

REGIONAL AND COUNTRY REPORTS

UNAIDS 2020 PERFORMANCE

MONITORING REPORTS

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2020: Executive Summary
(UNAIDS/PCB(48)/20.8)
- ii. UNAIDS Performance Monitoring Report 2020: Strategy Result Area and Indicator Report (UNAIDS/PCB(48)/20.9)
- iii. UNAIDS Performance Monitoring Report 2020: Organizational Report
(UNAIDS/PCB(48)/20.11)

Action required at this meeting: the Programme Coordinating Board is invited to:

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

Welcome the accomplishments of the Joint Programme in support to the multisectoral HIV response, including people living with HIV, communities and key populations, especially to address the intersecting HIV and COVID-19 pandemics through strengthened joint and collaborative action at country level;

Appreciate the further improvements in the qualitative and quantitative analytical performance reporting jointly developed and aligned to prioritized national targets, with a focus on impact and disaggregated results, including for addressing COVID-19, emphasis on priority off-track areas and actions to address these, and wider links to the 2030 Agenda and UN reform;

Encourage all constituencies to use UNAIDS annual performance monitoring reports to meet their reporting needs and as a basis for programme planning;

Cost implications of decisions: none



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MONITORING
REPORT 2020

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REGIONAL AND COUNTRY REPORT

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ABBREVIATIONS AND ACRONYMS

AIDS	acquired immunodeficiency syndrome
ARV	antiretroviral medicines
ART	antiretroviral therapy
CBO	community-based organization
CSO	civil society organization
DHIS2	District Health Information Software 2
eMTCT	elimination of mother-to-child transmission
FAO	Food and Agriculture Organization
GAM	Global AIDS Monitoring
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IOM	International Organization for Migration
IBBS	Integrated Bio-Behavioural Surveillance
LGBTI	lesbian, gay, bisexual, transgender and intersex
MMD	multimonth dispensing
NGO	nongovernmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
OST	opioid substitution therapy
PAHO	Pan-American Health Organization
PCB	Programme Coordinating Board
PEP	post-exposure prophylaxis
PEPFAR	United States President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission
PrEP	pre-exposure prophylaxis
SADC	Southern African Development Community
SDG	Sustainable Development Goal
SRA	strategic result area
STI	sexually transmitted infection
TB	tuberculosis
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNSDCF	United Nations Sustainable Development Cooperation Framework

Cosponsors

UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
ILO	International Labour Organization
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization
World Bank	World Bank

INTRODUCTION

1. This report highlights the progress made in 2020 towards the achievement of the Fast-Track commitments at regional and country levels and describes the Joint Programme's contributions to the results achieved. The report is composed of all six regional reports and 12 selected country-level reports, two from each UNAIDS region.
2. The regional reports cover the broad scope of progress made against the Fast-Track priorities and targets, as identified by the regional Joint Teams. They provide selected country examples to illustrate how particular programmes or approaches have contributed to the region's achievements. Country-level reports have been selected to present a clear picture of the progress and challenges faced over the year in diverse contexts within regions, highlighting achievements and describing actions taken or plans put in place to tackle areas of slow progress and to close gaps. All reports include regional or national results reported against 2020–2021 Joint Team targets, Fast-Track commitments and Strategy Result Areas (SRAs). Reports are evidence-informed, data-driven and people-centred; when available, sex- and age-disaggregated data are provided.
3. At regional and country levels, the report highlights the Joint Programme's contribution to the wider integrated Sustainable Development Goals (SDGs), including full participation in the development and implementation of the United Nations Sustainable Development Cooperation Frameworks (UNSDCFs) at country level and other United Nations-led initiatives, towards realization of the 2030 Agenda.
4. A substantial new challenge has been the disruption caused by the COVID-19 pandemic in the regional and national HIV responses. This includes the postponement or cancellation of some planned action, which forced the Joint Programme to shift efforts to most urgent needs, but also led to innovative approaches. Partnerships and resource mobilization, strong engagement of communities, as well as the use of new technologies and innovative delivery models enabled protection of lives, continuation of HIV prevention, testing and treatment services, further promoted human rights and gender equality, and ensured the protection of people living with HIV and other vulnerable populations, including key populations, adolescents and young people, women, and people affected by emergencies (see Figure 1). This also included HIV needs inclusion into country UN Strategic Preparedness and Response Plans and UN socio-economic impact and recovery plans.
5. In 2020, collaboration and multisectoral work of the Joint Programme enabled it to respond to intersecting HIV and COVID-19 pandemics with people-centred approaches, while contributing to the global 2030 Agenda, participating in building a sustainable and integrated HIV response, and paving the way for ending AIDS by 2030.

NOTES

At the time of preparing this report, 2020 national data from the Global AIDS Monitoring (GAM) reporting were being validated and were made available exceptionally for some of the national priorities or targets of the 12 countries featured in the report. Those data should be considered provisional and may still be updated ahead of official publication in the Global AIDS Update in July 2021. Not all regional HIV estimates for 2020 were available at the time of writing; 2019 data were used in that case against the regional priorities or targets in the report.

To preserve the conciseness of the Performance Monitoring Report package, some reports in this document display a limited set of targets and related results. All complete country and regional reports are available in the UNAIDS Results and Transparency Portal (<https://open.unaids.org>).

FIGURE 1: SNAPSHOTS OF COUNTRY RESPONSES TO HIV AND COVID-19 PANDEMICS, 2020



ASIA AND THE PACIFIC

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Regional priorities/ targets (by end of 2021)	Status	Results (end of 2020)
The number of new HIV infections reduced to below 150 000 in the Asia and Pacific region by 2021, with a focus on key populations and young people.	SLOW PROGRESS	By end-2019, there were an estimated 300 000 new infections in the region, same value as of 2018.
Regional coverage of prevention of mother-to-child transmission (PMTCT) services increased to 75% by 2021 (from 56% in 2017).	SLOW PROGRESS	PMTCT coverage in Asia and the Pacific region was an estimated 56% in 2019, much less than global coverage of 85%. Seven countries in the region have attained over 80% PMTCT coverage in 2019.
At least four additional countries in the Asia and Pacific certified for elimination of mother-to-child transmission (eMTCT) of HIV and syphilis.	WITHIN REACH	In June 2016, Thailand became the first country in the region to be validated for eMTCT of HIV and syphilis, followed by Malaysia in 2018, and Maldives and Sri Lanka in 2019.
At least 40 000 people accessing pre-exposure prophylaxis (PrEP), with at least three countries implementing PrEP interventions at large to national scale.	ACHIEVED	Over 70 000 people are estimated to have used PrEP in 2020 in the region. Countries such as Australia, Cambodia, New Zealand, Thailand and Viet Nam are proceeding with large-scale or national roll-outs.
85% of people living with HIV who know their HIV status, receive antiretroviral therapy (ART) (up from 71% in 2017) and 90% of them are virally suppressed.	WITHIN REACH	By end-2019, 80% of people living with HIV who knew their status were on treatment; 91% of people living with HIV on treatment were virally suppressed (GAM 2020) During the COVID-19 pandemic, in many countries, people were able to remain on HIV treatment thanks to multimonth dispensing (MMD) and decentralized ART services managed by community-based organizations (CBOs).
Regional median of HIV testing among key populations increases to at least 70% for each key population by 2021, using a combination of HIV testing approaches (2017 values: female sex workers 42%, gay men and other men who have sex with men 54%, transgender people 55%, people who inject drugs 44%).	WITHIN REACH	In 2019, regional median values for HIV testing were: 52% for female sex workers; 54% for gay men and other men who have sex with men; 42% for transgender people; 49% for people who inject drugs.
Financial and programmatic sustainability road maps developed and implemented in at least five countries in the region.	WITHIN REACH	During 2020, six countries received support sustainability and financial transitions: Bhutan, India, Indonesia, Sri Lanka, Thailand and Viet Nam.
At least 10 countries have systems in place for monitoring and responding to stigma and discrimination in health-care settings.	SLOW PROGRESS	Several countries (e.g. Cambodia, Lao People's Democratic Republic, Malaysia, Philippines, Thailand and Viet Nam) have systems in place for monitoring and responding to stigma and discrimination in health-care settings, though the scale and effectiveness of the systems tend to vary greatly.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

HIV PREVENTION – *policy dialogue; technical support; capacity building (UNFPA, UNODC, UNESCO, WHO, UNAIDS Secretariat)*

6. PrEP access and uptake among key populations continued to expand, with increasing numbers of sites and users in Cambodia, the Philippines, Thailand, and Viet Nam. PrEP projects were initiated in 2020 in Myanmar, Nepal and Sri Lanka. PrEP continues to be available in several other countries including Australia, China, Japan, Malaysia, New Zealand and Singapore.
7. A regional online consultation brought together civil society and government partners to discuss harm reduction interventions for chemsex, which resulted in an agreed roadmap with actions. Support was provided for countries to increase uptake of take-home opioid substitution therapy (OST) doses for up to two weeks (India, Myanmar and Viet Nam) which has been critical for continued access in the context of COVID-19.
8. Significant progress was made in promoting digital sexuality education and communities of practice in 2020. The regional Joint Team organized bilateral meetings and two virtual community events (reporting an increase of initiatives related to digital sexuality education from 19 in 2019 to 62 in 2020), provided support for direct collaborations between 40 platforms, and contributed to developing more sustainable and quality sexuality education content.

ACCESS TO TREATMENT – *policy advice; technical support; capacity building (WHO, UNAIDS Secretariat)*

9. Significant efforts were made to increase access to ART and improve retention in care through increased coverage of ART sites and differentiated models of care, with multimonth dispensing (MMD) for stable patients. Almost all countries in the region have included dolutegravir in their national HIV treatment guidelines, and by the end of 2020, dolutegravir was being used in first-line regimens in Cambodia, Lao People's Democratic Republic, Mongolia, Papua New Guinea, Philippines and Viet Nam, and in second-line regimens in Malaysia. Continued support was provided on HIV drug resistance surveillance in countries, focusing on Papua New Guinea, Philippines and Viet Nam.
10. Access to differentiated HIV testing (including community-based testing, self-testing, and assisted partner notification) has been expanded. For example, Viet Nam was supported to integrate community-based HIV self-testing with syphilis and viral hepatitis B and C testing, especially targeting key populations in the roll-out, while self-testing pilot studies were successfully implemented in Cambodia and Philippines.

GENDER EQUALITY, HUMAN RIGHTS, STIGMA AND DISCRIMINATION – *policy advice; technical support; partnership (UNDP, UNODC, UN Women, UNAIDS Secretariat)*

11. Technical support was provided for the drafting of legislative proposals and for legal expert opinions of court judges, as well as for expert witness and legal case consulting to tackle financial barriers to women prosecuting gender-based violence cases in China. In India, the Joint Team supported wide-ranging consultations on the Transgender Persons (Protection of Rights) Rules 2020, resulting in the Ministry of Social Justice and Empowerment incorporating most recommendations into the final rules.
12. The Global Partnership to end all forms of HIV-related stigma and discrimination has been rolled out, with four countries joining (Lao People's Democratic Republic, Nepal, Papua New Guinea and Thailand). Anti-stigma and anti-discrimination messaging was included in development of social media campaigns (Malaysia and Viet Nam), subnational strategies (Pakistan) and study recommendations on substance use (Thailand). Viet Nam adopted a revised HIV law, which was largely informed by a UN analysis and recommendations.
13. An Advisory Group of independent experts from the region is supporting the transition from compulsory centres for drug users towards voluntary, evidence-based treatment and care services that are aligned with international standards.

SUSTAINABLE AND INTEGRATED RESPONSE – *technical support; capacity building; coordination (UNDP, UNAIDS Secretariat)*

14. Technical assistance worth nearly US\$ 200 000 was provided for the development and implementation of new national strategic plans (NSPs) in three countries and for the development of Global Fund grant proposals for 2021–2023 (14 countries).
15. Catalytic grants were provided to regional networks to strengthen the capacity and leadership of lesbian, gay, bisexual, transgender and intersex (LGBTI) youth networks to advocate for rights and inclusion at national and regional levels, equipping young LGBTI and key populations with organizational management skills to engage in developing youth-friendly programmes and packages of integrated HIV and sexual and reproductive health rights (SRHR) services at country level.

CONTRIBUTION TO THE COVID-19 RESPONSE (UNICEF, UNDP, UNFPA, UN Women, UNESCO, WHO, World Bank, UNAIDS Secretariat)

16. Almost US\$ 1 million in technical assistance was provided in the region to mitigate the impact of COVID-19. The regional Joint Team worked very closely with countries to regularly monitor and report on stocks of antiretroviral (ARV) and related commodities, and on HIV and other sexually transmitted infection services, and to work with partners to minimize disruptions and address gaps. Best practices for maintaining essential services were disseminated, including MMD and decentralized ARV refills by CBOs.

17. Innovations were key for protecting HIV services. Technical support was secured to integrate virtual interventions in HIV prevention activities to increase reach into communities. For example, training was delivered for 362 Indonesian health-care workers to increase access to health for people living with HIV through telemedicine services, and free tele-psychotherapy services were provided to 60 people living with HIV in the Philippines.
18. Through the Inter-Agency Task Team on young key populations, a rapid survey was conducted to assess needs, resulting in the mobilization of resources to support youth-led initiatives in 12 countries, including food relief, HIV commodities and COVID-19 protective equipment and mental health support.
19. Social protection services provided in the region included a government cash transfer scheme in Cambodia, which reached 2,542 households of people living with HIV (including 1,382 female-headed households), and livelihood and resilience support for LGBTI sex workers in Thailand. The Joint Teams assisted in conducting community consultations on the impact of COVID-19 on female sex workers, which resulted in the provision of food baskets and cash transfers in Bangladesh, India and Myanmar, as well as financial support to national sex worker networks in Indonesia and Viet Nam. Several communication products on health education and COVID-19 were made available in Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA
(UNICEF, UNDP, UNFPA, UN Women, UNESCO, UNAIDS Secretariat)

20. The regional Joint Team published *Young people and the law: laws and policies impacting young people's sexual and reproductive health and rights in the Asia-Pacific region: 2020 update*. This review considers recent legal and policy developments that are supporting or impeding progress towards universal access to sexual and reproductive health services, thereby contributing to ending gender inequalities.
21. AIDS coordinating bodies increased their knowledge and understanding of the gender dimensions of the epidemic, integrated gender equality concerns into their planning, and implemented gender-responsive actions. For example, in Indonesia, gender expertise was provided to the Ministry of Health to shape the new National AIDS Strategy which prioritizes actions to end discrimination against women living and affected by HIV.

CHALLENGES AND BOTTLENECKS

22. Progress towards HIV targets in the region is varied and the rate of decline in new HIV infections has slowed. The COVID-19 pandemic caused a shift in priorities for

several governments, and added many new challenges for implementation due to international, national and/or local health-related restrictions and the overburdening of health systems, which caused some HIV programming to be delayed or changed.

23. Although more countries have introduced PrEP programmes, scale-up is hampered by slow, complex regulatory processes and high drug costs. Serious procurement and supply chain management challenges persist in several countries, creating risks of stock-outs of medicine and commodities.
24. Although young people are increasingly vulnerable to HIV and STIs, there is a lack of adolescent-friendly health facilities that provide comprehensive sexual health services. The trend towards a more punitive legal environment for key populations has led to the wide-scale use of extrajudicial measures in some countries, and has constrained civic space.
25. Many countries are expanding health insurance coverage for key HIV services. Remaining challenges include out-of-pocket payments and shortages of key commodities, as well as competing budget priorities, rising costs of medical care and, for some key populations, high levels of stigma and discrimination.

KEY FUTURE ACTIONS

26. Service delivery needs to be modernized, with investments in better programme management, coordination and capacity. Best practices implemented or accelerated as a result of the COVID-19 pandemic (including and MMD of ART and OST) will be promoted for sustainable responses. Key activities for continued support include the roll-out of PrEP, scale-up of targeted and differentiated forms of HIV testing (including HIV self-testing and community testing), and strengthened implementation of interventions to ensure that partner notification occurs in a timely and safe manner.
27. Greater attention is needed on addressing structural barriers, including gender-based violence, gender inequality, stigma and discrimination. The Global Partnership to end all forms of HIV-related stigma and discrimination will be expanded to other countries in the region and early adopters will move towards action.
28. Funding to support UN human resources at regional and country levels to ensure the quality of technical support to countries will be required in order to transition from external funding to domestic funding mechanisms. Support will also continue in grant implementation of key donors such as Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund), the United States President's Emergency Plan for AIDS Relief (PEPFAR), and Australia.

PAKISTAN

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
<p>By the end of 2021, the number of people who know their HIV status increases to 25% (from 16% in 2018), and at least 25% are enrolled in ART (from 11.4% in 2018).</p> <p>By 2021, 90% of newly diagnosed HIV cases (expected 360- 500 annual number of new HIV cases) are enrolled in ART.</p> <p>Improving access to HIV testing and treatment through implementing differentiated service delivery.</p>	SLOW PROGRESS	<p>By December 2020, of an estimated 213 310 people living with HIV, 44 730 (21%) knew their HIV status, and 23 430 (11%) were on ART (i.e. 54% of people who knew their HIV status were on ART) (GAM 2021).</p> <p>In 2020, 1,370 people were newly diagnosed with HIV and linked to care, and 1,415 newly diagnosed people were initiated on ART (National AIDS Control Programme).</p> <p>At the end of 2020, 48 treatment centres were established and were functional during the COVID-19 pandemic. Consultation was held on expanding or decentralizing HIV service delivery through differentiated service delivery models in Punjab and Sindh.</p>
Coverage of harm-reduction services increased among people who inject drugs, in refugees, local populations, and community settings in Quetta.	ON TRACK	Technical and financial support was provided for harm reduction activities for people who inject drugs in Quetta: 14 045 syringes and 7,051 condoms were distributed to key population groups, and related health education was provided.
PrEP rolled out in two cities and utilized by priority target groups	ON TRACK	PrEP guidelines were developed and endorsed by the Infectious Disease Society, and ARVs were procured by the national programme. Individual physicians are prescribing PrEP, but implementation under the national programme in the provinces is yet to begin.
All-important stakeholders (governmental and nongovernmental) agree on OST programme implementation. Law enforcement agencies, judiciary, health professionals and civil society organizations (CSOs) educated on OST.	ON TRACK	Consensus was reached between all major stakeholders and regulatory approval was obtained for the implementation of OST for people who inject drugs. This is a major political breakthrough for strengthening the harm reduction programme.
Provincial strategies (in Punjab and Sindh) to provide guidelines on how to address transphobic stigma and discrimination.	ON TRACK	A Bill was drafted with the involvement of the Joint Programme and stakeholders; it awaits finalization in provincial assemblies. Consultation meetings were held with parliamentarians, identifying them as champions for evidence-based advocacy.

