

# IRAN (ISLAMIC REPUBLIC OF)

*Report prepared by the Joint UN Team on AIDS*

## PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
HIV testing gap decreased by 20% compared with 2019.	<b>SLOW PROGRESS</b>	The HIV testing gap at the end of 2020 is at 60%, a slight decrease from 2019 level (62%). (Country Spectrum Estimates, 2021)
ARV treatment gap (between those knowing their HIV status and those on treatment) decreased by 50% compared to 2019.	<b>ON TRACK</b>	While good progress is being made in terms of linkage to care, in particular through the decentralization of treatment services, the treatment gap is still high at the end of 2020 (32%, no change from 2019). Since early 2020, Iran is following the Population-Location concept and expanding Differentiated Service Delivery initiatives to further decrease the ARV treatment gap. (Country Spectrum Estimates, 2021)
Number of new child infections due to mother-to-child transmission (MTCT) decreased by 35% compared with 2019.	<b>ON TRACK</b>	97 new child infections were recorded in 2020 (no change from 2019). The newly endorsed 5 <sup>th</sup> National Strategic Plan (2021-2025) is expected to strengthen the work towards elimination of MTCT. (Country Spectrum Estimates, 2021)
Estimated number of adult new infections decreased by 10% compared with 2019.	<b>SLOW PROGRESS</b>	The expansion of comprehensive services in the country countered the challenges created by the COVID-19 pandemic; a slight increase was observed in new adult infections in 2020 (2294 cases, 1.06% increase from 2019). (Country Spectrum Estimates, 2021)
National and sub-national stakeholders have access to quality data for policy setting and programme management.	<b>ON TRACK</b>	Assessments were conducted on several at-risk groups, including young people, female sex workers, vulnerable men and transgender people. CSO capacity development was provided on data collection, monitoring and evaluation of services provided to people who use drugs.

### JOINT TEAM

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

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

*Despite the challenging context of COVID-19, the Joint Team in Iran was able to advance national prevention coverage for key populations through a range of activities working with government partners, NGOs and CSOs. Testing and treatment coverage resisted the worst effects of the COVID pandemic through establishment of mobile testing units and the initiation of ARV multi-month dispensing (MMD). Increased commitment to the issue of vertical transmission is evidenced by elimination of mother-to-child transmission being included in the 5<sup>th</sup> National Strategic Plan. Combination prevention services have been scaled up—for example, for young people through capacity building for youth-friendly services, and for key populations through equipping CSOs working on harm reduction strategies for people who use drugs. Focused efforts to further generate reliable strategic information on HIV prevention will support the Joint Programme into 2021.*

### HIV TESTING AND TREATMENT FINANCIAL SUPPORT, TECHNICAL SUPPORT

47 mobile HIV voluntary counselling and testing (VCT) units were procured to support the Iranian Research Centre for AIDS for the surveillance among ART initiators. At least 57 000 people who inject drugs, 90 000 non-injecting drug users, 29 000 women at high-risk, and 293 000 prisoners learned their HIV status.

Technical and financial support was provided for the development of new Lost-To-Follow-Up protocols, to improve ART coverage and treatment adherence. Multi-month dispensing (MMD) was included in the national COVID-19 Response Programme, to ensure continuous access for people living with HIV to ARVs during COVID-19. By July 2020, 50% of 2112 people living with HIV who responded to a monitoring survey stated that they had been dispensed at least two months of ART at their last visit.

### PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) TECHNICAL SUPPORT; POLICY DIALOGUE; UPSTREAM ADVOCACY

Through concerted advocacy, elimination of mother-to-child transmission is now a pillar of the newly endorsed 5<sup>th</sup> National Strategic Plan (2021-2025). The Joint Team will support the implementation of the plan in 2021 by establishing the National Validation Committee, supporting the development of the national PMTCT roadmap, procurement of essential medicines and diagnostics (in addition to the 200 000+ dual HIV/syphilis and HIV rapid diagnostic tests procured in 2020), and piloting interventions to further increase PMTCT coverage, especially among hard-to-reach women, many from key and vulnerable populations.

