

# BENIN

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

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

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*The Joint Team made technical and financial contributions in reaching thousands of adolescents, young people, and key populations with HIV prevention and sexual and reproductive health information and services, including HIV testing and family planning services and HIV prevention commodities. Awareness sessions and community outreach initiatives on COVID-19 pandemic were also supported and personal protective equipment were donated to curb the spread of the virus and ensure the continuity of HIV services and the safety of vulnerable people during the pandemic. Extensive technical support and procurement of laboratory equipment led to integration of HIV, maternal and child health, and nutrition services; improvement of early infant diagnosis and monitoring of children living with HIV enrolled on treatment; and ultimately the decline of vertical transmission of HIV among exposed children. Trainers, young people living with HIV and key populations were trained and promotional activities were executed to support planned HIV self-testing pilot programme. Capacity building sessions were also conducted for healthcare providers, antiretroviral treatment prescribers, and paramedics on various topics including management of HIV treatment, pharmacovigilance forms, and nutrition. National guidelines were developed, and agricultural inputs and equipment were procured to enhance the overall health outcomes of people living with HIV. The Joint Team collaborated with national partners to review existing laws on HIV, draft amendments, and complete the Stigma Index 2.0 study to accelerate progress towards national and international AIDS targets and eliminate bottlenecks, such as stigma and discrimination, and gender-based violence. Gender assessment of the national HIV response was completed, and communities were trained on human rights and gender-based violence to eliminate violence against women and improve their social and economic status. Extensive technical support was also provided to improve strategic evidence for the HIV response.*

## HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

To strengthen HIV prevention among key populations, and following progress made in 2020 on HIV self-testing, the Joint Team provided support to the Government for the development of national pre-exposure prophylaxis (PrEP) guidelines, for implementation in 2023. A total of 109 healthcare providers were also trained on the clinical management of sexually transmitted infections (STIs).

In 2020-2021, the Joint Team offered technical assistance to scale up HIV prevention and sexual and reproductive health (SRH) services for adolescents and young people in Benin. In 2020, around 9389 adolescents and young people utilized the youth-friendly centres that are supported by the Joint Team, and more than 54 000 adolescents and young people accessed HIV, SRH, and family planning services over the biennium. Additionally, 17 230 adolescents and young people from the University of Benin were provided with HIV testing and counselling services and received their results in 2020, while 3912 students had HIV testing through community-based services in 2021. A total of 92 000 male and female condoms were also distributed to young people in 2020-2021.

The Joint Team supported the National AIDS Council and the Claudine Talon Foundation to develop quizzes on HIV tailored for adolescents and young people to improve their knowledge on HIV prevention and help them make informed decisions about their sexual and reproductive health.

To minimize the spread of COVID-19, a virtual pandemic awareness session was organized, reaching 296 people across the country; a further 141 students were sensitized by the Joint Team on COVID-19 prevention methods and received face masks and sanitizers. The Joint Team also procured computers for a network of adolescents and young people living with HIV (CAJ-RéBAP+), an association of female sex workers, and the Civil Society Institute for Health (CoRC-BENIN) to support community outreach initiatives on HIV and COVID-19 prevention and treatment services.

### **PMTCT AND FAMILY TESTING**

Significant contributions were made to improve prevention of mother-to child transmission of HIV (PMTCT) services and the follow up of mother-child pairs enrolled on these services, resulting in a declining positivity rate among HIV-exposed children from 3.4% in 2019 to 1.6% in 2021. Also, 99.9% of pregnant women admitted to antenatal care services in 2020 were tested for HIV; this acceptability rate stayed at 99.4% in the first half of 2021 (Rapport du Programme Santé de lutte contre le Sida, 2021).

The Joint Team provided technical support at the highest level for the evaluation of the national elimination of mother-to-child transmission of HIV and syphilis (EMTCT) plan 2016-2020, which identified critical bottlenecks challenging progress towards the set targets; and the development of the new EMTCT plan for 2021-2025, which integrates key recommendations from the evaluation.