JOINT TEAM: UNHCR, UNICEF, UNDP, UNFPA, UNODC, UNESCO, WHO, UNAIDS Secretariat

In Pakistan, the UN Joint Team played a key role in facilitating approval and preparing for the OST roll-out to complement harm reduction services for people who use drugs. Gains have also been made in tackling stigma and discrimination against the transgender community. Strengthening the response to the HIV outbreak in Larkana, continuation of access to treatment despite service disruptions due to COVID-19 and the assessment of the rising HIV drug resistance were other key areas of focus in 2020.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

HIV TESTING AND TREATMENT – *technical support; capacity building; partnerships*

29. In Pakistan, the number of people living with HIV almost tripled in the past decade, from an estimated 68 000 in 2010 to 199 000 in 2020. Of these, 6,500 (3.3%) are children, and 61 000 (31%) women. Technical support was provided to the provincial AIDS control programmes to enhance HIV testing services in line with WHO recommendations, and HIV testing services guidelines were launched during the recent International AIDS Conference. Standard operating procedures have been completed for testing and treatment differentiated service delivery, and national HIV treatment guidelines have been updated. Technical and financial support was provided for differentiated service delivery consultations with the provincial AIDS control programmes managers and technical staff in Punjab and Sindh.
30. A project of tailored community-level interventions was developed in two ART clinics to track, link and re-engage lost-to-follow-up clients to improve treatment adherence and retention in care, reaching 1,517 people living with HIV; by mid-April 2020, 275 had been relinked to treatment.
31. Technical support was provided for an “early warning indicators” assessment for drug resistance, analysing data from the national ART management information system, and provincial HIV databases. Findings will improve the performance of the ART site practice and quality of care, and inform national and the provincial decision-making on ART programme development and other HIV drug resistance prevention measures.
32. In Malir prison, Karachi, 300 inmates received HIV tests, of whom 16 tested HIV-positive and were referred to the provincial AIDS control programme for registration and treatment. In addition, a coordination mechanism is being established between Malir prison and the HIV control programme, Hepatitis control programme and tuberculosis (TB) control programme, while computerized national identity cards are being issued to HIV-positive prisoners, so they can receive ART. In 2020, a total of 2,432 prisoners were tested for HIV, of whom 44 tested HIV-positive and were linked to treatment.
33. The response to the 2019 HIV outbreak among children in Larkana continued with strong Joint Team contribution and in close collaboration with provincial and federal authorities. Joint efforts resulted in the identification of over 1,400 HIV-positive people of whom 72% were children younger than 15 years. Sustained efforts resulted in over 90% linkage to treatment and over 90% retention and adherence to treatment at Larkana. This was achieved through a

comprehensive approach that focussed on community engagement; awareness raising and psychosocial support for affected families; addressing stigma and discrimination through the engagement of media, health-care providers and community opinion leaders; family tracing and testing; bridging gaps between community and treatment centres; and follow-up with families.

PREVENTION FOR KEY POPULATIONS – *policy dialogue; technical support*

34. A concept document was finalized on OST in Pakistan, in consultation with the Ministry of Health and Ministry of Narcotics Control, in preparation for the provincial dialogues on OST, which were conducted at the end of 2020. Recommendations from the dialogues included the creation of specialized public health facilities with staff trained on OST and overdose management; engaging wide stakeholder participation; a robust delivery and control mechanism to avoid OST medicines being lost/stolen; and creating monitoring and evaluation procedures for programme.
35. With technical support from the Joint Team and strong inputs from national stakeholders (including provincial AIDS control programmes and community organizations), guidelines were finalized for the provision of PrEP to key populations. The guidelines were formally endorsed by the Infectious Disease Society of Pakistan for immediate implementation. An implementation plan is being developed in consultation with UN agencies and stakeholders. Capacity building activities for key service providers have been organized to support PrEP provision in two provinces with high HIV burdens.

STIGMA AND DISCRIMINATION – *policy dialogue; technical support; community engagement*

36. Two community awareness sessions were conducted on stigma reduction on HIV for transgender people and the general community, attended by 208 participants including community elders, CSOs and the media.
37. Strategies were developed to provide context-specific guidelines for the provinces of Sindh and Punjab to address stigma and discrimination against transgender persons in accessing social protection and health care in consultation with stakeholders, including national and provincial AIDS control programmes, social welfare/protection, human rights and justice institutions.

CONTRIBUTION TO THE COVID-19 RESPONSE

38. Various models for differentiated service delivery received technical support during the COVID-19 emergency, including initiation of MMD of ARVs and home delivery of ARVs to people who could not access treatment centres. Fully 24 362 people living with HIV received ARVs to the end of 2020, including 229 people who received home-

delivered ARVs (by the Association of People Living with HIV/AIDS). Focus group discussions and key informant interviews were organized to collect recommendations and develop strategies and action plans to further adapt services.

A key result of this strategic contribution has been the assurance of MMD of ARVs to people living with HIV. Contingency planning for AIDS, TB and malaria was also developed through a consultative process under the leadership of Ministry of National Health Services, Regulation and Coordination.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

39. The Joint Team contributed collectively towards the implementation of the Pakistan COVID-19 Strategic Preparedness and Response Plan and the Socio-Economic Impact Mitigation and Response Plan, with additional focus on COVID-19 vaccine deployment, economic recovery and social protection programmes.

40. Under the leadership of UN Country Team Human Rights Task Force, the Joint Team advocated for including all persons at risk of being left behind in UN programming and for improvement to the legal framework. The Joint Team also supported the drafting of the Punjab HIV and AIDS Control Bill to further address HIV-related stigma and discrimination.

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges & unblock bottlenecks</i>
<p>There continue to be high levels of HIV infection, poor ART uptake, and a gap between ART registration and treatment.</p> <p>Despite the existence of over 50 HIV treatment centres in the country, only one-fifth of districts have an ART centre, and treatment coverage is only 15% (9% for key populations). Fully 38 different ARVs regimens are being used, and a substantial number of ART physicians are not formally trained on ART management. Distance/cost to travel for diagnosis and treatment, as well as a lack of health insurance schemes and low treatment literacy undermine testing and treatment uptake and adherence.</p>	<p>Expand ART coverage and decentralize HIV services in Punjab and Sindh provinces to improve services, decongest systems, and reduce loss to follow-up.</p> <p>Focus targeted efforts on geographical areas with the greatest need and among key populations, using high-yield modalities for case identification and early initiation of ART.</p> <p>Provide capacity building to professionals for improved practitioner-patient relations, strengthened adherence, and for maintaining support and collaboration throughout the treatment continuum.</p>
<p>Other barriers to effective treatment include a high level of stigmatization of people living with HIV and a perceived lack of confidentiality.</p>	<p>Provide training and sensitization on stigma and discrimination among health-care workers working with key populations.</p> <p>Support a targeted communication and advocacy programme against stigma and discrimination for various audiences, including religious scholars/leaders, media workers, parliamentarians, health-care professionals and hospital staff.</p>
<p>There appears to have been a rapid increase in ARV drug resistance in Pakistan. However, there is insufficient information about the prevalence and patterns of HIV drug resistance.</p>	<p>Use findings from the 2020 Early Warning Indicators Drug Resistance assessment and support implementation of a national system for HIV drug resistance surveillance and monitoring.</p>
<p>A recent review has identified that the practices which led to the HIV outbreak mostly affecting children in Larkana have not ended and that HIV infections continue to occur.</p>	<p>Urgently strengthen blood safety, infection prevention and control, including infection safety, in all (public and private) hospitals and health-care facilities to prevent further HIV transmission, and continue investing in capacity building of staff to strengthen linkages to and retention on treatment.</p>

THAILAND

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
By the end of 2021, the 90–90–90 targets are reached for gay men and other men who have sex with men, transgender women, sex workers, people who inject drugs, prisoners, migrants and displaced people.	ON TRACK	94–84–97 coverage among all people living with HIV in 2020. 78–78–97 coverage of gay men and other men who have sex with men and transgender people living with HIV in 2020; 43% people who inject drugs and 4 054 migrants living with HIV are currently on ART (GAM 2021, IBBS 2019–2020 and PEPFAR ROP 2021).
By the end of 2021, gender inequalities and all forms of violence and discrimination against people living with HIV and key populations less than 10%.	ACHIEVED	In 2020, among the main key populations, less than 10% avoided seeking health care in the past 12 months (4% of male sex workers, 9% of gay men and other men who have sex with men and 6% of transgender women) (2020 IBBS).
By the end of 2021, the national HIV response is more sustained, with increased domestic funding up to 50% of total HIV spending on combination prevention allocated towards key population programmes.	ON TRACK	Domestic AIDS spending allocated to key population prevention increased from 9% in 2015 to 37% in 2019 of total spending for prevention (2019 National AIDS Spending Assessment). Universal Health Coverage (UHC) funding allocated for HIV prevention among key population programme channelled to CSOs was at 70% in 2019 (US\$ 3.46 million of US\$ 4.91 million) and 64% in 2020 (US\$ 4.13 million of US\$ 6.46 million) (National Health Security Office, 2020).

JOINT TEAM: UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO, UNAIDS Secretariat

As Thailand approaches the 90–90–90 targets, new HIV infections and AIDS-related deaths are declining. The UN Joint Team’s catalytic efforts and achievements mainly focused on sustaining and expanding those gains with leadership and partnerships, addressing the gaps with policy guidance and dialogue, supporting the expansion of tailored programmes by leveraging existing financing, and improving the enabling environment, especially for the youth, key populations and other people left behind, such as migrants.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

HIV TESTING, TREATMENT AND CARE — policy advice; technical support; community engagement

41. Leadership was sustained to support the Fast-Track Cities Initiative to end AIDS in Bangkok, with the expansion of key populations-led health services, and same-day ART dispensing in private hospitals and larger government facilities. To ensure that no one is left behind, the Bangkok Metropolitan Administration continued to support facilitated access to ARV drugs for undocumented migrants and non-Thai residents.
42. Technical assistance was provided in preparing the 2020 “Maintaining EMTCT” validation report. Triangulation of data shows that Thailand has met the validation threshold. A tool for congenital syphilis estimation was adapted to complement the passive surveillance and case investigation exercise (in 2018–2019 cases were <50 per 100 000 live births, but increasing, indicating the need for a stronger national response).
43. Advocacy called for the provision of HIV services for Myanmar refugees and asylum-seekers, and for support for refugees at nine temporary shelters. Technical assistance was provided to the International Health Policy Programme to complete the study “Access to Healthcare in Thailand for Urban Refugees and Asylum-Seekers”. Report recommendations include ensuring free access to HIV services and inclusion in UHC.

PREVENTION — *policy dialogue; technical support; partnerships*

44. The Joint Team partnered with the Office of Basic Education Commission to support comprehensive sexuality education and safe, gender-equitable, inclusive learning environments to prevent school-related gender-based violence. More than 700 educators, teachers, and young people participated in a situation assessment of comprehensive sexuality education in digital spaces and formal education opportunities. Recommendations for actions have been identified, for follow-up in 2021.
45. The Department of Health was supported to develop an online assessment of youth-friendly health services. Results informed a tailored HIV combination prevention programme and provided training for 87 health-care staff from 45 hospitals; implementation will be expanded in 2021. In 2020, 216 youth leaders were engaged to reach out to 23 803 adolescents on comprehensive HIV prevention. Awareness-raising activities were carried out to tackle negative stigma of girls and women who have condoms and to improve attitudes of parents towards condom use among adolescents. A video clip was launched on a youth-based website, and disability-friendly media briefs/information packages were disseminated.
46. The PrEP pilot phase was launched in January 2020, which increased key population uptake of PrEP from less than 3,000 in 2019 to 12 000 by the end of 2020 (though that represented only 9% coverage of estimated need). Fifty health-care facilities now provide PrEP (up from 13 sites in 2019), and an additional 10 key population-led health services provided PrEP in 2020. Lessons from operational research on PrEP among adolescents have informed the development of the National PrEP guidelines on adolescent engagement.
47. Implementation of the Global Fund-supported harm reduction programme was reviewed, and key findings were triangulated with latest Integrated Bio-Behavioral Surveillance data and reviewed at the national consultation to accelerate harm reduction programming. Commissioned by the Joint Team, a national situation analysis of substance use among LGBTI communities is available, including a policy brief targeting donors and development partners and highlighting the needs and recommendations for policy and financing.

GENDER INEQUALITY AND STIGMA AND DISCRIMINATION — *policy dialogue; technical support; partnerships*

48. Thailand is expanding the stigma and discrimination reduction package of interventions in health-care settings, including participatory training, e-learning and quality improvement to 123 public health-care facilities

at the end of 2020, leading to positive changes among health-care staff. About 20 000 staff have successfully completed the stigma and discrimination e-learning module, covering 71 of 77 provinces.

49. Thailand participated in the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. Support was provided to the Thai Network of HIV+ Youth to organize the 2020 World AIDS Day campaign to reduce stigma and discrimination in the workplace, with a focus on mandatory HIV testing for job applicants and employees; an estimated 150 000 people were reached. A two-day workshop was held for 50 CSOs to raise awareness and enhance capacity of nongovernmental organizations (NGOs) and networks in support of the stigma and discrimination elimination plan.
50. A Government rights-based committee and representatives from various LGBTI CSOs reviewed four drafts of a gender recognition law developed by LGBTI groups. The drafts have been successfully merged into one proposed law and will be submitted for review by the cabinet.

INVESTMENT AND EFFICIENCY — *policy dialogue; technical support; partnerships*

51. The Joint Team successfully secured US\$ 40 million from the Global Fund 2021–2023 budget to accelerate key population programmes, particularly among migrants and people who inject drugs; to tailor and integrate HIV prevention for young key populations by using innovative platforms; and for generating evidence to accelerate the stigma and discrimination response for LGBTI.
52. Strengthening efforts in community-led healthcare, the Community Health Worker Certification Implementation Guide was completed and is being distributed. The unit costs of key population-led health services study and the social contracting mechanism assessment were also completed. Recommendations to improve the contracting mechanism and optimize performance-based payment have been presented to the responsible units.

CONTRIBUTION TO THE COVID-19 RESPONSE

53. The Joint Team monitored ARV drug access during the COVID-19 pandemic, and the country successfully promoted implementation of MMD of ARV. By working with the Thai Network of People Living with HIV/AIDS to monitor ARV drug interruption, support was provided to more than 13 000 people living with HIV. Home-deliveries of ARVs were provided to 6,561 people by peer educators (inside Thailand) and by post (inside and outside Thailand).

54. Technical support was provided for the COVID-19 socio-assessment to better respond to populations' needs during the pandemic. Engagement with CSOs improved COVID-19 prevention and livelihood support, and strengthened the resilience of LGBTI sex workers in Bangkok, Chiang Mai, Chonburi and Songkhla. Grants enabled CSOs to procure basic necessities such as food, water and personal protective equipment for 3,200 LGBTI sex workers. Technical support was provided to translate and widely disseminate COVID-19 information to people living with HIV and key populations. In addition, support for evidence-based action among sex workers provided a strong tool for advocacy and decision making, with US\$ 15 000 of

additional funding leveraged from the British Embassy to continue livelihood-support activities and provide holistic COVID-19 and HIV services.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

55. The Joint Team supported consultations with LGBTI people and people affected by HIV as part of the Thailand Country Common Analysis "Leave No One Behind". A total of 510 people answered an online survey, 51 joined focus group discussions, and 30 people participated in a workshop exploring intersectionality; findings will be used to inform the UNSDCF to be completed in 2021.

Challenges and bottlenecks	Key future actions
<i>Persisting and emerging</i>	<i>to respond to challenges & unblock bottlenecks</i>
<p>Many people living with HIV continue to be diagnosed late and start treatment late.</p> <p>Poor linkages between private and public health-care sectors limit progress in reaching testing and treatment targets. HIV testing coverage is still low and testing services are insufficient among key populations.</p>	<p>Focus on improving testing and treatment for key populations, especially for people who inject drugs, by strengthening capacities of community-led responses, building capacity of governments and communities to address relevant cross-cutting issues (e.g. chemsex), and supporting the development of national guidelines on HIV self-testing for launch in mid-2021.</p>
<p>Around half of the estimated 5,400 new infections in 2020 were projected to be among people aged 15–24 years. There has been a dramatic increase of STI rates especially among those younger than 25 years. HIV prevention coverage varies by key population. Access to harm reduction services is severely limited, and the use of PrEP among people who inject drugs is still contested by the community.</p>	<p>Advocate for the scaling up of PrEP coverage among the most vulnerable key populations through an integrated health service delivery model that encompasses PrEP as part of a harm reduction package, including reinvigorated condom promotion, STI case management, strengthened sexuality education and reproductive health interventions, technical support on an evidence-informed STI response, and STI national strategy development.</p>
<p>Key population programmes are still largely supported by international donors. Sustainable financing arrangements for CSOs can play a vital role in reaching the 90–90–90 targets.</p>	<p>Support the development of optimized strategies to improve CSO performance and sustainability as part of the UHC benefits package, and advocate for CSO accreditation in the mainstream health system.</p>

EASTERN EUROPE AND CENTRAL ASIA

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Regional priorities/ targets (by end of 2021)	Status	Results (end of 2020)
<p>90% people living with HIV know their status, 81% of people living with HIV are on treatment and 73% are virally suppressed (GAM 2018: 73%–36%–26%).</p> <p>4 countries certified for eMTCT (baseline two countries).</p>	SLOW PROGRESS	<p>2020 data is not yet available.</p> <p>70%–44%– 41% (GAM 2020).</p> <p>3 countries are certified for eMTCT (Armenia, the Republic of Moldova and Belarus); two more are applying for validation; three countries reached 98% PMTCT coverage while others range from 93–97%.</p> <p>94% of pregnant women living with HIV are accessing ART.</p>
<p>9 countries reached 80–90% people who inject drugs with prevention programmes.</p> <p>7 countries reached above 60% sex workers with prevention programmes.</p> <p>3 countries reached above 60% men who have sex with men with prevention programmes.</p>	SLOW PROGRESS	<p>2020 data are not yet available.</p> <p>Coverage of prevention programme among sex workers increased by 30–40% since 2017 and reached up to 60% average in the region by 2019. In 4 countries, coverage among people who inject drugs increased to 60–70%. In 4 countries, coverage among gay men and other men who have sex with men increased, but was still as low as 37% on average (GAM 2020).</p>
<p>HIV-related stigma and discrimination, gender inequalities and gender-based violence reduced in 10 countries in the region.</p>	SLOW PROGRESS	<p>All countries in the region still criminalize HIV transmission and nearly all countries criminalize HIV exposure (GAM/ NCPI 2019).</p>
<p>Country context-specific systems and mechanisms in place to sustain response in 8 countries.</p>	ON TRACK	<p>Countries apply different mechanisms to sustain their national responses and made progress, but at low scale.</p> <p>For example, 4 countries use social contracting mechanism with domestic resources (Kyrgyzstan, North Macedonia, Republic of Moldova, Ukraine); 4 countries report at least 25% funding for prevention from all sources (Armenia, Belarus, Georgia, Republic of Moldova); all countries cover major ART costs from domestic funding (GAM 2020).</p>

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

TESTING AND TREATMENT – upstream advocacy; technical support; fostering partnerships (UNICEF, UNDP, WHO, UNAIDS Secretariat)

56. The Eastern Europe and central Asia region remained a long way from reaching the 90–90–90 targets in 2019: 70% of people living with HIV knew their status, 44% of people diagnosed with HIV were receiving ART, and 41% of those on treatment were virally suppressed. Seven countries (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Russian Federation and Ukraine) optimized national HIV testing algorithm and

protocols to incorporate avidity testing into their HIV case reporting systems. Training on intellectual property rights and access to medicines for 12 CSOs and 137 government experts in some countries resulted in increased access to dolutegravir-based regimens for people living with HIV.

