to all who need them. Key achievements in 2020–2021 included: (i) increased availability of coordination tools and mechanisms at regional level, including through the Community Economic Resilience Fund; and (ii) strengthened

capacity at regional and country levels to respond to emergencies through the Inter-Agency Standing Committee training package.

- 123.** Efforts were also made to provide HIV services, including HIV testing and treatment in conflict areas, for instance in Burkina Faso, with the development of an emergency plan of action in partnership with local communities.

Addressing stigma and discrimination, and promoting gender equality and the empowerment of women

- 124.** Misconceptions and controversies regarding the human rights of key populations, implementation of SRHR programmes and delivery of CSE continue to impede national HIV responses. Stigma also remains one of the biggest barriers preventing people living with HIV from accessing health services. In response, the regional Joint Team contributed to effectively support efforts to eliminate stigma and discrimination by coordinating and leading regional advocacy and communication campaigns.
- 125.** Seven countries in the region joined the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination to harness the combined power of governments, civil society, academia, bilateral and multilateral donors and the UN to end HIV-related stigma and discrimination. For example, through this partnership, awareness campaigns and community dialogues in Senegal sought to rally communities against stigma and discrimination, and an antidiscrimination advocacy strategy was developed to support the activism of networks of people living with HIV. A patients' charter, accessible via a toll-free number, was also established to facilitate the reporting of cases of discrimination in health-care facilities in the Central African Republic.
- 126.** HIV-related social exclusion, often involving violence, continues to imperil people living with or affected by HIV and key populations. Experience underscores the need to sensitize communities to change societal attitudes, empower vulnerable and key populations, and create enabling environments for equitable health and support services. The Stigma Index 2.0 was rolled out under the leadership of networks of people living with HIV in

over 12 countries to gather evidence of stigma and discrimination among people living with HIV and propose specific corrective actions.

- 127.** Several countries were supported to undertake gender assessments to identify opportunities, gaps and challenges in mainstreaming gender equality and empowerment of women in the HIV response, and to provide a set of recommendations for improved HIV policies and programmes. For example, the Central African Republic combined a gender assessment with the adoption of a collective plan to address gender inequality in its national response.
- 128.** Regional support for the GBV prevention and response project in the Democratic Republic of the Congo continued to improve access to community-based integrated HIV and GBV prevention, care and support services. Reports indicate that as of April 2021, of all reported cases 100% of eligible GBV survivors received timely post-exposure prophylaxis services, up from only 13% in 2017. In 2021, an estimated 450 900 people benefited from the project, up from slightly fewer than 8000 in 2020.

Investment and efficiency

- 129.** With the aim of sustaining political support for the HIV response in western and central Africa, a three-day high-level regional AIDS summit was held in Dakar end 2021, under the patronage of the President of the Republic of Senegal. More than 660 people from 30 countries joined the event, including ministers, national AIDS council directors, civil society representatives, and key technical and financial partners in the regional HIV response. The summit focused on the importance of engaging with communities, strengthening health systems to implement differential service delivery approaches, developing and financing inclusive social protection mechanisms, and reaching people left behind. The summit concluded with the Dakar Call to Reinvent the Response to the HIV Pandemic and a set of commitments to finance the HIV response in the region.
- 130.** In 2020–2021, the regional Joint Team supported implementation of the World Bank's COVID-19

Preparedness and Response Project in 22 countries. The programme seeks to prevent, detect and respond to the COVID-19 pandemic and strengthen national systems and public health emergency preparedness. These initiatives include implementation of urgent social, financial and safety net programmes for affected households of vulnerable populations, including COVID-19 patients, people living with HIV, and their families. They also focused on ensuring the continuity of HIV and other essential health services during the pandemic.

131. Through multistakeholder engagement and innovative partnership approaches, five new national multidisease civil society coordination platforms were established in Cabo Verde, Guinea-Bissau, Niger, Sierra Leone and Togo. They are expected to facilitate collaboration, expand capacity and ensure the meaningful participation of civil society actors in HIV and health programmes at the national level.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

132. In the Democratic Republic of the Congo, the Joint Programme supported implementation of the Human Development Systems Strengthening project to improve education and health management systems. In 2020–2021, some 3300 health and education workers were trained in information management systems—an increase from 549 in 2019. Of the 1.4 million beneficiaries of the project, 49% are female. Support was also provided to complete six studies on education and health to ensure sector-wide ministries have access to high-quality analytical information for decision-making and systems development—contributing to SDGs 3, 4, 10, and 16.

133. More than 90 participants from 10 countries in the region participated in a regional civil social capacity building workshop on HIV-sensitive social protection in 2021. While the workshop provided guidance on how to implement people-centred social protection programmes, it also highlighted the value of civil society actors in leading advocacy, policy dialogue and oversight of social protection efforts in the region. Various webinar discussions enabled more than 150 participants from over 20 countries to improve their awareness, share experience and strengthen their capacity on implementation of social protection programmes—in line with SDGs 3, 10 and 17.



DEMOCRATIC REPUBLIC OF THE CONGO

Mother and baby in maternity ward, 2013. The Joint Programme supports the integration of HIV services in antenatal care to strengthen infant and adult diagnosis in the Democratic Republic of the Congo.

Credit: Sven Torfin

DEMOCRATIC REPUBLIC OF THE CONGO – LEAVING NO ONE BEHIND IN HUMANITARIAN SETTINGS

Responding to the extended and complex humanitarian emergency in the Democratic Republic of the Congo, the Joint Programme prioritized efforts to ensure continuous access and adherence to HIV services in humanitarian settings. A study by the Joint Team in two humanitarian provinces, Kasai Central and Kasai Oriental provinces, revealed important food and nutrition vulnerability: 17% prevalence of acute malnutrition was recorded among people living with HIV aged 18 years and older, 32% among children and adolescents living with HIV aged 5–18 years, and 35% among pregnant and breastfeeding women in households with people living with HIV.

In partnership with the Open Air Campaigners and the Union of Congolese people living with HIV, nutrition assistance programmes led by the Joint Team reached 6,000 malnourished people living with HIV and coinfecting with TB in 15 health zones in Kasai Central and Kasai Oriental. This included nutritional care, awareness-raising, voluntary HIV testing and community follow-up and support initiatives to ensure access to HIV services and adherence to treatment among people living with HIV.

The Joint Programme also provided support to integrate HIV testing services in antenatal care for refugee pregnant women and increase the number of point-of-care sites to strengthen early infant and adult diagnosis. An HIV counselling and testing programme was implemented in refugee camps, enabling 4141 pregnant women to learn their HIV status and linking 29 women who tested positive for HIV to ART. Thirty-six children who were born with HIV were also started on ART. However, the gaps and inequalities are stark and much more needs to be done.