### PREVENTION IN YOUNG PEOPLE AND KEY POPULATIONS CAPACITY BUILDING; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

Technical and financial support was provided to seven adolescent wellbeing (AWB) clubs, which included the development of a training package and guidelines on psychological crisis interventions for at-risk adolescents, a protocol for legal capacity building for service providers, and staff training on a service package for STI prevention, care and management among adolescents using the club. AWB clubs outreach services were strengthened to reach more young people by procuring six prefabricated mobile units, four motorbikes and 21 000 HIV rapid test kits, as well as digital data collection systems, to increase the accessibility of youth-friendly services.

108 734 people who inject drugs and 51 389 women at high-risk accessed HIV prevention services in 2020 through various programmes directly or indirectly supported by the Joint Team. As part of supporting the national programme strategy to reach HIV-vulnerable men and women, people who inject drugs and transgender populations, mobile combination prevention services have been scaled up, adding 44 more mobile units to the existing 34. A comprehensive package of training, including sexual and reproductive health, HIV and STI prevention, life skills, mental health, partner engagement, and self-protection was delivered to equip 85 peer and non-peer service providers and counsellors serving HIV-vulnerable men and women. In addition, guidance was revised on HIV prevention and care for people who use amphetamine-type stimulants.

7900 refugees (81% men, 19% women) in three provinces received drug harm reduction services, including peer outreach services, VCT referral, prevention training for children and adolescents, and psychosocial support for affected families. 135 refugees (25% male and 75% female) received psychosocial services in connection with sexual gender-based violence prevention.

## **STIGMA AND DISCRIMINATION TECHNICAL ASSISTANCE**

To address stigma and discrimination, technical and financial support was provided for the development of the ethical framework of the 5<sup>th</sup> National Strategic Plan, an anti-discrimination bylaw by the Ministry of Health, a Redxir stigma and discrimination gamification initiative by and for medical students, and the conducting of a study on the national charter of citizens' rights in the context of HIV, leading to a path for people living with HIV to enjoy their rights through existing citizen's rights clinics.

## **TOWARDS AN EVIDENCE-BASED HIV RESPONSE PARTNERSHIP; TECHNICAL SUPPORT**

Work with the National AIDS Programme has been addressing data gaps for more effective evidence-based advocacy and cost-effective programme design. The National AIDS Spending Assessment was conducted end 2020, and findings were used to update the National Investment Case. The field phase started for an integrated biological and behavioural study (IBBS) among high-risk behaviour people affected by HIV.

Supported by the Joint Team, findings from the Iranian Research Centre for HIV/AIDS surveillance study will help in updating the national HIV care and treatment guidelines for the best ARV regime, while 11 000 young people in 21 provinces were surveyed on HIV and STI risk perception; results of the survey will be available in 2021.

A qualitative review of three harm reduction centres was conducted in Tehran for improving access to hard-to-reach people who use drug, for improving community-based harm-reduction programmes especially for homeless people who use drugs. Another study was conducted on the prevalence of HIV/Hepatitis C co-infection and related demographic factors in prisons, the result of which constitutes the basis of treatment programme of coinfections among inmates.

## **CONTRIBUTION TO THE COVID-19 RESPONSE TECHNICAL SUPPORT; POLICY ADVICE; COMMUNITY ENGAGEMENT**

€553 202 was mobilized from the European Union Civil Protection and Humanitarian Aid Operation (ECHO) to support community engagement risk-awareness activities, including 26 small-grant support to NGOs delivering HIV/AIDS services, creating innovative community engagement activities to minimize the effect of COVID-19 on key populations and people living with HIV, including the development of animation series on COVID prevention in the context of HIV, and to build capacity for community-based COVID-19 monitoring and evaluation. Approximately €300 000 of ECHO funds provided PPE for over 680 CBOs and NGOs serving more than 82 000 key populations and people living with HIV across the country.