57. A multicountry assessment of procurement and supply of ARVs, including workshops engaging key stakeholders, ensured the uninterrupted supply of drugs for HIV treatment in Kazakhstan, Tajikistan and Uzbekistan. Four countries (Kyrgyzstan, Russian Federation, Tajikistan and Uzbekistan) have updated HIV treatment protocols, and three more (Azerbaijan, Belarus and Kazakhstan) received voluntary licenses for procuring dolutegravir at lower prices. All countries in the region have included dolutegravir in their clinical HIV treatment policies.

58. An additional 18 cities joined the Paris Declaration to end the AIDS epidemic in cities, bringing to 23 the number of cities that have joined the Fast-Track Cities initiative.

EMTCT – *policy dialogue; coordination; technical support; partnerships (UNICEF, UNFPA, WHO, UNAIDS Secretariat)*

59. Armenia, Belarus and the Republic of Moldova have been revalidated for eMTCT, while Kazakhstan and Ukraine have validation reports for assessment. Two multicountry capacity building workshops for 400 paediatric HIV care professionals were held in partnership with the Paediatric European Treatment Network, and a regional HIV programme managers meeting was attended by 400 professionals.

PREVENTION FOR KEY POPULATIONS

– *coordination; technical support (UNHCR, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, UNAIDS Secretariat)*

60. A regional study was completed in cooperation with CSOs and key population communities, with participation of 1,400 representatives from Fast-Track cities in Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Ukraine and Uzbekistan, to identify the main needs and barriers in accessing health and social services among people who use new psychoactive substances/amphetamine-type stimulants. A new service delivery model has been developed incorporating web outreach technologies, online consultations and web-based tools to scale up HIV testing and treatment, based on the study's findings.
61. The Eurasian Coalition on Male Health was supported to roll out the gay men and other men who have sex with men implementation tool kit (MSMIT) in Kyrgyzstan and Tajikistan, and to use the MSMIT monitoring and evaluation tool in four other countries (Armenia, Belarus, Kyrgyzstan and the Republic of Moldova) to assess the efficiency of MSMIT-based prevention services. The Coalition teams in Kyrgyzstan and Ukraine were trained to deliver HIV prevention programmes for transgender people using the transgender implementation toolkit. In Tajikistan, training of 32 sex workers in Bokhtar and Khujand by local STI specialists based on the sex workers implementation toolkit, provided them with knowledge on HIV and STI prevention management to improve health-seeking behaviours with a focus on their sexual and reproductive health. A SRHR and HIV tool kit for young key populations informed the Eurasian Coalition on Male Health and Teenergizer HIV programming in six countries (Albania, Belarus, Georgia, Kyrgyzstan, the Republic of Moldova and Tajikistan).
62. About two million young people (in Armenia, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Ukraine) improved their knowledge about HIV and sexual and reproductive health via a digital chatbot, while campaigns provided linkages to HIV testing and treatment. Sexual and reproductive health information

also reached young people through expanded HIV and health education in the new school curriculum in Armenia, and the “Journey4Life” programme, which empowered over 1,000 young people, including from key populations, to access HIV prevention and testing in Kazakhstan, Kyrgyzstan and Ukraine. The Eurasian Union Teenergizer (a regional network of youth and adolescents, including young people living with HIV and young key populations) was mobilized in five countries (Kazakhstan, Kyrgyzstan, Russian Federation, Tajikistan and Ukraine), resulting in 2,700 peer-to-peer consultations, 13 700 adolescents and young people being reached with HIV prevention, while over 800 young people and adolescents tested for HIV during the information campaigns.

63. The Federation of Independent Trade Unions of Russia, with support from the regional Joint Team, reached 45 000 viewers in 85 territories with TV broadcasts on “HIV and AIDS and the World of Work”. This series of broadcasts reached an additional 400 000 viewers through national and territorial social networks. In Ukraine, the regional support team strengthened the State Migration Service's capacities on HIV, TB, COVID-19 and LGBTI issues with a view to reducing discrimination against people applying for asylum, and improving the quality of the State Migration Service decisions on asylum claims by people living with HIV and LGBTI identity. A sample nondiscriminatory workplace policy was also drafted for use at the regional departments of the State Migration Service.

GENDER INEQUALITIES AND GENDER-BASED VIOLENCE – *coordination; technical support (UNDP, UNFPA, UN Women, UNESCO, UNAIDS Secretariat)*

64. With the regional Joint Team's assistance, the Eurasian Women's Network on AIDS led a mapping of sexual and gender-based violence services in the region, which was shared in a subregional civil society consultation related to the Generation Equality Forum, securing strong commitments on gender equality. In Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine, networks of women living with HIV benefitted from capacity development and institutional strengthening for their advocacy work.
65. A multimedia series titled “25 Women” was produced for the Beijing+25 anniversary, presenting personal stories of women living with and affected by HIV in central Asia. An app was developed by and for women living with and affected by HIV in Tajikistan, and is fully operational to improve access to gender-based violence, psychosocial and HIV services. Media campaigns in Belarus, Kyrgyzstan and the Russian Federation reached over 1.8 million people with messages on HIV and gender-related stigma and discrimination reduction, and guides on preventing discrimination against people living with HIV in schools were endorsed by education ministries in the Russian Federation and Ukraine.

STIGMA AND DISCRIMINATION – coordination; technical support (UNDP, UNODC, UNAIDS Secretariat)

66. All countries in the region still criminalize HIV transmission, and nearly all criminalize HIV exposure. Legal, regulatory and policy recommendations have been produced and shared with governments and CSOs for creating enabling environments in Belarus and the Republic of Moldova to increase protection for key populations.
67. Technical assistance was provided to the regional “Sustainability of Services for Key Populations Project”, funded by the Global Fund, to monitor rights violations and provide legal aid to key populations in five countries (Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine). A mini-website (which will become an interactive platform in 2021) has been providing 53 judges from eight countries (Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan) access to new knowledge on HIV and the law, including the negative impacts of criminalization.
68. Human rights- and health-based approaches addressing drug use have been developed by the Ministries of Interior in Belarus, Kazakhstan, the Republic of Moldova and Ukraine, and the Joint Programme has worked at country and regional levels with law enforcement agencies to provide training and guidance for national police on work safety and security, and the role of law enforcement in national HIV responses.

EFFICIENCY AND SUSTAINABILITY – coordination; technical support (UNDP, UNFPA, WHO, World Bank, UNAIDS Secretariat)

69. The regional Joint Team engaged with the Country Coordinating Mechanisms (CCMs) of nine countries to mobilize Global Fund resources for 2020–2022 (about US\$ 270 million was mobilized in 2020, which represented 80% of the total allocation in the region). A three-year grant (US\$ 880 000) was also secured from the Elton John AIDS Foundation for expanding and strengthening HIV services for transgender people in Armenia, Georgia, Kyrgyzstan, Russian Federation and Ukraine. Networks of key populations and people living with HIV were supported to be meaningfully engaged and contribute to the development of these donor funding requests.
70. Financing was provided for health system strengthening projects, with components on integration and HIV services in six countries (Armenia, Kazakhstan, Kosovo, Kyrgyzstan, the Republic of Moldova and Serbia), and TB investment efficiency and care cascade analyses in three countries (Armenia, Belarus and Kyrgyzstan). The *Tackling the world’s fastest-growing HIV epidemic report*, written in cooperation with local partners, was published. It features 11 country case studies that spotlight the region’s growing epidemic and ways in which outcomes can be improved.

CONTRIBUTION TO THE COVID-19 RESPONSE (UNDP, UNFPA, UNODC, UNESCO, World Bank, UNAIDS Secretariat)

71. According to an assessment of essential health services maintenance during COVID-19, seven countries in the region were at risk in mid-2020 (Armenia, Azerbaijan, Belarus, Georgia, Greece, Romania and the Russian Federation). The regional Joint Team reprogrammed 15% of the Country Envelope (US\$ 180 000) for mobilizing communities, ensuring personal protective equipment for prevention programmes and clinics, building capacity through innovative apps, ensuring antiretroviral drugs delivery, and shifting to MMD and the continuation of the OST programmes.
72. The Eurasian Women’s Network was supported to conduct a community-led regional assessment on the impacts of COVID-19 on women living with HIV in 10 countries (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Russia, Tajikistan, Uzbekistan and Ukraine) on their access to sexual and reproductive health, gender-based services and ARVs; best practices were developed for delivering HIV-related services to key populations during the pandemic. The report was recommended for presentation at the UN Economic Commission for Europe Regional Forum on Sustainable Development.
73. US\$ 1.5 billion was allocated for emergency response projects in 12 countries to maintain essential health services, including those vital to people living with and affected by HIV. Social protection support via cash transfers was provided to 56 000 vulnerable households in Tajikistan, social benefits reached 48 000 people in Bosnia and Herzegovina, and support was provided to 135 000 low-income households in Uzbekistan.
74. Support was provided for a regional hotline that delivers information and referral services to people living with HIV and key populations affected by lockdowns, travel restrictions and shortages of ARVs. Antiretrovirals provided by the Joint Programme were distributed to 120 people living with HIV who were stranded outside their home countries. In addition, mobile clinics in Armenia, Kyrgyzstan and Tajikistan were mobilized as COVID-19 medical centres, servicing 87 000 hard-to-reach populations, including labour migrants. To address the specific needs of sex workers affected by COVID-19 restrictions, a designated hotline was launched, which received over 300 calls during the first month of operation (66% were related to COVID-19 and 26% to STI/HIV prevention).
75. COVID-19 and HIV regional communication was delivered to support people and organizations: 27 Facebook live broadcasts reached about 700 organizations across the region each time of broadcast, and five broadcasts at ok.ru/test received over 11 million views, for example. Delivered in partnership with Teenergizer, the #StaySafe online campaign reached 2.5 million young people, and the “Journey4Life” programme, which empowered over 1,000 young people, including many belonging to key populations, to access HIV prevention and testing in Kazakhstan, Kyrgyzstan and Ukraine. Information

cards on physical and mental well-being were translated into eight languages and reached over one million students, parents and teachers across the region during COVID-19.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA (UNDP, WHO, UNAIDS Secretariat)

76. Twelve countries are developing UNSDCFs with a strong Joint Team engagement in Armenia, Belarus, Kazakhstan and Uzbekistan, and four countries are scheduled for UNSDCF processes in the next two years (Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine).
77. A white paper was launched outlining a UN Joint Value Proposition on climate change and health in the region to strengthen national adaptation and mitigation capacities, advancing more resilient, sustainable development outcomes, considering ongoing and future climate-related impacts, including those related to health. The proposition identifies the main gaps and barriers towards transforming the health sector in the region to be more climate-resilient and to transition to low carbon economies. Four countries (Georgia, the Republic of Moldova, Turkmenistan and Uzbekistan) have expressed interest in participating in a multicountry project proposal.

CHALLENGES AND BOTTLENECKS

78. The HIV epidemic in the region continues to grow (new infections rose by 72% between 2010 and 2019). Testing and treatment are hindered by outdated testing technologies and approaches, poor coverage of community-based testing, and countries' limited capacities to purchase medicines at reduced prices by using intellectual property flexibilities.
79. Marginalization, discrimination and criminalization of key populations at high risk of HIV and HIV transmission has increased, and the trend towards criminalization of HIV transmission, exposure and nondisclosure continues. Conservatism continued to gain ground across the region. Strong opposition to LGBTI-focused activities and pushback from local authorities exists in a number of countries, which have legal provisions that discriminate and criminalize sex work and sex between men. Harm reduction and nonrepressive drug policies also face increasing restrictions in some countries. The judiciaries have limited ability to protect the rights of key populations and people living with HIV.
80. Countries have not achieved sufficient domestic funding increases to ensure sustainable HIV responses and UHC. Services delivered by civil society and community-led organizations are not sustainable and HIV services in prisons are lacking, with only two countries (Kazakhstan and the Republic of Moldova) having brought to scale a comprehensive HIV response in prison settings. Prevention programmes are dependent on donor financing and generally fail to achieve impactful coverage. Only four countries report above 25% of funding for prevention from

all sources, and only four countries use domestic funding for key population services.

KEY FUTURE ACTIONS

81. Joint actions will be mounted to close gaps in the testing and treatment cascade. This will include supporting policy and programmatic changes for a treat-all approach, with particular attention to linkage to care and rapid initiation of treatment for all people with a new or previous diagnosis. Testing and treatment scale-up for key populations must be prioritized. Enhanced support will be provided to institutionalize community-led services into national health-care and HIV prevention systems, ensuring that community-led services account for at least 30% of HIV service delivery. National capacities will be strengthened to use intellectual property flexibilities and international procurement mechanisms to purchase ARVs and to support community-led monitoring practices and monitoring of access to HIV treatment.
82. With a focus on inequalities, the regional Joint Team will leverage ambitious targets to achieve expansion of HIV prevention, including PrEP and harm reduction. Gender-responsive harm reduction programmes for people who use stimulant drugs or other new psychoactive substances must be introduced and scaled up.
83. Efforts will be made to develop and promote innovative digital solutions in local languages to provide young key populations with learner-centred HIV/sexuality education and referrals to services, including for HIV testing and treatment and for sexual and reproductive health. Media campaigns will also be rolled out to reduce gender-based violence in the region.
84. Support will be provided to country members of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination to implement action plans, including in health-care settings. Capacity building activities will be led to mobilize CSOs, national bodies and the legal community to protect the rights of key populations and people living with HIV, including through the monitoring of human rights violations and the implementation of key recommendations of HIV and TB Legal Environment Assessments. The 2013 UN Guidance on Decriminalization of HIV Transmission, Nondisclosure and Exposure will also be updated.
85. The promotion of environmental and social sustainable health procurement as part of cost-sharing agreements with Ministries of Health will be of special importance for the regional Joint Team, as will support for countries in developing mechanisms to transition to domestic funding and expand the use of social contracting systems.
86. The EU/UN Spotlight Initiative, implemented in central Asia, will contribute to addressing intersections of violence against women and HIV by providing grants to civil society, including women's networks of living with HIV.

KAZAKHSTAN

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
Over 60% of key affected populations in Kazakhstan reached with prevention programmes by 2021.	ON TRACK	Prevention coverage of key populations at 53%; (sex workers, 89%; gay men and other men who have sex with men, 15%; people who inject drugs, 55%). (GAM 2021)
By the end of 2021, the national HIV response features specific actions, dedicated resources and monitoring framework to address unequal gender norms as a means to reduce new HIV infections among women and girls, and to enhance access to HIV services for women and girls affected by the epidemic.	ON TRACK	Using the Gender Assessment Tool, the HIV epidemic, context and national response were assessed from a gender perspective, to support the development of the NSP 2021–2025 and the submission to the Global Fund in 2020.
By 2021, 80% of adolescents living with HIV will have their HIV-related health and education needs met, and will be equipped with knowledge to reduce HIV-related stigma and discrimination.	ON TRACK	Government’s New Code of the Republic of Kazakhstan “On population health and health-care system”, was approved in July 2020, guaranteeing further rights to people living with HIV, including for testing and treatment, and protection against workplace discrimination.

JOINT TEAM: UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO, World Bank, UNAIDS Secretariat

Despite the COVID-19 pandemic, Kazakhstan has maintained progress in increasing prevention coverage for key populations, and the UN Joint Team strongly advocated for increased representation and engagement of community-based organizations in dialogues on the national HIV response and its financing. Advocacy, policy advice and technical support further reinforced efforts to address stigma and discrimination and uphold gender equality in the country, with a focus on zero-tolerance for gender-based violence. Through capacity building initiatives, the Joint Team also worked towards delivering quality comprehensive sexuality education for adolescents and building leadership and entrepreneurship skills of young people, including living with HIV and disabilities to increase their employment prospects.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

HIV PREVENTION – upstream advocacy; technical support; capacity building

87. Technical support was provided to update national standards for STI testing, treatment and care, and support was provided for unit costing, resulting in a 14% budget increase for the National AIDS Programme for the provision of prevention commodities (e.g. syringes, condoms and lubricants) and services for key populations, including LGBTI.
88. An AI-powered chatbot, “Aspan”, was developed in the Kazakh and Russian languages to encourage young people, including young key populations, to access sexual and

reproductive health, HIV and STI services for early testing and treatment and PrEP. Currently being tested with over 100 volunteers, the chatbot is expected to reach over 30 000 young people annually once its is launched in August 2021.

89. Capacity building support and test kits were provided for a newly launched HIV avidity-testing pilot, which complements routine surveillance systems by identifying where newly registered HIV infections occur. It is especially helpful for populations with reporting avoidance due to high levels of homophobia. About 2,600 tests were conducted by the end of 2020.