The Joint Team procured 1500 GenXpert cartridges to ensure continuity of early infant diagnoses services for HIV-exposed children during the COVID-19 pandemic. Standard operating procedures for HIV testing, including viral load testing were developed and validated through technical support from the Joint Team. The national testing standards were also updated to include the rapid HIV testing algorithm using three tests and HIV/Syphilis Duo. Meanwhile, technical support was provided for the integration of HIV testing, including family testing into malnutrition services for children who are being treated or hospitalized in health facilities. This significantly contributed to the HIV testing and counselling services provided to 170 275 children in 2020-2021.

The Joint Team provided technical support to strengthen monitoring of paediatric HIV treatment and care services and improve follow-up and retention of mothers and children who are enrolled on ART. For instance, the Joint Team assisted in the audit of children living with HIV enrolled on ART and who died from HIV-related complications, with the aim to improve the quality of paediatric treatment services. Thirty cases of children living with HIV and nine deaths of children enrolled on ART were audited in 2020.

### HIV TREATMENT AMONG ADULTS AND CHILDREN

In preparation for the rollout of a pilot HIV self-testing programme, the Joint Team provided technical and financial support for the training of 30 people from youth and key populations associations on HIV self-testing kits and reporting tools. An additional 30 people were trained as trainers on similar topics. Outreach initiatives were also conducted to promote uptake of HIV self-testing among spouses, young people, and key populations.

The Joint Team conducted various capacity building sessions to improve access and quality of antiretroviral treatment (ART) services in Benin. These included the training of 33 healthcare providers that prescribe ART on pharmacovigilance notification; 39 healthcare providers and paramedics on ART management; and 30 healthcare workers to strengthen their skills on monitoring the nutritional status of people living with HIV. A discussion workshop was also organized for 35 healthcare providers that prescribe ART to share their experiences on demand creation and uptake of viral load testing in 2020, and the interpretation of genotyping results in 2021.

The Ministry of Health was supported for the development of a new national guide for the nutritional management of people living with HIV to improve their overall health outcome. Meanwhile, the Joint Team procured and distributed agricultural inputs and equipment to networks of people living with HIV to strengthen their nutrition and food security.

The Joint Team reprogrammed 26% of its programme budget to support the COVID-19 response in Benin. With this funding and technical support, the Joint Team executed various activities including the training of 1869 health workers on COVID-19 prevention to ensure the continuity of HIV services in the *cordon sanitaire*—densely populated urban areas in the southern coast, which were heavily affected by the COVID-19 pandemic. Personal protective equipment and medical equipment were also distributed to healthcare providers, community health workers, peer educators and COVID-19 isolation sites, while hygiene kits were donated to 10 groups of people living with HIV in the country.

Moreover, the Ministry of Health was supported to complete a rapid assessment of the impact of the COVID-19 epidemic on the provision of HIV services in Benin. They survey found that although the delivery of HIV and essential health services slowed down at the beginning of the pandemic, and in particular antenatal care attendance was reduced, these services remained accessible. The HIV prevention package of services offered to key populations was not affected, and a 3-month multimonth dispensing of antiretroviral treatment was made available for 28% of eligible people living with HIV during the pandemic. Key recommendations from the study included the need to put in place anticipatory measures to minimize impact and ensure the wellbeing of people living with HIV.

### HUMAN RIGHTS, STIGMA, DISCRIMINATION, AND GENDER-BASED VIOLENCE

The Joint Team worked with several national partners and stakeholders for the review of Law No. 2005-31 of 5 April 2006 on the Prevention, Care and Control of HIV/AIDS to support Benin's progress towards ending AIDS as a public health threat by 2030. Following the review, the Joint Team provided technical support for the development of the draft Law No. 2021-000-00 on the Prevention, Management, and Elimination of HIV and AIDS-Related Infections and Deaths in the Republic of Benin, which emphasizes the need to promote positive attitudes and eliminate all forms of stigma, discrimination, gender-based violence (GBV), and violence against people living with or affected by HIV and key populations. Under the lead of the Ministry of Health, the draft law is yet to be adopted by the Government before being submitted to the vote of the Beninese parliament.