Disruption to accessing ART for people living with HIV was avoided through adopting MMD as part of the national COVID-19 Response Programme. A mid-2020 joint NAP-UNAIDS online survey of 2212 people living with HIV (41.3% female, 0.6% transgender, and 58.1% male) found that 53% of respondents received 2 or more months of ARV at each visit, with 50% having at least one month's supply of ARV at home at the time of the survey. The former figure (2-3 months) transiently increased to around 90% between June and October, but then began to drop due to the impact of sanctions on procurement.

A rapid needs-assessment was made of NGOs delivering HIV services, and technical and financial support provided to ensure continuity of activities during the COVID-19 epidemic. A rapid survey was taken of over 2100 people living with HIV, followed by a national study assessing COVID-19 prevalence and its consequences for vulnerable populations. Also, a national study is being implemented, assessing the prevalence of SARS-CoV-2 and its related factors among people living with HIV in Iran.

Guidance was produced on the prevention of COVID-19 for people living or working in prisons, and people who use drugs, along with COVID-compliant standard operating procedures (SOPs) for NGOs working with adolescents and youth at high-risk. COVID-19 prevention messages were provided as printed brochures distributed to 6000 people who use drugs, with three accompanying podcasts reaching a further 2000.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

HIV/AIDS is an integral component of the Health Pillar under the current United Nations Development Assistance Framework (UNDAF), which ends in 2022, and will also be part of the next United Nations Sustainable Development Cooperation Framework (UNSDCF), which begins in 2023. The Joint Team is contributing actively to the development of the Common Country Assessment, which uses a strong "Leave No One Behind" lens to identify the needs and vulnerabilities of people living with HIV and other key populations to shape the HIV component of the next UNSDCF.

Joint Programme results are included in the annual Country Results Report shared with the host government, which forms the basis for programmatic discussions by the High-Level Steering Committee jointly chaired by the Ministry of Foreign Affairs and the UN Resident Coordinator. Thus, the UN Joint Team's contribution to the national HIV response is fully integrated within the overall UN response to national development priorities and the SDGs globally.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>Procurement and availability of rapid diagnostic tests, ELISA, CD4 and viral load monitoring kits have been subject to significant delays caused by the combination of sanctions and COVID-19.</p>	<p>Procurement of essential commodities to maintain continuity of services for key and vulnerable populations. Monitor service disruptions and survey provider / beneficiary needs in the field.</p> <p>Maintain continuity of services delivered by the National AIDS Programme (through procurement, knowledge, advocacy).</p> <p>Focus on expanding MMD and virtual/distance support solutions (e.g. online services, SMS reminders).</p>
<p>A limited range of novel testing approaches are available to clients of HIV services.</p>	<p>Support Differentiated Service Delivery with focus on key populations, particularly people who inject drugs and women living with HIV.</p>
<p>Stigma and discrimination are still persistent in healthcare settings. Limited access of key populations to tailored services.</p>	<p>Support specific activities included in the 5<sup>th</sup> National Strategic Plan to address stigma and discrimination, including the ones supported by the grant from the Global Fund to fight AIDS, Tuberculosis and Malaria.</p> <p>Support greater involvement of people living with HIV and key populations in decision-making, through involvement in research (generation of evidence for policy), community-based monitoring efforts (directly measuring the effectiveness of programme), and through participation in governance bodies, e.g. Country Coordinating Mechanism.</p>
<p>There is a need to support the rapid scale-up of primary healthcare-based PMTCT programme and progress monitoring towards elimination.</p>	<p>Support the establishment of a National Validation Committee, and the development of the national roadmap for elimination of mother-to-child transmission.</p> <p>Using the findings of the feasibility studies, implement pilot interventions, which may vary across provinces and settings, to increase PMTCT coverage to hard-to-reach pregnant women.</p>
<p>Data gaps, inadequate integration of monitoring and reporting data sources; inadequate mapping of epidemic among all key populations.</p>	<p>Initiate strategic information exercises e.g., IBBS among key populations, implementing updated comprehensive M&amp;E plan of the 5<sup>th</sup> National Strategic Plan.</p>

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