GENDER INEQUALITIES AND GENDER-BASED VIOLENCE – technical support; community engagement

90. Technical assistance has been provided to Kazakhstan Union of People Living with HIV to develop a national plan devised from

recommendations arising from the 2019 national review by the Committee on the Elimination of Discrimination against Women. The National HIV Gender Group, comprising 15 NGOs, was established and supported to meet, aiming to ensure a better representation of women living with HIV and women from among key affected populations in national decision-making bodies.

91. Technical support was provided to develop a clinical protocol on providing comprehensive health-care services (medical, social, and psychological counselling) to survivors of gender-based violence. In addition, a step-by-step guide for survivors of domestic violence was developed in partnership with the National Commission on Women, Family and Demographic Policy, and disseminated across 17 regions of the country through local police services.
92. A full training package on sexual and reproductive health and rights, family planning and gender equality, prevention of early marriages and zero-tolerance towards gender-based violence was produced in collaboration with religious leaders. It was submitted for approval by the Spiritual Administration of Muslims of Kazakhstan for use in the education system of madrasas nationally. It is currently being used in six madrasas for boys.

ENABLING ENVIRONMENT – *policy advice; technical support; partnerships; advocacy*

93. Capacity strengthening for comprehensive sexuality education has been delivered through several online training programmes, covering information on sexual and reproductive health and rights, gender-based violence and HIV/STIs. Almost 400 secondary school and college teachers, 50 psychologists and 54 professionals from regional youth health centres were reached through these programmes, and more than 6,000 young people are expected to be reached. A total of 4,000 young people across the country received direct online training on their awareness of on sexual and reproductive health and rights, HIV, stigma and discrimination, gender equality and violence against women, and to develop leadership skills on these issues.
94. Advocacy, policy advice and technical support contributed to the Government's new health and health-care system law. It guarantees the right of people living with HIV to adoption on an equal basis with other citizens, protection against discrimination in the workplace, provision of free PrEP and ART, and provision of HIV treatment in prison settings. It also expands free HIV testing to stateless persons, refugees and asylum seekers residing in Kazakhstan.
95. Technical support was provided for the development of a study protocol and questionnaire for the Stigma Index survey in Kazakhstan. In partnership with the Central Asia Association of People living with HIV, a one-day training

was delivered on the Stigma Index for the 17 district AIDS Centres of Kazakhstan to improve the representation and involvement of people living with HIV in the survey.

CONTRIBUTION TO THE COVID-19 RESPONSE

96. US\$ 899 457 was mobilized from the Global Fund to mitigate the impact of COVID-19 on vulnerable populations, including for the provision of personal protective equipment for health-care workers and about 30 CSOs delivering harm-reduction services. A rapid needs assessment was conducted among people living with HIV and key populations in the context of COVID-19 to identify communities' most urgent needs.
97. An online platform for key populations dedicated to HIV and COVID-19 was launched, providing answers to questions related to mental and physical health, and offering free online psychological counselling and support. The service has had 6,000 users. In addition, 64 information cards in the Kazakh and Russian languages were developed and widely promoted, providing learners, parents and educators with tips on how to talk to children and adolescents about COVID-19, particularly for maintaining their physical and mental health and continuing with their education.
98. Financial support was also provided for a needs-assessment study, conducted by the NGO Revansh, which provides life-saving and gender-sensitive services for women living with HIV. The study reviewed access to health and social services by women affected by HIV during the COVID-19 lockdown. Capacity building support was also provided to train over 250 women as peer consultants on sexual and reproductive health in Almaty and in the Revansh Centre.
99. Support was provided for an impact study on COVID-19 and its effect on the internet drug trade in the region, which also provided information on popular social platforms in Kazakhstan that can be used for HIV, harm reduction and medical services. Harm reduction and OST sites were supported to mitigate impact of COVID-19 on their activities and patients, including people living with HIV. For example, grocery supplies were provided to 300 OST programme patients. In addition, 32 000 items of personal protective equipment were provided to 388 frontline medical personnel of the Republican Mental Health Centre and its Pavlodar affiliation, which provides emergency medical help to people with the mental health issues and drug use disorders.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

100. In coordination with the National TB Programme, the Kazakhstan Union of People Living with HIV were

facilitated to present their findings on social barriers for women and key populations to accessing quality TB services, in the context of the country's legal environment. Discussions were held on the importance of gender in the context of TB control and the need to improve this aspect of the National TB Programme.

101. UP-SHIFT skills-based training was organized for 100 adolescents, including adolescents living with HIV (10-19 years), preparing them for employment through the use of advanced learning methods. National leadership and entrepreneurship training was also provided for 31 adolescents, including several living with HIV and disabilities.

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges & unblock bottlenecks</i>
<p>Because of the COVID-19 related restrictions, there was reduced access to OST for people who inject drugs; the methadone programme was at highest risk.</p>	<p>Scale up and improve the quality of the methadone substitution programme. Undertake advocacy for procurement of tableted forms of methadone instead of the liquid version. Diversify the regimens of the drugs to be used for OST, and advocate for MMD in OST.</p>
<p>NGO capacity to support PrEP implementation for gay men and other men who have sex with men is very weak, both in terms of service delivery and geographic distribution.</p>	<p>Build capacities of NGOs working with gay men and other men who have sex with men to develop innovative and customized digital solutions to promote testing and PrEP, and increase treatment adherence.</p> <p>Develop and roll out communication activities to decrease discrimination against and self-stigmatization of people living with HIV and key populations, motivating treatment and PrEP initiation and adherence.</p>
<p>The Kazakhstan system for diagnosis and treatment of syphilis is not aligned to WHO recommendations. The national protocol, reporting forms and the database for monitoring and evaluation need revising. Protocol-aligned training and procurement will be required.</p>	<p>Support alignment of the Kazakhstan system with WHO recommendations, including the production of new HIV testing and treatment guidelines. This will support the preparation of a report for certification of eMTCT of syphilis and hepatitis C.</p>
<p>Children and adolescents are unaware of their rights and options: the age of consent (currently 16 years, but 18 years for abortions) to access HIV services and reproductive health services remains an impediment for young people.</p>	<p>Develop a Y-PEER online course to reach more young people with sexual and reproductive health and rights information. Create and promote safe online spaces for young people, educating them on healthy lifestyles and well-being.</p> <p>Further expand to all regions of the country leadership and entrepreneurship trainings for adolescents living with HIV.</p> <p>Further expand UP-SHIFT skills-based training for vulnerable adolescents by including those living with other chronic conditions, disabilities and those left without parental care.</p>
<p>HIV health-services are not integrated into primary healthcare or other national, vertical health-care systems.</p>	<p>Conduct national study on integration of HIV services (AIDS centres) into primary healthcare to promote coherent and holistic services.</p>

UKRAINE

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
213 300 (90%) of people living with HIV know their status, including in the non-government-controlled areas; 191 970 of those who know their status (90%) are receiving ART. Elimination of mother-to-child transmission of HIV is certified.	ON TRACK	By the end of 2020, 176 871 people knew their positive HIV status; 82% of them (146 488) were receiving ART, including 24 539 who live in the non-government-controlled areas (GAM 2021, Ministry of Health Public Health Centre). Ukraine is ready to apply for elimination of mother-to-child transmission of HIV certification.
90% of key populations have access to prevention programmes, 80% of which are domestically funded; 18 400 people who inject drugs receive OST that is funded with domestic resources.	ON TRACK	By the end of 2020, 75% (192 351) of people who inject drugs, 75% (37 120) of sex workers, and 63% (31 324) of gay men and other men who have sex with men received HIV prevention services funded by the Government; 14 868 people who inject drugs (100%) were enrolled in the government-funded OST (Ministry of Health Public Health Centre).
50% of primary health-care doctors have improved their skills for reducing discrimination towards HIV patients and key populations; barriers to HIV services for key populations are removed.	ON TRACK	The HIV online learning platform for primary health-care doctors was launched in Kyiv city as part of the Fast-Track initiative. From September 2020, around 345 health-care providers gained skills and knowledge for overcoming stigma and discrimination in clinical settings.

JOINT TEAM: UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, ILO, WHO, UNAIDS Secretariat, IOM

Ukraine continues to move closer to the 90–90–90 targets, including in non-government-controlled areas. In 2020, Dnipro became the third (after Kyiv and Odesa) Fast-Track City in Ukraine. Structural barriers to accessing testing and treatment have been an area of particular focus in 2020, with initiatives to address gender inequalities, gender-based violence, and stigma and discrimination against people living with HIV and key populations. Prevention for key populations advanced, through increased coverage of OST and PrEP programmes, and the generation of strategic information to better inform programming.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

TESTING AND TREATMENT – upstream advocacy; technical support

102. Improvements to the testing and treatment cascade included optimization of ARV regimens, resulting in a 43% increase of patients on dolutegravir and fewer than 10% of patients receiving nonrecommended ARVs. The Ministry of Health was supported to improve HIV diagnosis procedures, registration and organization of medical care for people living with HIV. All licensed health facilities may now diagnose HIV; rapid diagnostic

tests are allowed, and physicians trained on ART may initiate HIV treatment.

103. Technical support was provided to the Ministry of Health to implement the national elimination of mother-to-child transmission plan, including revised and updated regulations for the prevention of vertical transmission. Regional committees were established and validation indicators were collected and analysed.

104. Technical assistance was provided to HIV service providers in non-government-controlled areas, supporting clinical monitoring teams and psychosocial services to over 250 HIV-positive children and children born to HIV-positive mothers, and providing free medicine vouchers for children and parents in TB and HIV-affected families (over 1,200

beneficiaries between 2019–2020). Global Fund funds were secured to continue providing ART in 2021–2023 to 15 000 people living with HIV in those areas.

PREVENTION FOR KEY POPULATIONS – *policy advice; technical support; capacity building*

105. Some 3,000 persons using PrEP have been included into the government-funded package of HIV prevention and care through upstream advocacy, and Ministry of Health guidance on the provision of PrEP is now in line with WHO recommendations and approaches, including prescribing dolutegravir as the preferred option.
106. An assessment of specific challenges that hinder access to HIV prevention, testing and treatment services was carried out among people who use new psychoactive substances and amphetamine type stimulants, including in two Fast-Track Cities, and a national clinical protocol on the treatment of health disorders among people who use new psychoactive substances/amphetamine type stimulants was updated.
107. A three-year implementation plan in support of the new National Strategy on HIV/TB/Hepatitis (2020–2023) was developed. Technical support was also provided to the National Coordination Council on TB/HIV/Hepatitis for a successful funding request to the Global Fund for US\$ 137 778 266 to support essential HIV and TB prevention and care services in 2021–2023, including for people living in the non-government-controlled areas.

ADDRESSING STRUCTURAL BARRIERS – *policy dialogue; advocacy; technical support; capacity building*

108. Capacity-building support was provided to networks for key populations and women, including the National Key Populations Platform to strengthen its governance and operational mechanisms, and 80 people were trained on operations, including a gender-sensitive budgeting approach. Women living with HIV effectively advocated with the Government of Ukraine for inclusion of gender-responsive provisions in the draft 2021–2023 Action Plan on Implementation of the State Strategy on Combating HIV, TB and Viral Hepatitis till 2030 (pending approval), including on educational programmes, human rights, gender equality, and for eliminating gender-based violence and stigma and discrimination. The elimination of a discriminatory norm related to restricted opportunities of child adoption for people living with HIV was a direct result of this advocacy work.
109. Under the umbrella of the Fast-Track City initiative in Odesa, gender-based violence service providers were trained to conduct effective client-oriented, victim-sensitive voluntary pre-test counselling and testing for HIV for gender-based violence survivors. Of the 2,000 HIV tests taken at the centre by survivors of gender-based

violence, nearly 2% yielded positive diagnoses; the women received referrals for treatment.

110. The HIV stigma Index 2.0 study was rolled out, and supplemented by “REAct” data and analyses to further integrate data on human rights violations, and stigma and discrimination in community-led monitoring. As Fast-Track cities, both Kyiv and Odesa have received technical support and advice in generating and analysing data to inform programming and a tailored stigma and discrimination response.
111. Addressing stigma and discrimination in the workplace was supported through ten online and face-to-face training sessions, through which a total of 115 food sector workers were trained (over 50% women) on HIV, COVID-19 and workplace violence and harassment. Additionally, 30 young trade union leaders from different economic sectors were sensitized on HIV at work; 57 employees of the State Migration Service received awareness training on HIV, TB, COVID-19, stigma and discrimination related to HIV, TB and LGBTI issues, and 11 participants became national trainers. A Memorandum of Understanding on the implementation of the Decent Work Country Programme for Ukraine for 2020–2024 signed with the Ombudsman’s office in December 2020 paved the way for collaboration on non-discrimination at work.

CONTRIBUTION TO THE COVID-19 RESPONSE

112. In response to new challenges for HIV response in Ukraine due to the COVID-19 pandemic, the regional Joint Team provided guidance to the National Coordination Council on TB/HIV/Hepatitis to put forward two successful funding requests to the Global Fund. The grants (worth US\$ 15.3 million) have been used to procure essential diagnostic and personal protective equipment for TB and HIV service providers, including those from the nongovernmental sector.
113. Funds were reallocated to support COVID-19 response measures, including installing protecting transparent barriers in 10 regional asylum centres of the State Migration Service; meeting the costs of travel to drug dependence treatment facilities for 200 patients on OST during lockdown; supplying 245 bioprotective suits for prison medical staff; and providing protection equipment to 13 safe shelters that offer assistance to people living with HIV and gender-based violence survivors.
114. Key stakeholders were mobilized to monitor the continuity of HIV-services via the HIV-Service-Tracking Tool, and an analysis was made of the socioeconomic impact of the COVID-19 in Ukraine, including its impact on the provision of health services. The impact of COVID-19 on internet drug trade was also studied to understand the

scope and variety of drugs traded online, to use in further HIV prevention and harm reduction programmes.

115. Women living with HIV participated in the Rapid Gender Assessment of the COVID-19 in Ukraine to collect gender data on the differentiated impact of the pandemic on women and men, including representatives of vulnerable groups. Results informed a comprehensive UN inter-agency Assessment of the Socio-Economic Impact of COVID-19 In Ukraine, Response and Recovery Plan, and other policy and programmatic measures led at regional and local levels. For instance, COVID-19

awareness-raising campaigns targeting 10 000 women living with HIV were rolled out on social media.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

116. Through advocacy and dialogue, the Ministry of Economic Development, Trade and Agriculture included gender-responsive propositions to the Voluntary National Review on SDGs 3 and 5. Active inclusion in the process was assured for women's CSOs, gender advocates, women living with HIV, internally displaced women, and rural women.

Challenges and bottlenecks	Key future actions
<p><i>Persisting and emerging</i></p> <p>The HIV treatment cascade at the national level obscures regional differences; regional HIV treatment cascades must be created and monitored to identify regions where progress is lacking, to enable tailored guidance. More people must receive ART within seven days of a confirmatory test result (currently 54%; 81% for 12 PEPFAR regions) and 3–6-month MMD should be available for stable patients.</p> <p>ART regimens must be optimized to improve treatment outcomes and retention.</p>	<p><i>to respond to challenges & unblock bottlenecks</i></p> <p>Identify gaps in regional HIV treatment cascades through assessment of standardized ART profiles and comparisons over time and between ART sites; develop ART scale-up plans, simplified HIV testing algorithms and HIV treatment pathways. Offer on-site technical guidance, strategic direction and direct mentoring support for scaling up HIV testing and treatment, implementation of optimized ART regimens, rapid initiation of ART, and MMD.</p> <p>Strengthen the capacity of relevant municipal institutions in Fast-Track Cities to provide strategic information and analysis.</p>
<p>New psychoactive substance/stimulant drug users' HIV/HCV prevention needs are poorly addressed in current HIV prevention programmes, particularly online drug user interactions.</p>	<p>Focus on HIV/hepatitis C prevention needs of users of new psychoactive substances and stimulant drugs. Build capacities and equip local HIV-service providers with a model to reach 1,500 online drug-users with HIV-risk behaviour assessment and HIV testing, allowing enhanced counselling, case-management and referral to friendly doctors in HIV/substance misuse/mental health services.</p>
<p>HIV integration in primary health care is critical to ensure optimal access to ART, but patients fear that they may encounter more HIV-related stigma and discrimination compared with dedicated ART sites.</p>	<p>Map the HIV-friendly primary health-care facilities and identify the system gaps for further actions to ensure UHC, facilitating choice of medical facilities at the primary health care level.</p>
<p>There is a need to strengthen the capacities of judges, lawyers and other relevant legal experts and law enforcement officials to promote the rights of people living with HIV and develop skills to ensure equitable legal processes.</p>	<p>Strengthen the judicial expertise of stakeholders in the HIV and Law Commission (through capacity building, guidance and technical documents, exchange missions) to ensure equitable access to justice for people living with HIV, and decrease stigma and discrimination during judicial and procedures.</p>
<p>35 000 people are stateless/at risk of statelessness in Ukraine; access to health-care and HIV/TB services, including HIV testing, is weak due to poor cooperation between the regional departments of the State Migration Service with the relevant stakeholders, and discrimination is prevalent.</p>	<p>Strengthen the capacity of the State Migration Service staff to provide stigma and discrimination-free HIV services, and increase access to HIV/TB-related services and testing.</p>

EASTERN AND SOUTHERN AFRICA

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Regional priorities/ targets (by end of 2021)	Status	Results (end of 2020)
<p>90% of people living with HIV, who know their HIV status, receive ART and 75% are virally suppressed.</p> <p>In Fast-Track countries, 90% of children (0–14 years) living with HIV receive ART.</p> <p>At least 12 countries are reaching and sustaining ART coverage of at least 90% for pregnant women living with HIV and at least six countries have a mother-to-child transmission rate below 5%.</p>	ON TRACK	<p>In the region overall, 87% of people living with HIV know their status, 72% are on treatment, and 65% are virally suppressed. Eight countries in the region have achieved the 90–90–90 targets; all but four (Angola, Madagascar, Mozambique and South Sudan) are on-track.</p> <p>ART coverage among children is 58% (regional range 16%–84%).</p> <p>12 countries in the region have reached at least 90% ART coverage for pregnant women living with HIV. Five countries have achieved a mother-to-child transmission rate below 5% (GAM 2020).</p>
<p>New HIV infections are reduced to 200 000 in the region by 2020 with a focus on young people, adolescent girls and young women and key populations.</p>	SLOW PROGRESS	<p>There was a 38% decrease in new infections since 2010 (UNAIDS Global AIDS Update, 2020).</p>
<p>At least 50% of East African Community (EAC) and Southern African Development Community (SADC) countries have improved their legal and policy environments to promote access to HIV services for all.</p>	ACHIEVED	<p>15 countries (including 13 EAC/SADC countries, i.e. 71%) have taken important steps to address legal and policy barriers that impede efforts to reduce new infections.</p>
<p>All SADC countries have developed and implemented the Commission on the Status of Women 60/2 action plans.</p>	SLOW PROGRESS	<p>The SADC Parliamentary Forum launched the gender-responsive oversight model in pilot countries (Angola, Lesotho, Malawi, Zimbabwe) to address structural drivers of risk and vulnerability in girls and young women; implementation in 2021.</p>
<p>HIV response is efficiently implemented with technological advances to improve service delivery; HIV-sensitive UHC interventions are implemented at national and district levels, and health facilities and communities.</p> <p>HIV response is integrated into UHC and social protection systems.</p> <p>At least 50% of people living with and affected by HIV benefit from HIV-sensitive social.</p>	ON TRACK	<p>Country-level projects are leveraging data analytics to improve efficiency in service delivery; projects at regional level (EAC and SADC) supporting sustainability and integration were advanced to support country-level efforts.</p> <p>Progress made in integrating HIV in health benefits packages at the country level, thus advancing UHC.</p>