Capacity building was provided for grassroots communities on the prevention of GBV and the promotion of the rights of vulnerable people. For example, 40 adolescents and young people living with HIV aged 15-24 years from 12 departments were trained on human rights which led to the solemn declaration by the national network of young people living with HIV (CAJ-RéBAP+) to establish Clubs for Adolescents and Young People living with HIV/AIDS in Benin.

These clubs are expected to rollout peer-led initiatives such as group discussions, awareness raising events, and home visits. Additionally, trainings on human rights and GBV were conducted for 795 participants, including young people living with HIV, mayors, and locally-elected officials.

The Joint Team provided technical support for a gender assessment of the national HIV response. The assessment highlighted the lack of programmes aimed at reducing GBV or at providing adequate support to women who survived sexual assault or GBV; stakeholders in the HIV response do not have good understanding of gender and GBV; and existing power imbalances reinforce the inability of women, adolescents, and girls to negotiate condom use and to defend themselves against forced sexual activities. Key recommendations included the need to develop specific programmes to improve the social status and economic empowerment of women in the country.

Technical and financial support was provided for the rollout of the Stigma Index 2.0 study which showed that one in ten people living with HIV who participated in the survey reported having been excluded from social gatherings and activities; 4.7% faced exclusion from religious activities or places of worship; and 10.7% were omitted from family activities due to their HIV status. Additionally, 6.4% of the respondents reported that they had been refused a job or had lost a source of income or a job, and 10% experienced discrimination for their spouse, partner(s), or children.

### STRATEGIC INFORMATION AND EFFICIENCY

Extended technical support was provided to strengthen the generation of reliable strategic evidence for the HIV response. These included the updating of HIV estimates and projections based on SPECTRUM at the national and decentralized levels; the preparation of the National AIDS Spending Assessment (NASA); the completion of the Global AIDS Monitoring (GAM) report; and the evaluation of the progress towards the UNAIDS Strategy 2016-2021.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Under the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019-2023, activities implemented by the Joint Team strongly contributed to the achievement of the Sustainable Development Goals (SDGs).

A final evaluation of the work of the Joint Team in Benin was conducted for the 2016-2020 period, which fed into the development of a new HIV programme for the period 2022-2026, which is fully aligned with the Global AIDS Strategy.

As a champion country and member of the Education Plus Initiative, Benin was also supported by the Joint Team in preparing the implementation of the initiative in the country (planned from 2022). Aimed at empowering adolescent girls and young women in Sub-Saharan Africa, the Education Plus Initiative will provide a platform for Benin to advance the realization of gender equality (SDG 5), through improved access to quality education (SDG 4).

In 2021, the Joint Team supported the Ministry of Social Affairs and Microfinance to conduct a study on gender and COVID-19. The analysis highlighted the increased vulnerability of women, young people, the elderly, and people living with HIV or disabilities, especially people from these groups working in the informal sector. In response, the Joint Team provided cash transfers for 50 orphans and vulnerable children from the households affected by the COVID-19 pandemic in the capital city Cotonou, the most impacted city in Benin. Along with other initiatives supported by the Joint Team, this action contributed to improving the livelihoods of vulnerable people in the country, in line with SDG 1 (No Poverty) and the *leaving no one behind* principle.

### CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic delayed implementation of key planned activities, derailing progress made in the HIV response. Pandemic-related restrictions required innovative ways of collaborating and of implementing activities, especially in rural areas.

The limited or no involvement of the spouses of women living with HIV, and the reluctance of index clients to bring their spouses, continued to challenge the management and follow-up of children who tested HIV positive during family testing or through PMTCT services. Experiences underscore the need to strengthen ongoing sensitization of women and men on the importance of family testing and adherence to treatment. There is also a need for scaling up differentiated service delivery approaches, particularly HIV self-testing and community-based care to ensure uptake of HIV testing and care services and adherence to treatment.

Availability of optimized treatments remains a challenge in Benin, affecting their effective use in health facilities and appropriate uptake by people living with HIV.

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