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

TESTING AND TREATMENT – *technical support; capacity building; partnerships (UNHCR, UNICEF, WFP, UNFPA, UN Women, ILO, UNESCO, WHO, World Bank, UNAIDS Secretariat, IOM)*

117. Active support scaled up differentiated service delivery for adults and adolescents, including through MMD, alternative and community service delivery points, as well as peer support models in about 10 countries. Point-of-care technology was further promoted to improve testing for viral load, early infant diagnosis (which was scaled up in seven countries), TB, and viral hepatitis, including to refugees. A strengthened cross-border health mechanism reached 70 000 young people, migrants, and sex workers with HIV services in six countries in southern Africa.
118. Eight countries (Eswatini, Ethiopia, Kenya, Malawi, Mozambique, Uganda, the United Republic of Tanzania and Zimbabwe) were supported to scale up point-of-care diagnosis for early infant diagnosis. Four countries (Kenya, Malawi, Uganda and Zimbabwe) introduced integration of testing in Gene Xpert machines to include early infant diagnosis and viral load, TB and human papilloma virus. A multicountry study on paediatric viral suppression was completed to accelerate quality treatment for children. All countries were supported to identify gaps in prevention of mother-to-child transmission service delivery, and capacity building, and validation readiness assessments were provided in Botswana, Namibia, Rwanda and Zimbabwe.
119. A variety of ART delivery approaches were adopted, including courier services, to mitigate difficulties in remaining on ART for people living with HIV in marginalized communities. For example, in Uganda, bicycles were procured for networks of women living with HIV and young people, enabling them to deliver life-saving HIV treatment to remote communities.
120. Interventions were supported to increase access to HIV testing and counselling and treatment and care in the context of gender inequality, such as the HeForShe community-based initiative, which engaged 115 000 women and men in South Africa in dialogues on unequal gender norms, violence against women, and HIV prevention in 2019–2020. Fully 62% of those who engaged in the dialogues took an HIV test, and all those who tested HIV-positive were linked to HIV treatment and care.

PREVENTION – *advocacy, policy dialogue and technical support (UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, UNAIDS Secretariat, IOM)*

121. SADC was supported to develop an annual scorecard on HIV prevention, helping Ministries of Health to assess performances, and the SADC key population strategy

was implemented and monitored. A Global Prevention Coalition initiative in eight countries is pioneering a south-south network for condom and key population programme scale-up.

122. Fourteen countries in the region receiving Global Fund's catalytic funding for adolescent girls and young women were supported on evidence-based implementation, proposal writing and peer reviews, and a new adolescent sexual and reproductive health toolkit for humanitarian settings was rolled out, increasing health workers' capacity to meaningfully engage with adolescents and young people. The online teacher training course on comprehensive sexuality education was revised and updated, and is expected to reach 1,750 teachers and benefit 75 000 children and adolescents per year.
123. Interventions were scaled up across seven countries to transform unequal gender norms in HIV prevention. Implementation of the "SASA!" community-based programmes rolled out across 15 districts of Zimbabwe reached over 30 000 women with information and services on gender-based violence. A similar roll-out in Uganda engaged nearly 50 000 community members in three districts, resulting in increased reporting of cases of violence against women and accessing local HIV testing clinics. "SASA! Faith" (an adaptation of the programme for faith-based communities) piloted in Kenya resulted in improved women and men's access to HIV testing, treatment and couple's counselling, as well as a 59% reduction of HIV-related community stigma and discrimination towards women living with HIV.

ADDRESSING STRUCTURAL BARRIERS AND GENDER INEQUALITIES – *advocacy; policy advice; technical support (UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, World Bank, UNAIDS Secretariat)*

124. A gender assessment of the national HIV response was completed in Ethiopia, Malawi, Uganda and the United Republic of Tanzania, and knowledge products created and disseminated to relevant national stakeholders on laws, policies, rights and structural barriers faced by adolescent girls, young women and key populations in the region. Findings from the assessment informed the development of gender-responsive regional and national plans, strategies and funding requests.
125. Together with the International Community of Women Living with HIV-Eastern Africa, pilot approaches were launched to end HIV-related stigma and discrimination against women in the context of the COVID-19 pandemic in South Africa and Uganda.
126. SADC was supported in developing a model law on gender-based violence to guide national legislations to end child marriage. Advocacy was undertaken with key country

stakeholders, including parliamentarians and civil society, to repeal punitive and discriminatory laws, and enhance understanding of the SADC model law. A publication was finalized on strengthening joint advocacy efforts with national human rights institutions to foster the sexual and reproductive health and rights and the gender equality agenda in the region. In partnership with He4She, documentation was produced on community programmes addressing harmful gender norms and practices in Malawi, South Africa, the United Republic of Tanzania and Zimbabwe.

127. A regional study on access to social security for women in the informal economy was finalized, documenting lived experiences of women with diverse needs. The report provides an overview of existing social safety net interventions, and offers entry points, opportunities and instruments to integrate women living with HIV into social safety net programmes. The regional Joint Team also conducted HIV-sensitive social protection assessments in three countries, and an HIV-sensitive social protection mapping study for 15 Fast-Track countries.

INTEGRATION AND SUSTAINABILITY OF THE RESPONSE – *technical support (UNHCR, UNICEF, WFP, UNFPA, ILO, WHO, World Bank, UNAIDS Secretariat)*

128. Support was provided to East African Community to develop and disseminate a universal health and HIV coverage resource mobilization strategy, and to SADC on an HIV sustainability road map towards the goal of ensuring appropriate service integration and fiscal sustainability in the long term.
129. Health and HIV financing work was done in at least seven countries to support efficient, appropriate inclusion of HIV-related services in health benefits packages and integration of services. For example, analytic assistance was provided to support Zambia and Zimbabwe in service integration via health benefit package design and UHC. A health service integration analysis of HIV, malaria and TB programmes, using Optima modelling software, was undertaken in Mozambique.

CONTRIBUTION TO THE COVID-19 RESPONSE *(UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, WHO, World Bank, UNAIDS Secretariat, IOM)*

130. The regional Joint Team advocated, collected data and provided technical assistance to promote MMD, ensuring adequate ART stock within the differentiated service delivery framework in all countries, including direct interventions in Botswana, Mozambique and the United Republic of Tanzania. Scale-up of differentiated service delivery and innovative HIV testing, care and treatment models was integrated into national strategic plans in eight countries, funding requests were approved for 13 countries, and innovative treatment and prevention service

approaches, including home delivery of contraceptives and mobile clinics for sex workers, were documented in seven countries. Efforts to protect PMTCT gains included regular monitoring and feedback through joint reproductive, maternal, newborn, child and adolescent health monitoring, and sharing of innovative approaches. Assessments of the impact of COVID-19 lockdowns on marginalized communities were done, with a focus on sex workers.

131. A regional conference for LGBTI activists from SADC Member States focused on assessing and mitigating the social, economic and political impact of COVID-19, including on strategic litigation, law reform and activism. Opportunities were identified for collaboration on campaigns against police abuse by adapting advocacy and communications efforts.
132. A virtual knowledge-sharing platform, “Building networks behind the prison walls”, was created to share experiences among the prison staff, civil society and academia from the southern Africa region about responses to COVID-19 in prison settings, continuity of HIV treatment after release, prevention of sexual violence in prisons, drug dependence treatment, and mental health. Preparedness of prisons for the prevention and control of COVID-19 was strengthened through advocacy among decision-makers, capacity building of prison staff and procurement of personal protective equipment.
133. An assessment of the COVID-19 impact on financing for health and HIV was presented to SADC and EAC Ministers of Health, and the Pan-African Parliament on “Right to health in the time of COVID-19” was engaged to increase health budgets. US\$ 6 million was mobilized from SIDA to ensure continuity of sexual and reproductive health and rights services in the region, and a Reckitt Benckiser donation of hygiene kits worth US\$ 4 million was mobilized, benefiting approximately one million people living with HIV in 18 countries.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA *(UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, WHO, World Bank, UNAIDS Secretariat)*

134. The regional Joint Team commissioned a comprehensive external evaluation of regional Ministerial Commitment (2013–2020) on comprehensive sexuality education and youth-friendly sexual and reproductive health and rights services in order to advocate for an extension of commitment until 2030, as part of its contribution to achieving the SDGs on health, education and gender.
135. Work was undertaken at regional and country levels to advance health service integration and UHC by supporting country policy and programming on integration, health benefits packages and UHC planning (SADC, EAC, Kenya, Malawi and Zimbabwe). Three countries were supported by the regional team to conduct an HIV-

sensitive social protection assessment and to implement the recommendations.

136. A report on the status of SADC Member States' laws and international agreements, along with SADC regulations and position papers, have been developed to drive advocacy — in particular to increase domestic funding on sexual and reproductive health and rights and gender inequalities. Human Rights Universal Periodic Review Recommendations are being developed in Rwanda and will be completed in 2021.

CHALLENGES AND BOTTLENECKS

137. The COVID-19 pandemic significantly affected direct outreach to the population- and field-based components of the regional Joint Team's studies, monitoring and support. The pandemic substantially hindered planned technical support to countries, notably disrupting the regular Gender Ministers' Meeting, with a negative impact on the Commission on the Status of Women resolution 60/2 and the HIV and gender equality agenda.
138. Angola, Madagascar, Mozambique and South Sudan are lagging significantly behind on the treatment targets. Except for Angola, COVID-19-related travel restrictions prevented country-specific consultations to identify specific barriers/challenges and opportunities and to develop acceleration plans.
139. High rates of HIV infection and suboptimal retention of mother-infant pairs in care and treatment remain the main challenges in PMTCT programming. Almost two thirds of vertical transmission cases are due to newly acquired infections among mothers and treatment attrition during pregnancy and breastfeeding. Another critical challenge includes low coverages of early infant diagnosis and paediatric treatment. The treatment gap between adults and children remains unacceptably high.
140. Violence against women has surged during the COVID-19 pandemic, exacerbating women's risk of acquiring HIV. Knowledge on HIV prevention among adolescent girls and young women has remained alarmingly low in the last two decades, and new HIV infections are very high in this age group. Recommendations from gender assessments often do not translate into gender-responsive actions, budgets, and indicators. Tracking allocations and expenditures towards gender-transformative interventions in the HIV

response is rarely prioritized, and adolescent girls and young are seldom included in decision-making spaces and processes.

141. Data gaps are a consistent challenge. Poor or absent disaggregated data on age, sex, locations, population types and access to services, as well as evidence on inequalities are affecting the focusing of services for impact. TB/HIV data on morbidity, mortality and access to combination treatment are lacking.

KEY FUTURE ACTIONS

142. Needed are measures to prevent COVID-19 from undermining the HIV prevention agenda, and to support implementation of the Global Fund grants, including new strategic initiatives such as condom programming and harm reduction. Regional entities and countries must be assisted to align with and support the 2025 prevention targets, including scale up of combination prevention. South-south learning should be championed to further accelerate HIV prevention, and continued investments are needed to address social and structural drivers of the HIV epidemic and to scale up interventions that transform unequal gender norms and prevent violence against women. Networks of women, particularly adolescent girls and young women living with HIV, require support to influence decision-making in national HIV responses. Stigma and discrimination that pose barriers for women and girls must be eliminated.
143. Continue supporting, tracking and documenting models of HIV, sexual and reproductive health and rights, and sexual and gender-based violence integration in the COVID-19 contexts. Continue to support countries in developing catch-up or action plans to scale up and adopt innovative service delivery models for treatment and care, with particular focus on countries that lag. Provide support to frontrunner countries on Path to Elimination processes. Support data-driven PMTCT programming in Fast-Track countries. Prioritize point-of-care early infant diagnosis platforms, and family and household testing approaches.
144. Generate and analyse specific evidence through health management information system/programme data, as well as community-generated data to address disruptions and accelerate results. Through advocacy and technical assistance, build on the learning and evidence generated to support sharper focusing of HIV programming on key gaps to accelerate results.

ESWATINI

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
By 2021, scale-up treatment to meet 95–95–95 targets, reduce AIDS-related deaths by 50%, and eliminate HIV-related stigma and discrimination.	WITHIN REACH	In 2020, 98% of all people living with HIV knew their HIV status; 99% of all people diagnosed with HIV infection were on ART; 97% of all people receiving ART were virally suppressed. Men and children are slightly lagging on the treatment cascade (respectively 97–93–97 and 85–100–91) (GAM 2021). Compared with 4,600 AIDS-related deaths in 2010, Eswatini recorded 1,952 deaths in 2020, a decline of 49% (GAM 2021). The 2019 Stigma Index report shows that the country has reduced HIV-related stigma and discrimination to less than 10%, but there are still people reporting missing HIV treatment due to fear of stigma.
Mother-to-child transmission declined from 8% to less than 5% on cessation of breastfeeding.	ACHIEVED	PMTCT coverage is above 95%, and the final MTCT rate is 2.5%.
By 2021, reduction of HIV incidence among persons aged 15–49 years by 85%.	ON TRACK	Overall new HIV infections were reduced by 72% between 2010 and 2020; 70% for 15–49 years (from 11 000 in 2010 to 3,200 in 2020). HIV incidence among adults 15–49 years is estimated at 0.67%. New HIV infections is estimated at 3,200 versus 7,500 in 2016. HIV incidence among adolescent girls and young women aged 15–24 years is estimated at 12% (with 2,000 new infections in 2020) compared to 4% (with 500 new infections) among adolescent boys and young men (GAM 2021).
By 2021, increase total HIV expenditure provided by domestic resources to 70% and HIV finances allocated to HIV prevention to 30%.	SLOW PROGRESS	Total HIV expenditure funded from domestic resources increased to 40%, from 35% in 2016/2017, and 16% of HIV finance was allocated to HIV prevention.

JOINT TEAM: UNICEF, WFP, UNDP, UNFPA, ILO, UNESCO, WHO, World Bank, UNAIDS Secretariat, FAO, IOM

With high PMTCT coverage and antenatal care, and the 95–95–95 targets for 2030 achieved a decade in advance, Eswatini is successfully moving towards the end of AIDS. Strong support was provided during the COVID-19 pandemic to keep people living with HIV on ART and sustain PMTCT progress through the Community Mentor Mothers initiative. The Joint Team has also been instrumental in accelerating HIV prevention for adolescents and young people in school and health settings, with plans in 2021 to increase HIV self-testing and index testing amongst young people to build on those gains.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

HIV TESTING AND TREATMENT – technical support

145. HIV self-testing guidelines were completed, and a campaign was launched in September 2020 to revitalize HIV testing in communities during COVID-19. Fully

81 000 people undertook HIV self-tests, with a 6.4% positivity rate (about 5,100) between January and June 2020. In addition, support was provided to a Ministry of Health workplace outreach programme, through which 200 women in the textile industries were reached with HIV testing services.

146. The Joint Team provided technical support for the revision of dolutegravir guidelines and for a concept note for the monitoring of dolutegravir toxicity, which have been adopted

by the Ministry of Health, supporting the ongoing transition to dolutegravir from previous regimens.

147. Stigma and discrimination among key populations remain challenges to people living with HIV and key populations accessing testing and treatment. Key populations size estimations and IBBS among sex workers and gay men and other men who have sex with men are ongoing. These and future studies on prisoners will inform ongoing HIV prevention programmes on HIV-related stigma and discrimination, and programmes for key populations.

EMTCT COVERAGE – *technical support; partnerships; community engagement*

148. Approximately 99% of pregnant women attend antenatal care at least once during pregnancy, and total of 10 433 pregnant women living with HIV accessed HIV treatment in 2020. Technical and financial support was provided for the development of the eMTCT framework and the creation of the national eMTCT committee, a platform for innovation and implementation of the PMTCT programme. A three-year impact study is being implemented on final transmission rates post-delivery or at cessation of breastfeeding, and programme impact assessment.
149. Technical and financial support has been provided for the rollout of the Community Mentor Mothers programme in all four regions of Eswatini, and 286 community mentor mothers were trained in the provision of maternal and neonatal health services, focusing on PMTCT. The trained mentor mothers reached 12 396 pregnant women during both antenatal care and postnatal care, conducting 70 618 household visits (at least four visits for each pregnant woman).

PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS – *technical support; partnerships; community engagement*

150. The country's HIV prevention practices have been accelerated through the release of the HIV prevention policy, the National Condom Strategy 2018–2022, and the Reproductive, Maternal, Newborn, Child and Adolescent Health strategic plan. The roll-out of the CONDOMIZE! campaign is ongoing, and over 22 million male and 500 000 female condoms have been distributed in total. At the Buganu Festival in Hlane, approximately 40 000 people were reached and engaged on using condoms for protection against HIV, STIs and unintended pregnancies.
151. HIV prevention job aids were developed with technical guidance from the Joint Team. The job aids are used for monitoring referrals and linkages to HIV prevention services for people who test HIV negative. Training and mentoring were provided for 190 health-care workers to deliver quality family planning services; all hospitals and health centres with maternity units were reached. Additionally, 71 health-care providers received training and mentoring on STI guidelines and adolescent- and youth-friendly health services.

152. Life skills education and sexual and reproductive health have been implemented through online training (45 teachers from 9 secondary schools), and implementation in primary and secondary curricula, potentially reaching over 220 000 learners in 320 schools. Thirty-three curriculum designers were trained on a pilot toolkit for teachers, addressing TB/HIV, tobacco, drug and alcohol use, sexual and reproductive health, and gender-based violence in classroom settings. More than 8,700 adolescents and young people were reached. In addition, approximately 2,500 adolescents are being reached with HIV prevention and SRH messages through a parent-to-child communication programme operating in seven chiefdoms. In a separate outreach activity, involving community dialogues, 1,100 parents were reached. In- and out-of-school youth have been targeted in the online HIV/SRH/COVID-19 “Tune Me” campaign, reaching more than 100 000 viewers.
153. PrEP-initiating facilities increased from 22 demonstration sites in 2017 to 191 health-care facilities in 2020, including 34 private facilities. PrEP is offered in communities through three national mobile outreach teams. Seventy-three clinicians were trained for PrEP scaled-up and 9,125 people were initiated on PrEP.

INVESTMENT AND EFFICIENCY – *technical support*

154. The Joint Team conducted a National AIDS Spending Assessment, which showed that resources for HIV programmes had stagnated, with HIV prevention expenditures lower compared to other programmes. Domestic resources on HIV increased slightly from 13% in 2016/2017 to 16% in 2018/2019.
155. The Joint Team has advocated for government's successful request to the Global Fund to reallocate US\$ 20 million for procurement of ARVs, and provided support with the drafting of National Sustainability Plan for TB, HIV and Malaria; currently under review. A financial landscape analysis and field consultations were completed.

CONTRIBUTION TO THE COVID-19 RESPONSE

156. Over 6,770 health-care workers were trained on COVID-19 prevention, testing and management. An additional 354 laboratory staff were trained to conduct COVID-19 diagnosis, and the country is now maintaining an up-to-date referral system for patients.
157. US\$ 200 000 of Global Fund support for social protection during COVID-19 reached 2 500 people living with HIV and 3,600 households of orphaned and vulnerable children. The Joint Team mobilized US\$ 125 000 to provide a cash-based transfer safety net to vulnerable groups. A nutrition-sensitive cash transfer of US\$ 70 (SZL 1044) was made available to malnourished people living with HIV/TB.
158. Due to COVID-19 there has been a rapid expansion in the number of community ART distribution points and the numbers

of people receiving ARVs in that manner. Through technical support from the Joint Team, continuity of health-care services was ensured, reaching more than 55 761 vulnerable people, including 9,605 children aged 0–23 months, at both health facility and community levels. Catalytic funding and training for the *Community Mentor Mothers* programme resulted in 286/300 (95%). Mentor mothers from all four regions were trained in August and September 2020 and were then recruited to help cover the community-level PMTCT gap.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

159. The Joint Team contributed to the development of the UNSDCF Guidance 2021–2025, anchored on the principle of “leave no one behind”. Technical guidance was

provided to assess implementation of the Sexual Violence and Domestic Violence Act 2018, as well as to engage people at community levels and uniformed officers in raising awareness on the Act, and on gender-based violence and HIV. Annual reports of sexual and domestic violence cases increased by 289% between 2015 and 2019, with 25% of them reported by or on behalf of minors.

160. Support was provided to institutionalize life skills education in the education sector and communities through the review and validation of the National Life Skills Framework, which was integrated into grade three and four instructional materials. Forty-five teachers were trained online. More than 330 schools (secondary and primary) are offering life skills education, reaching more than 220 000 learners.

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges & unblock bottlenecks</i>
<p>COVID-19 and lockdown regulations affected HIV programme implementation (shifting HIV personnel to implement the COVID 19 response; PMTCT impact study enrolment; community programmes, including <i>Community Mentor Mothers</i> programme and the CONDOMIZE! campaign).</p>	<p>Evaluate the impact of COVID-19 on the HIV and TB programme, and the sustainability of community distribution of ARVs to inform the development of catch-up plans.</p> <p>Expand the supervision and mentorship of community-based mentor mothers and collaborate with the national laboratory to improve turnaround time to ensure PMTCT coverage is sustained above 95%.</p> <p>Continue to support the procurement of personal protective equipment for health-care workers during COVID-19.</p>
<p>Disproportionately high numbers of new HIV infections are occurring among adolescent girls and young people compared with other population groups, due to economic inequality, school discontinuation, gender-based violence, low knowledge of HIV prevention, and lack of or inconsistent condom use.</p>	<p>Engage adolescent girls and young women and their partners on sexual and reproductive health, HIV, and COVID-19 prevention to improve their knowledge and achieve increased condom use.</p> <p>Support the revision of HIV testing guidelines, and the development of standard operating procedures on the integration of HIV, sexual and reproductive health and rights, and cervical cancer.</p> <p>Support the Ministry of Education on multicountry comprehensive sexuality education needs assessment to inform the development of teaching and learning materials for learners with disabilities.</p>
<p>Men and children perform poorer along the treatment cascade, compared with women. Dolutegravir is limited to newly-initiated patients, pregnant and lactating women, children, adolescents above 20kg, and patients failing on first-line regimens due to insufficient stock.</p>	<p>Support the roll-out of dolutegravir to improve HIV treatment coverage and viral suppression among men.</p>
<p>Due to limited resources, HIV testing is only for adolescents who are assessed to be at risk of infection.</p>	<p>Support expansion of HIV self-testing and index testing among adolescents and young people.</p>
<p>Intermittent stock-outs of paediatric HIV treatment formulations affect optimal treatment for children.</p>	<p>Advocate for donor support on procurement of ART for children, and for strengthening supply-chain management.</p> <p>Support the roll-out of paediatric dolutegravir.</p>

SOUTH SUDAN

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
By 2021, 95% of reported people living with HIV among returnees or refugees, including adolescents and key populations, who know their HIV status, are sustained on ART (new regimens).	ON TRACK	Number of people in the general population who know their HIV status increased slightly from 27% in 2019 to 29% in 2020. Overall coverage of ART rose to 23% from 18% (2020 Spectrum and Ministry of Health). In 2020, about 539 686 refugees were reached with HIV services; 33 460 were tested, and currently there are 854 refugees living with HIV on ART (UNHCR Report 2020).
At least two HIV-related Bills are discussed and passed by the National Transitional Legislative Assembly parliament to remove legal barriers to the HIV response.	SLOW PROGRESS	Four of 10 states have made progress in addressing issues in the legal environment, including establishing by-laws to end child marriage, early marriage and gender-based violence (Northern Bahr El Ghazal, Upper Nile State, Eastern Equatoria, and Pribor Administrative Area).
Ensure that 75% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2021, in order to reduce the number of new HIV infections.	ON TRACK	No data available at national level. 434 915 in- and out-of-school adolescents and young people were provided with integrated HIV, sexual and reproductive health and rights, and gender-based violence information through Joint Team's support (16.5% of 15–24-year-olds).

JOINT TEAM: UNHCR, UNICEF, WFP, UNDP, UNFPA, UN Women, UNESCO, WHO, UNAIDS Secretariat, IOM

Initiatives such as MMD for ART and community mentor mothers have contributed to treatment adherence for people living with HIV, and strong community engagement has helped South Sudan make some progress in access to testing and treatment among refugees and returnees. Comprehensive sexuality education for young people has moved progress both through integrated education programming, and community youth organizations. The Joint Team also focused on the creation of an enabling environment, including through technical support and advocacy, identifying legal barriers that entrench gender inequalities, countering gender-based violence, and tackling stigma and discrimination, alongside training for service providers. A comprehensive review of the legal/policy environment in 2021 will help identify remaining gaps.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

HIV TESTING AND TREATMENT – technical support; community engagement

161. To facilitate treatment adherence, 3-6-month MMD was implemented for people who are stable on HIV treatment. Nineteen hard-to-reach facilities in seven states received support for MMD and client retention. In addition, almost 3,900 people living with HIV who had been lost to follow-up were reinstated to treatment thanks to the Community Mentor Mothers initiative. Through the Joint Team's support,

community outreach provided HIV testing for 26 081 people, of whom 699 tested HIV-positive and were linked to treatment.

162. Community leaders were continuously engaged through outreach and capacity building to ensure continuity of services to people living with HIV in refugee camps and surrounding host communities. Over half a million people were reached (212 134 males and 327 552 females) in all refugee camps with testing, treatment and counselling, male condom distribution, health education on HIV/TB/COVID-19/nutrition, and active case finding. Testing, ART and PMTCT services continued to be provided in the refugee camps and surrounding host communities. Almost 33 500 people were tested for HIV (including pregnant women), of

whom 215 tested HIV-positive and were enrolled in ART. A total of 854 people were on ART at the end of 2020 in refugee/host communities.

CREATING AN ENABLING ENVIRONMENT – *technical support; policy advice/dialogue; capacity building*

163. Support was provided for the prioritization of gender-based violence and HIV in national institutions. An anti-gender-based violence bill was drafted and submitted to the Ministry of Justice and awaits debate. Capacity building and mentorship were provided to the Government's newly-launched special gender-based violence court, which has convicted at least a dozen people for various gender-based violence offences.
164. Advocacy workshops were conducted for 33 (22 male and 11 female) refugee community leaders to mobilize support aimed at reducing stigma and discrimination and supporting the continuity of HIV-related services during the time of COVID-19.
165. More than 560 service providers, including health and community development workers, were trained on child marriage, case management/response and gender-based violence prevention, and 762 duty bearers were trained on legislation, policies governing gender-based violence and child marriage. In addition, 11 centres were created to provide integrated gender-based violence case management services in health facilities. As a result, 234 344 people were reached with gender-based violence prevention and response information, and 3,775 people received medical and support services. Additionally, 2,684 people were screened for gender-based violence at refugee health facilities, while 33 rape survivors received PrEP and presumptive STI treatment.

HIV PREVENTION AMONG YOUNG PEOPLE

– *capacity building; technical support; community engagement*

166. Comprehensive sexuality education training was provided in partnership with the Ministry of General Education and Instruction to 57 (31 males and 26 females) teacher educators and teachers in 13 primary and two secondary schools. In addition, 42 representatives from seven faith-based organizations were trained on comprehensive sexuality education for parents, teacher educators and religious leaders.
167. The Joint Team provided comprehensive sexuality education to 31 557 adolescent girls and young women through youth-focused organizations. A further 1,938 stakeholders were sensitized on comprehensive sexuality education for young people, including county-level government leaders, social and community leaders. To improve access to condoms, 100 condom dispensers were installed in locations patronized by young people

including bars, night clubs, hotels and other hotspots in Juba. A total of 4.4 million male and female condoms were distributed, targeting female sex workers, youths and other vulnerable populations.

168. Technical assistance in programme management and communication to a CSO coordinating the network of AIDS service organizations in South Sudan has increased NGOs' capacities for advocacy, implementation of HIV prevention services such as condom promotion/distribution, and community mobilization towards increased uptake of HIV services among young people.

CONTRIBUTION TO THE COVID-19 RESPONSE

169. The UN Joint Team contributed to and made use of US\$ 45 000 worth of financial and logistical support to deliver COVID-19 hygiene and sanitation packs donated by Reckitt Benckiser Pharmaceuticals to associations of people living with HIV and health facilities across the country. More than 580 community HIV peer volunteers were also trained and provided with personal protective equipment to conduct community ARV refills and provide adherence support in the Equatoria states, greater Bahr El Ghazel states and Jonglei, while 55 426 people (36 997 females and 18 429 males) were provided integrated information on HIV/COVID-19 prevention.
170. Through community engagement, a capacity needs assessment on gender and human rights issues of networks of people (including women) living with HIV was conducted, and 91 (51 female; 40 male) community volunteers were trained to strengthen awareness on the impact of COVID-19 on HIV, gender-based violence prevention and human rights in Juba.
171. Almost 93 000 out-of-school youths were reached with COVID-19 and HIV information through the Condomize! campaign and World AIDS Day campaigns in Juba and Torit. Prevention messages were transmitted using social media and community radio reaching about 30 000 people. In addition, COVID-19 prevention materials (hand washing containers, soap, masks) were distributed to over 4,000 adolescent girls and young women through NGOs, youth networks and CSOs that work with adolescent girls and young women.
172. Fully 63 662 persons (28 731 males, 34 931 females) were reached with COVID-19 information and material in refugee and internally displaced persons camps and host communities. GeneXpert machines were procured and installed in five locations hosting refugees, supporting TB/HIV programmes including early infant diagnosis of HIV and COVID-19 testing.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

173. Contributing to the achievement of SDG 2 on zero hunger, 168 188 people living with HIV/TB and their families received counselling, food, and nutrition support. Among them, 55 790 people were malnourished and were enrolled in the Nutrition Assessment, Counselling and Support Programme. More than 2,000 metric tonnes of fortified food and 12 310 metric tonnes of general food assistance were provided to households. The number of facilities

providing nutritional services to people living with HIV and TB patients in the host and refugee communities increased from 97 in 2019 to 147 in 2020.

174. The Joint Team provided technical support to the Ministry of Health to enhance national and regional data collection/entry for refugees and internally-displaced persons using the District Health Information Software 2 (DHIS2) platform, and to generate and analyse monthly data reports, tracking for indicators at facility, county and state level.

Challenges and bottlenecks	Key future actions
<i>Persisting and emerging</i>	<i>to respond to challenges & unblock bottlenecks</i>
<p>COVID-19 negatively affected the implementation of planned activities, particularly the supply of HIV testing kits and ARVs, in-school activities, on-site monitoring, cross-border refugee programmes, access to HIV services, and support for nutrition security.</p>	<p>Continue to provide and expand MMD for ARVs and closely monitor the continuity of treatment.</p> <p>After relaxation of COVID-19 restrictions, expand in-school comprehensive sexuality education and support its rapid roll-out among out-of-school young people.</p>
<p>CSO capacity is generally very weak, which limits their ability to adequately represent constituents and deliver programme activities.</p>	<p>Build the capacities of CSOs to improve advocacy, effective representation of beneficiaries, and programme management.</p>
<p>Insufficient timeliness, accuracy and completeness of data, along with low retention of trained data clerks in the health sector as the country transitions to online reporting platform DHIS2.</p>	<p>Continue to support the Ministry of Health in strengthening harmonization of the health management information system through full implementation of DHIS2. Undertake capacity building for state-level data managers on DHIS2, especially for those in hard-to-reach areas, to utilize DHIS2 to review and analyse the HIV care cascades, identify programmatic gaps, and plan and improve HIV programme interventions.</p> <p>Support the expansion of technology, such as mobile data collection devices, for data collection by hard-to-reach facilities.</p>
<p>Restrictive legal and policy frameworks hinder access to HIV, sexual and reproductive health, and gender-based violence prevention and response services.</p>	<p>Undertake a comprehensive review of the legal and policy environment to facilitate a structured approach to addressing the legal and policy gaps that impact HIV prevention and service delivery.</p>

LATIN AMERICA AND THE CARIBBEAN

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Regional priorities/ targets (by end of 2021)	Status	Results (end of 2020)
By end 2021, 90% of people living with HIV know their status, 70% of people living with HIV are on treatment and >80% are virally suppressed.	ON TRACK	Latin America: 80% people living with HIV knew their status, 65% were on treatment and 60% were virally suppressed. Caribbean: 82% people living with HIV knew their status, 67% were on treatment and 59% were virally suppressed (Preliminary UNAIDS special analysis, 2021).
By end 2021, there will be fewer than 2,500 new child infections (0-14 years old).	SLOW PROGRESS	4,360 new child infections in Latin America and the Caribbean (3,400 and 960, respectively). Seven countries or territories in the region have been certified for eliminating MTCT and congenital syphilis (Global AIDS Update, 2020).
Reduction in new HIV infections to fewer than 100 000 by 2021.	WITHIN REACH	133 000 new HIV infections in Latin America and the Caribbean (120 000 and 13 000, respectively) (Global AIDS Update, 2020).
By the end of 2021, 15 countries provide a minimum package of essential HIV services to migrants and asylum seekers.	ON TRACK	67% (10 out of 15) countries in the region: Argentina, Bolivia, Brazil, Chile, Ecuador, Dominican Republic, Panama, Paraguay, Peru and Uruguay provide a minimum package of essential HIV services to migrants, refugees and asylum seekers (Coordination Platform for Refugees and Migrants from Venezuela, 2021).
By the end of 2021, 50% of the countries in the region have developed sustainability plans featuring increased, diversified and innovative domestic investments.	WITHIN REACH	47% (8 out of 17) countries in the region: Costa Rica, Cuba, the Dominican Republic, El Salvador, Guyana, Jamaica, Panama, and Suriname have developed sustainability plans for submission to the Global Fund and to support investments. While there is variability between countries, 95% of the HIV response in Latin America is funded through domestic resources while the Caribbean funds only 27%.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

ACCESS TO TREATMENT – upstream advocacy, technical support, capacity building (UNHCR, WFP, UNFPA, UN Women, WHO-PAHO, UNAIDS Secretariat)

175. In the context of the Quito Process¹, an international organization formed in 2018 to promote communication and coordination between host countries receiving Venezuelan refugees and migrants, the Joint Team has been working to expand the coverage of health services for refugees and migrants living with HIV and to guarantee ART. Support has been provided to scale up HIV testing, treatment, prevention and care services for refugees, asylum seekers and other populations affected by humanitarian emergencies in Chile,

Colombia, Costa Rica, Ecuador, Guatemala, Guyana, Mexico, Peru and Venezuela.

176. The region focused on CBO capacity-building to improve access to services. For example, in Venezuela, over 300 CBOs in the states bordering Brazil, Colombia and Trinidad and Tobago received technical assistance to provide HIV protection services, sexual and gender-based violence, and psychosocial care for returning refugees and migrants. In Ecuador, an HIV programme in border areas was launched in coordination with the NGO CARE and the Ministry of Public Health. It focused on providing support to CBOs for sex workers, LGBTI and young people to strengthen their organizational capacities for HIV prevention and treatment, which benefited more than 3,500 refugees.

177. Advocacy was conducted for the inclusion of displaced populations in national services, for example, expanding

¹ <https://procesodequito.org/en/what-we-do>

health programmes in Colombia and Venezuela. In Chile, a qualitative study assessed access to HIV prevention and treatment services for asylum seekers and refugees, and developed policy recommendations to strengthen services for LGBTI refugees and migrants as part of the National AIDS Programme. In Mexico, support was provided to initiatives strengthening services to transgender migrants, refugees and asylum seekers, and to ensure safe management of sensitive data. Guidelines, training and sensitization increased the knowledge of shelter staff, government, local authorities and migrants on the importance of the use and protection of LGBTI migrants' personal data.

178. Joint Programme collaborative efforts increased access to HIV information, testing, treatment and care services, and health and gender-based violence services for women in key populations. In partnership with the national networks of women living with HIV in Guatemala, female sex workers are now able to access sexual and reproductive health and gender-based violence services, and are linked to HIV testing, treatment and care in the context of the COVID-19 lockdowns. In Uruguay, women in prisons accessed HIV and sexual and reproductive health information and menstrual hygiene kits.

GENDER EQUALITY, GENDER-BASED VIOLENCE AND HUMAN RIGHTS – *Partnership, policy dialogue, technical support, capacity building (UNHCR, UNDP, UN Women, UNAIDS Secretariat)*

179. In Mexico, support was provided to the local chapter of an international network of women living with HIV to improve access to health and HIV services and provide gender-based violence information/training for 100 women living with HIV in the rural areas of Monterrey, as well as follow-up and accompaniment of cases before the state's Human Rights Commission, reporting difficulties in accessing treatment.
180. The Joint Programme partnered with the Judicial Education Institute of Trinidad and Tobago, and the Organization of Eastern Caribbean States Judicial Education Institute to host the second Caribbean Judges Forum on HIV, human rights and the law, a two-day forum attended by 39 judges and magistrates, which focused on gender-based violence in the context of HIV.
181. National chapters of the regional network REDTRASEX received training in 12 countries to collect and analyse information on human rights violations experienced by sex workers. Less than six months after implementing the reporting system, 170 cases were directly reported on the platform by sex workers who had received the training.
182. Argentina and Jamaica signed the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. During the COVID-19 pandemic, both Governments worked towards strengthening national coordination platforms that allow for greater visibility of the needs of people living with HIV, cisgender women, sex workers, transgender people and LGBTI.

Similarly, coordination mechanisms are working at promoting changes in laws and programmes for reducing stigma and discrimination.

183. The “Being LGBTI in the Caribbean” project was implemented in Barbados, the Dominican Republic, Grenada, Guyana, Haiti, Jamaica and St Lucia, addressing stigma and discrimination, and increasing inclusive public policies, representation and access to justice for LGBTI people. Over 400 human rights defenders participated in project capacity-building sessions, including social media advocacy, political participation and training for transgender people, in collaboration with civil society and local communities.

TOWARDS AN EVIDENCE-BASED AND SUSTAINABLE RESPONSE – *coordination; technical support (WHO-PAHO, UNAIDS Secretariat)*

184. In partnership with the Global Fund, the Joint Programme provided technical support to countries in strengthening their health information systems on HIV/STIs, services for key populations, and developing HIV estimates to support national decision-making and planning. Working alongside HIV programmes and CSOs, nine countries have developed their key population prevention cascades.
185. US\$ 113 000 has been invested in Bolivia, Haiti, Honduras, Guatemala, Nicaragua and Venezuela for technical assistance to programme activities, including planning, epidemiological analysis, assessing programmatic gaps and priority areas for resource allocation, and landscape analysis. Expected outcomes include improved budgets for national plans and strengthened performance frameworks.
186. Multidisciplinary technical review panels were organized for Global Fund proposals from Costa Rica, Cuba, Haiti, Guatemala and Paraguay to strengthen the quality of funding requests. Ongoing support was provided to these countries to respond to recommendations from previous reports in the region. All the country proposals in the region were successfully approved.

CONTRIBUTION TO THE COVID-19 RESPONSE *(WFP, UNDP, UNFPA, UN Women, UNAIDS Secretariat)*

187. The Latin American and Caribbean regional Joint Team was instrumental in conducting surveys on COVID-19, focusing on understanding the dynamics and impacts on prevention, treatment, and care for people living with HIV. Fully 27% of the Country Envelope and Business Unusual budgets were reprogrammed to address COVID-related issues and support civil society, care and treatment, combination prevention, communications, and the provision of food and essential medicines.
188. Intensive monitoring of ARV shortages and the implementation of MMD in the context of the COVID-19 pandemic led to strong advocacy for the official adoption of MMD policies.

189. In collaboration with UN agencies, civil society and government counterparts, food kits, commodity vouchers or cash transfers were distributed to reduce and mitigate COVID-19 related risks. These reached almost 400 000 people living with or affected by HIV in Bolivia, Colombia, Dominican Republic, El Salvador, Guatemala, Haiti and Peru. The Joint Team was also instrumental in financing 31 proposals from CBOs in 15 countries in response to the need of enhancing efforts to scale-up HIV prevention in the region during the COVID-19 pandemic.
190. The economic empowerment of young women living with and affected by HIV was supported to mitigate the socioeconomic impact of COVID-19 and to enhance access to HIV services. In Jamaica, young women living with HIV and survivors of sexual violence participated in a mentorship programme which enabled them to develop business proposals and access small grants to fund implementation. In Haiti, female sex workers boosted their entrepreneurship skills and started other income-generation activities to support their livelihoods.
191. Information was collected on levels of integration of LGBTI persons into social assistance programmes and access to health services in the Dominican Republic, Barbados, Grenada, Guyana and Saint Lucia. The data showed that 72% of households with at least one LGBTI person have had difficulties accessing protective equipment such as masks, while 45% indicated that household members in need of regular treatment had not been able to access health services. As a result of the survey in Dominican Republic, additional funding has been secured to support LGBTI inclusion in national socioeconomic recovery efforts.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA (*UNHCR, WFP, UNDP, UNFPA, UN Women, WHO-PAHO, UNAIDS Secretariat*)

192. Together with the UN Economic Commission for Latin America and the Caribbean, all the Joint Programme agencies, including the UNAIDS Secretariat, participate in the development and continued refinement of the SDG Gateway, offering a single access point to information on country progress towards the 2030 agenda and the 17 SDGs.
193. Argentina, Colombia, Guatemala, Panama and Paraguay developed new UN Sustainable Development Cooperation Frameworks, with three of the countries explicitly integrated HIV in the frameworks. In addition, 13 countries included people living with HIV as vulnerable populations in their UN emergency plans, and 17 countries defined actions to address and protect people living with HIV, with the explicit participation of the Joint Programme in those plans.
194. Currently, six countries are reporting data through UN INFO and 11 additional countries are using the UN INFO tool, while 61% of countries in the region are following a business operations strategy approved by the UN Country Team.

CHALLENGES AND BOTTLENECKS

195. During the COVID-19 crisis, primary health-care services were disrupted due to isolation measures and lockdown restrictions. This posed significant barriers to accessing sexual and reproductive health services, which can lead to increases in unwanted pregnancies and undiagnosed/untreated STIs. The COVID-19 pandemic has fuelled violence against women, exacerbating the risk of HIV for women and girls. Gender inequality, stigma and discrimination also continue to impede an effective HIV response.
196. COVID-19 has exacerbated financial, technical and human resource gaps in health systems, leading to a worsening of health inequalities. The pandemic's socioeconomic impact has affected key populations in particular. The sustainability of national HIV responses is at risk in a region affected by the largest displacement of people in its history (mainly due to Venezuela's humanitarian crisis), systemic inequities and inequalities, political instability, strong adverse reactions from conservative sections of society, high levels of stigma and discrimination, and high rates of hate crimes, xenophobia and homophobia.
197. It is imperative to create or strengthen legislative and policy frameworks that formalize participation of communities in Latin America including people living with HIV, key and indigenous populations and young people in decision-making, technical, programmatic, financial management, and horizontal accountability platforms.

KEY FUTURE ACTIONS

198. In order to improve treatment and reach 90-90-90 targets, joint advocacy must continue for the adoption of MMD. Efforts will also be made by the Joint Team to improve PMTCT-related estimations by supporting landscape analysis on antenatal care and HIV data. Support will also be provided to increase access to social protection resources for people living with HIV and key populations.
199. Sexual and reproductive health services must be integrated with STI/HIV services for overall improved health outcomes; that area will receive focused effort from the regional team. In order to guard against future humanitarian crises interrupting activities and to ensure progress on comprehensive sexuality education, the implementation of out-of-school comprehensive sexuality education activities will be a priority. This will be especially important in the event of further pandemic-related lockdowns or similar restrictions.
200. The regional team will continue to provide technical support to community-based (civil society, people living with HIV, key and indigenous populations and young people) monitoring of human rights violations.

JAMAICA

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
By 2022, Jamaica eliminates mother-to-child transmission of HIV.	ON TRACK	In 2020, Jamaica stayed below benchmark impact indicators. The HIV MTCT rate was 1.2%, and the annual rate for congenital syphilis 0.03%.
By 2021, communities are empowered to deliver 30% of HIV services, and advocacy is implemented for human rights and nondiscrimination legislation.	ON TRACK	In 2020, 33 community-led interventions to reduce stigma and discrimination were implemented in community, justice, health, education and workplace settings. A service mapping done in 2020 showed that community-led organizations provided service referrals, peer support, and counselling services to 10 000–12 000 people living with or at most risk of HIV.
By 2022, Jamaica has enacted protective and nondiscrimination legislation related to LGBTI communities, people living with HIV and women and girls.	ON TRACK	Antidiscrimination legislation was drafted. A legislative approach for the creation of the National Human Rights Institute was developed.

JOINT TEAM: UNICEF, UNDP, UNFPA, UN Women, WHO-PAHO, UNAIDS Secretariat

Whilst progress has been slow in increasing testing, treatment and prevention coverage overall, vertical transmission of HIV has been kept low in Jamaica, with sustained support to PMTCT services. Gains have been made in creating a more enabling environment for accessing HIV services and removing structural barriers. HIV-related stigma and discrimination is being tackled through community engagement, and technical assistance is being provided to support human rights and anti-discrimination legislation. National social media prevention and sexual and reproductive health campaigns for young people have been reinforced by youth-friendly training for health-care workers.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

PREVENTION – policy advice; technical support; community engagement

201. Social media activities associated with the launch of a national HIV prevention campaign targeting young people generated 3,000 views. Popular social media influencers have participated in “live” discussion on issues relating to adolescent sexual and reproductive health and rights, girls’ empowerment, HIV prevention and sexual decision-making skills. The campaign incorporated billboard messaging on safer sexual behaviours among adolescent girls and boys on six billboards in high-visibility points in Kingston & St Andrew, St Catherine and St James.
202. Campaigns were reinforced by an adolescent-friendly HIV testing and counselling tool, which was disseminated among

80 health-care workers. It provides information and guidance for serving the needs of adolescent survivors of sexual abuse and exploitation, adolescents from key population groups, and adolescents with low self-perceptions of risk. A further 100 health-care workers will be targeted in 2021.

203. Technical assistance was provided to draft a comprehensive condom and lubricant programme strategy (2021–2025) to support the National Family Planning Board in reducing barriers to people’s access and use of male and female condoms and lubricants. Further work on validating and developing implementation and monitoring and evaluation plans are required before approval of the strategy in 2021.

GENDER EQUALITY, HUMAN RIGHTS, STIGMA AND DISCRIMINATION – policy dialogue; technical support; partnerships

204. Young women living with HIV and survivors of sexual violence benefitted from a mentorship programme which enabled them to develop business proposals and access

small grants. Young women also received psychosocial support, legal advice and information on available HIV and sexual and reproductive health services.

205. The Joint Team worked to secure a high-level commitment between Jamaica and the Global Partnership to eliminate all forms of HIV-related stigma and discrimination, providing technical support to the National Family Planning Board in restructuring its technical working group on human rights and the promotion of an enabling environment. Technical and financial resources supported the drafting of a model antidiscrimination legislation and the development of a National Human Rights Institution. A declaration of commitment to address stigma and discrimination was drafted as well, to be signed by political leaders as a follow-up to the 2011 Declaration, which the Prime Minister had signed.
206. Collaboration with TransWave Jamaica, a national NGO for transgender and gender nonconforming communities, produced a five-year comprehensive national transgender health strategy (2021–2026), based on desk-based review, needs assessment and focus group discussions. The strategy and its action plan will promote evidence-based care, education, research, public policy, and respect and dignity for trans, transgender and gender nonconforming Jamaicans, so they are free to pursue all aspects of their civic, social, economic, emotional and intellectual lives.

CONTRIBUTION TO THE COVID-19 RESPONSE

207. Support was provided for the national network of people living with HIV to develop, launch and analyse a rapid survey on the needs of people living with HIV in the context of COVID-19. Resources were reallocated to provide psychosocial support, counselling and relief to women and girls, and to assist five CSOs in the procurement and provision of personal protective equipment for people living with HIV, women and girls, transgender and gender nonconforming communities. Further resources were mobilized through the UN Multi-Partner Trust Fund to provide six months' worth

of personal protective equipment to six CSOs working on HIV. Limited stocks of ARVs were supplemented with bilateral country donations from Brazil and Panama, sufficient to cover regimens for almost 100 patients for up to four months.

208. Access to critical services and information—covering HIV and COVID-19 services, gender-based violence support, pregnancy and antenatal care, youth engagement, LGBTI issues, and stigma and discrimination— was maintained through gender-sensitive integrated-risk communication and community engagement. This included the roll-out of an intense digital campaign via YouTube, Twitter and Facebook, which reached more than 200 000 people across the Caribbean.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

209. The Joint Team's support for the drafting of a national Anti-Discrimination Legislation, the development of a legislative approach to create a National Human Rights Institute, and collaboration with the trans and gender nonconforming community to develop a legislative approach for a National Gender Identity Law are all efforts contributing towards stronger institutions, sustainable and more inclusive communities.
210. The reduction of inequalities and mainstreaming of gender equality are being integrated in the work of the Joint Team and across other SDGs, particularly health. The Joint Team collaborated under the Spotlight Initiative to ensure the inclusion of people living with HIV and key population in the implementation and planning of gender-based violence and COVID-19 activities. Activities included a gender-sensitive integrated risk communication and community engagement social media campaign, gender-based violence service mapping, gender-based violence identification, response and referral, training for social service providers and gender-based violence hotline telephone responders, and setting up toll-free hotline numbers.

Challenges and bottlenecks	Key future actions
<p><i>Persisting and emerging</i></p> <p>COVID-19 has had a significant negative impact, forcing the Government to reallocate resources from HIV to the COVID-19 response, and creating delays and disruptions in service delivery (including viral load testing results). Implementation of a new national HIV adherence strategy and an HIV drug-resistance strategy were postponed.</p>	<p><i>to respond to challenges & unblock bottlenecks</i></p> <p>Guide the development and implementation of the political advocacy strategy aimed to firmly position “ending AIDS” as a priority in the national development agenda.</p> <p>Organize a high-level meeting with parliamentarians to discuss the establishment of a parliamentary commission on HIV.</p> <p>Ensure that decision-makers are aware of the potential impact of HIV drug resistance on global targets and HIV programme sustainability.</p>
<p>There is further work to be done in implementing the 2019 regional and facility level eMTCT recommendations. Both patient- and health system-related challenges need to be addressed for Jamaica to achieve and sustain eMTCT status.</p>	<p>Support the Ministry of Health in ongoing PMTCT programmes assessments to achieve elimination status; support training and awareness for health-care workers, pregnant women and partners about HIV and congenital syphilis.</p> <p>In partnership with the Jamaican Community of Women Living with HIV and the Ministry of Health and Welfare, implement a programme to empower mentor mothers living with HIV.</p>
<p>The country lacks antidiscrimination legislation to country existing harmful laws, including those that criminalize same-sex relations, sex work, abortion, and some forms of drug possession and use.</p> <p>Stigma against people living with HIV remains high: when surveyed, 33% of participants report experiencing at least one form of stigma or discrimination due to their HIV status in the previous 12 months (Stigma Index Report, March 2020).</p>	<p>Advocate for the enactment of an antidiscrimination law, which has been drafted but requires further work for legislative approval.</p> <p>Advocate for the creation of a National Human Rights Institute and provide support to mobilize resources.</p> <p>Collaborate with Transwave Jamaica to cost a transgender health strategy, and advocate for its implementation and monitoring, and for the development of a legislative approach towards a national gender identity law.</p>
<p>Gender-based violence is worryingly widespread, with significant increases in reports of domestic violence and murders of women and girls, and a rise in calls to gender-based violence helplines during COVID-19.</p>	<p>Continue supporting the Spotlight Initiative to develop gender-based violence awareness and response in social media campaigns, training, mapping, identification and referrals.</p>

PERU

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
By the end of 2021, 90% of people living with HIV know their status, 90% of them are accessing treatment and 80% of people on treatment have undetectable viral loads.	SLOW PROGRESS	In 2019, 84% of people living with HIV knew their status; 77% were on treatment, and 64% were virally suppressed (Spectrum 2019). In 2020, 85% of people living with HIV who knew their status were on treatment (Spectrum 2020). In December 2020, the National AIDS Programme reported that the COVID-19 pandemic had badly disrupted testing and treatment services, especially for key populations. HIV testing coverage was only 66% of the 2019 coverage levels, new enrolment in ARV treatment was only 17% of 2019 levels, treatment dropouts had increased by 17%.
By the end of 2021, the proportion of gay men and other men who have sex with men, transgender people, sex workers, prisoners and indigenous people who have access to combination prevention services has increased from 20% to 60%.	SLOW PROGRESS	Combination prevention strategy is still under development. Pilots on PrEP, self-testing and partner notification have been delayed due to the COVID-19 pandemic. HIV testing coverage is at 5.6% among gay men and other men who have sex with men, 3.2% among transgender women and 13.3% among female sex workers (GAM 2020, Spectrum 2020).
By the end of 2021, 80% of people living with, at risk of and affected by HIV report no discrimination especially in health, education and workplace, compared to 53% in 2017.	ON TRACK	A 2019 Ministry of Justice household-based study found that 7 in 10 Peruvians think their human rights are less protected or are not protected at all; 47% of Peruvians believe that people living with HIV, LTGBI (especially transgender) and indigenous people are the most stigmatized and discriminated groups in Peru. The Stigma Index survey is planned for 2021.

JOINT TEAM: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO-PAHO, World Bank, UNAIDS Secretariat

Uptake of testing and treatment have suffered due to COVID-19, but the Joint Team has supported ART delivery being integrated into primary health care across Peru, as well as the reactivation of diagnosis/prevention centres post-quarantine. Through partnerships with government, prevention programmes are being developed for key populations, and comprehensive sexuality education campaigns targeting young people have been carried out. Stigma and discrimination against people living with HIV, women and girls, and key populations has been tackled through national campaigns, training for health-care workers, and community engagement. Further work on removing structural barriers to HIV services for vulnerable people, and especially women exposed to gender-based violence, is planned for 2021.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

HIV TESTING, TREATMENT AND CARE – policy advice; technical support; capacity building; coordination

211. Technical support was provided to further decentralize and integrate ART delivery in primary health care, with 24 health facilities supported in 2020 to

provide ART in six territories, bringing to 194 the number of ART-providing facilities in the country. South-south cooperation and real-time information sharing among the national AIDS programmes of Bolivia, Brazil, Ecuador and Peru were facilitated via a virtual cooperation platform. Intercountry support in exchanging, procuring and donating ARVs, HIV and viral load tests to avoid stock-outs helped to protect HIV services in all four countries. To address the low levels of HIV testing among key populations, six STI/HIV prevention and diagnosis centres for referral and care

received technical support to reactivate their services after the COVID-19 restrictions in the four largest cities on the Peruvian coast.

212. A virtual training course was designed and validated to provide capacity building for generating information and operational procedures to eliminate HIV vertical transmission, syphilis, chagas and hepatitis B. National technical guidelines were approved for HIV screening in adolescents over 14 years without parental authorization, removing a significant barrier to adolescents accessing HIV testing and treatment. Technical assistance was also provided to the Ministry of Health in approving a technical guide for comprehensive health care in children and adolescents with HIV.
213. Improved food security and strengthened treatment adherence, technical support for macro- and micro-assessments of needs in 2020 will result in the introduction of cash-based transfer mechanisms as part of a government food assistance programme to support people living with TB, including those living with TB/HIV. The modality will begin in 2021 in four districts in Lima, before scaling to national level; 1,700 families are on a waiting list for transfers.

PREVENTION FOR YOUNG PEOPLE AND KEY POPULATIONS – *partnerships; policy dialogue; technical support*

214. A draft Health Technical Standard has been prepared to strengthen combination HIV prevention for key populations in Peru, including access to simplified ARV drugs for the use of PrEP and post-exposure prophylaxis, as well as screening tests and follow-up in the PrEP care process. Technical and financial assistance and capacity building have supported efforts to pilot PrEP, self-testing and partner notification. In 18 months, 314 gay men and other men who have sex with men and 16 transwomen received PrEP.
215. Callao and Lima, municipalities, where over 60% of new HIV infections in Peru occur, signed the Paris Declaration, becoming Fast-Track Cities, in a strategic alliance with the CBO Ccefiro and AIDS Healthcare Foundation. A domestically-resourced workplan for Lima is in development, including activities on human rights, elimination of stigma and discrimination, HIV/STI prevention services for key populations, and an HIV subnational care cascade.
216. Work has been done with the Ministry of Education to build capacity on comprehensive sexuality education. Training was delivered to 120 senior managers, general and line directors, specialists and teachers, while 50 specialists were trained on socioemotional skills for an online educational programme. In 2020, the programme reached 87% of secondary school students (almost 1.9 million students) through remote online learning.

CREATING AN ENABLING ENVIRONMENT FOR ALL

– *advocacy; policy dialogue; technical support; partnerships*

217. The Joint Team supported the successful launch of *Rompamos con la Discriminación*, a national antistigma and discrimination campaign that highlights the human rights of key populations; 6.4 million people were reached in the campaign's first month via social media, television and radio.
 218. In partnership with PROSA (an NGO working to reduce HIV-related stigma and discrimination), 82 health-care workers (52 in Lima and 30 in Tumbes) were trained in technical health guidelines for comprehensive HIV care, and 170 national and municipal police received human rights training for sex workers and LGBTI people. PROSA also facilitated links to ARV treatment for 380 people, and a further 359 received pre-ART tests and procedures in Lima and Tumbes.
 219. A qualitative study assessed social protection programmes across Peru and their sensitivity to the needs of people living with or affected by HIV. Results indicate that sensitivity to HIV is low, and the assessment will be a useful advocacy tool for improving policies.
 220. Advocacy and coordination efforts led to partnerships between relevant UN agencies and strategic alliances between the Joint Team and Partners in Health and the Global Fund to increase access to social protection programmes for people living with HIV and key populations. People living with HIV/TB, transgender women, sex workers and migrants have been included in the emergency cash transfer strategy, benefitting 341 Peruvian and Venezuelan families through emergency cash transfers in 2020 (44% Peruvian recipients, 46% migrants and refugees). Eleven organizations have integrated the referral network of people in need of food baskets, immigration ID, health insurance, and access to ART and other health services. In the second phase of the project begins, a further 16 community mechanisms for people living with HIV and key populations and 10 TB patient organizations will link-in vulnerable Venezuelan migrants and refugees. In 2020, 242 vulnerable people were supported to get immigration cards, which grant them access comprehensive health insurance.
- #### **CONTRIBUTION TO THE COVID-19 RESPONSE**
221. In alliance with the CBOs *Mujeres Positivas de Lima Este* and PROSA, training courses on HIV and COVID-19 prevention, human rights and food security were developed and delivered to 49 women living with HIV in Huachipa, Lima. A joint intervention was developed to strengthen the sexual and reproductive health and STI/HIV services of the indigenous communities Awajun and Wampis in the context of COVID-19, funded with a grant of US\$ 850 000. In addition, 149 food baskets were delivered to transgender women in Callao during COVID-19 lockdowns.

222. Studies were carried out on the impact of the COVID-19 on sexual and reproductive health and rights for adolescents and young people, with policy recommendations for education, employment, protection, health, sexual and reproductive health and HIV prevention and access to treatment. Infographics depicting the main results and recommendations and flyers for social networks were translated into four native languages and distributed in coordination with the National Secretariat for Youth, reaching 3.2 million students. The studies also supported the systematization of good practices on access to modern contraception and male and female condoms in two health services targeting adolescent sexual and reproductive health/STI needs.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

223. HIV is included in the essential health services component of the UN Development Assistance Framework, and in the socioeconomic response plan, to ensure work is carried out in Peru in line with the “leave no one behind” principle, including marginalized and vulnerable populations and people living with HIV.
224. Contributing to achieving gender equality in Peru, the Joint Team strongly supports work on the protection of transgender women (such as ID-related projects and inclusion in the emergency cash transfers), and the promotion of gender equity among indigenous Awajun women.

Challenges and bottlenecks	Key future actions
<i>Persisting and emerging</i>	<i>to respond to challenges & unblock bottlenecks</i>
To address COVID-19, health systems and resources were reallocated to support the emergency needs and impact of restrictions. It is estimated that HIV testing coverage and people newly enrolled in treatment decreased by over 60%, with a 15% increase in treatment drop-outs in 2020, compared to 2019. HIV and TB strategic programme budgets were reduced by 70% for 2020 and 2021.	Support implementation of the Paris Declaration commitments in Lima Metropolitana, once agreed. Implement the virtual training course in information production and operational procedures for the elimination of HIV vertical transmission, syphilis, chagas and hepatitis B in Loreto, Ucayali, Lima and Huancavelica.
A series of structural barriers in Peru prevents full access to health services. Health insurance access is guaranteed only for people with ID (except for mothers, children under 5 years, people on ART). COVID-19 led to increased inequities and vulnerabilities among people living with HIV, women (especially those exposed to gender-based violence), key populations and indigenous people.	Disseminate results of the qualitative study on HIV and social protection among policy-makers so vulnerable people are included in food assistance programmes and all social protection systems. Systematize cash-based transfer interventions. Invest resources and mobilize partners to guarantee migrants and refugees with HIV are properly included in health and social protection systems, and quality care and timely treatment are fully available.
Comprehensive sexuality education requires improvement of the national educational policy and increased budgetary allocation for national operationalization and standardization. Teacher training and sustained support is required, as is the establishment of a monitoring and evaluation system that allows progress to be measured and challenges identified. Political engagement at the highest level of government is needed to confront and overcome barriers imposed by movements opposing human rights protections.	Support the Ministry of Education to implement face-to-face and distance-learning modalities; carry out a pilot in a high-performance school in Loreto (Amazon) and strengthen teachers' competency and socioemotional skills. Undertake advocacy with national authorities to include the new human rights national policy of the Ministry of Justice, as a mechanism for reducing unwanted pregnancies among adolescents and girls.
Stigma and discrimination associated with certain groups (particularly LGBTI people, migrants, people living with HIV and the indigenous and Afro-Peruvian population) continues to be a challenge and worsened in the context of COVID-19.	Continue dissemination of the <i>Rompamos con la Discriminación</i> campaign; design the community component for implementation in four departments of the country, strengthening the monitoring and evaluation of the campaign impact on changing attitudes towards nondiscrimination of vulnerable populations.
Emerging challenge in the context of human rights after the results of the last electoral process. It is expected that work on key populations, stigma and discrimination, and gender-related issues will need specific support.	Strengthen advocacy work and support to CSOs to prevent backsliding on commitments or progress in the context of rising conservatism.

MIDDLE EAST AND NORTH AFRICA

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Regional priorities/ targets (by end of 2021)	Status	Results (end of 2020)
By 2021, 90% of people living with HIV know their status, >70% are on treatment and >80% are virally suppressed. eMTCT certified in four countries: 95% testing and 90% treatment coverage among pregnant women in 10 countries.	SLOW PROGRESS	The 2020 targets were missed by a wide margin: 52% of people living with HIV knew their HIV status, 38% were receiving HIV treatment, 32% were virally suppressed. Access to testing and treatment services is improving in some countries, such as Algeria and Morocco, but service coverage in the region remains among the lowest in the world. Only 30% of HIV-positive pregnant women received ART to prevent vertical transmission (2020 Global AIDS Update).
Reduction in new HIV infections to fewer than 10 000 by 2021.	NO PROGRESS	The HIV epidemic is still growing. The estimated 20 000 new infections in 2019 marked a 25% increase since 2010. Around 97% of new infections were among key populations and their partners (2020 Global AIDS Update).
80% of displaced people, refugees and migrants living in countries affected by humanitarian emergencies have access to essential HIV services.	SLOW PROGRESS	Access to essential services in countries affected by humanitarian emergencies remains very low (e.g. adult ART coverage is 41% in Syria and 24% in Yemen; child ART coverage is 43% in Yemen and 17% in Somalia) (GAM 2020).
At least 80% of people living with HIV, key populations, and vulnerable women and girls enjoy stigma-free access to health and justice services.	SLOW PROGRESS	HIV-related stigma and discrimination continues to be a barrier: in surveys, 55%–80% of people in the region exhibited discriminatory attitudes towards people living with HIV (2020 Global AIDS Update).
At least 60% of the resources for national HIV response are from domestic investment in low- and middle-income countries (from 20%).	SLOW PROGRESS	Domestic funding accounted for 77% of total HIV financing in 2019. The HIV resource availability from domestic sources increased by 28% from 2010 to 2019, while external funding decreased. Overall HIV funding is still very low and in 2019 amounted to 19% of the 2020 target (2020 Global AIDS Update).

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

TESTING AND TREATMENT – technical support; partnerships (UNICEF, WHO, World Bank, UNAIDS Secretariat)

225. Many countries revised their ART guidelines (including Egypt, Iraq and Sudan) and implemented MMD (e.g. Algeria, Djibouti, Egypt, Iran [Islamic Republic of], Morocco, Sudan and Tunisia). Other initiatives included differentiated service delivery, use of digital platforms, involvement of CSOs and courier distribution of medicines. A “Search and Rescue” treatment data review was launched in Sudan to identify people living with HIV who had been lost-to-follow-up, working

with community organizations to find and relink them to treatment. HIV self-testing was supported in Iran, Lebanon and Morocco, and viral load testing using GeneXpert was supported in Lebanon. Three countries (Egypt, Iraq and Sudan) received support to update testing guidelines, while Egypt also benefitted from online ART training for 16 health-care workers covering 10 ART sites.

226. PMTCT coverage in the region is among the lowest worldwide; eMTCT validation was initiated in Oman and Qatar, and eMTCT integration into maternal and child health was enhanced in Algeria and Iran.

227. Programmes on multisectoral health determinants led to institutional development for the HIV response, strengthening delivery of integrated services and increasing

access to health and social protection services of people living with HIV and those most at risk. For example, in Djibouti, 613 beneficiaries received nutritional support and vouchers, while 1,200 HIV-affected households benefited from the cash-based transfers; over 400 400 received essential health, nutrition, and population services, including 293 300 women.

HIV PREVENTION – *capacity building; technical support; partnerships (WFP, UNDP, UNFPA, UNODC, World Bank, UNAIDS Secretariat)*

228. The HIV epidemic is still growing in this region, mostly among key populations and their sex partners. With support from the regional Joint Team, mapping and documentation of community response best practices were initiated in six countries (Algeria, Djibouti, Egypt, Morocco, Sudan, Tunisia), and support was provided to initiate/scale up PrEP programmes for key populations in Lebanon and Tunisia.

229. Prevention initiatives in prisons have been expanded. For example, a prison health project supporting 16 000 prisoners (including 7,000 females) in Egypt, 7,000 prisoners in Morocco and 9,000 in Tunisia has been extended to Algeria and Sudan (3,000 prisoners). The project has delivered counselling sessions for 2,000 male and 1,300 female prisoners on prevention and care of communicable disease in closed settings. Under the regional project, more than 60 000 prisoners have access to HIV prevention and care services. A minimum package of health services was developed in Egypt and a national harm-reduction strategy for prisons and the community was developed in Tunisia. Over 10 000 prisoners were screened for HIV and viral hepatitis, and 4,000 screened for TB.

230. Research-informed mapping of country policies and programmes and their links to prevention is available for implementers to guide scale up efforts – for instance, on best practices for replicating or scaling comprehensive sexuality education programmes in the Arab States and the development of youth-friendly digital prevention services, such as “MINASSATI” and “Shabab IT”.

HIV SERVICES FOR REFUGEES, MIGRANTS AND INTERNALLY-DISPLACED PERSONS – *advocacy; technical support (UNHCR, UNAIDS Secretariat, IOM)*

231. HIV care services were supported for refugees, asylum seekers and populations affected by humanitarian emergencies in Algeria, Djibouti, Egypt, Iran, Jordan, Lebanon, Libya, Morocco, Sudan, and Yemen, including health services, PrEP and VCT. In Yemen, more than 28 500 refugees received sensitization on HIV and sexual and gender-based violence, and 7,900 refugees were reached with harm reduction activities in Iran. Advocacy work promoted the inclusion of refugees and asylum seekers in national policies, strategies and plans

(e.g. in the revision of the national HIV plan in Algeria).

GENDER INEQUALITY, GENDER-BASED VIOLENCE AND HUMAN RIGHTS – *coordination; technical support (UNHCR, WHO, UNAIDS Secretariat)*

232. Support was provided to strengthen projects on sexual and gender-based violence, including the provision of medical and psychosocial care, as well as legal services for survivors of sexual assault. A protection hotline was set up for women in Morocco, while vulnerable female-headed households in Israel were supported through a multipurpose cash assistance project.

233. The Stigma Index 2 was conducted in Iran and is ongoing in Tunisia. Additionally, recommendations from the Legal Environment Assessment were integrated into the revised national strategic plans and Global Fund funding requests of Somalia and Sudan, contributing to the lifting of HIV-related travel restrictions. A strategy was developed for mainstreaming HIV and human rights into the Sudanese legal and regulatory framework, and work was carried out in Iran to draft an antidiscrimination law and to establish a platform to monitor human rights violations.

SUSTAINABILITY OF THE RESPONSE – *technical support; advocacy (UNICEF, UNDP, UNODC, WHO, UNAIDS Secretariat)*

234. Successful applications were made to the Global Fund for Djibouti, Iran, Morocco, Somalia and Sudan, providing significant support for treatment and testing. The Grant Advisory Board was established to provide oversight role to the Regional Multi-country grant on sustaining services for key populations, and technical assistance was provided for continuation of the US\$ 7.5 million Middle East and North Africa multicountry grant.

235. The regional Joint Team supported the development of national strategic plans in Djibouti, Iraq, Somalia and Syria, with proper prioritization to guide domestic investment and integration of HIV in UHC and health system development efforts. At country level, the Joint Teams continued to advocate for more domestic investment for national strategic plan implementation.

236. Advocacy efforts for the provision of psychosocial support and the inclusion of vulnerable populations in social protection programmes were stepped up in Egypt, Morocco and Somalia, including during the COVID-19 pandemic.

CONTRIBUTION TO THE COVID-19 RESPONSE (WFP, UNDP, UNFPA, UNODC, WHO, UNAIDS Secretariat, IOM)

237. Regional and country needs-assessments among people living with HIV and reviews of HIV services were rolled out. Work was carried out to protect HIV services through Global Fund grants, including through the procurement of personal protective equipment, medical

equipment and the provision of training on COVID-19 for health-care workers. Personal protective equipment was distributed to prison staff, prisoners, and at-risk populations in Algeria, Egypt, Morocco, Palestine, Sudan and Tunisia.

238. Support was provided for implementing MMD in 10 countries and for addressing stock-outs in Iraq, Lebanon and Syria. The regional Joint Team supported access to ARVs for people who had been stranded across the region. For instance, civil society partners in Egypt successfully negotiated a three-month ARV supply for women who use drugs and female sex workers who are living with HIV, to minimize COVID-19 risk and support adherence to HIV treatment.
239. The social safety net was extended to 2 million vulnerable temporary workers and 160 000 poor or vulnerable families in Egypt, while a technology and skills transfer programme for manufacturing simple personal protective equipment was supported in Djibouti.
240. Regional networks providing COVID-19 information to the LGBTI community were supported, and regional guidance was issued on the role of youth in mitigating COVID-19 impact. The regional Joint Team also continued to promote gender equality within the COVID-19 response, with a focus on the protection of women living with HIV. For instance, during the “16 Days” campaign in Morocco, the Joint Team developed thematic briefs focusing on the COVID-19 impact on various groups of women, including survivors of forced and early marriage, rural women, and refugee women. These were shared with the media and disseminated on social networks (574 000 people reached on Facebook and 459 000 on Twitter).

CONTRIBUTION TO THE INTEGRATED SDG AGENDA *(WHO, UNAIDS Secretariat)*

241. The Joint Team joined the Regional Health Forum in implementing the Global Action Plan to support countries to accelerate progress towards the health-related SDGs in the region, including by supporting the development and launching of an online training course to help ensure that primary health care is fully integrated into each country’s COVID-19 response.
242. Access to health and social protection has been supported for people living with HIV and those most at risk. Projects in Djibouti, Egypt and Morocco focused especially on the needs of adolescent girls, women and children, via increased access to health services, nutrition support and integration in national social protection programmes.

CHALLENGES AND BOTTLENECKS

243. The main challenge faced in 2020 was the impact of COVID-19 and extended lockdowns on implementing programmes and sustaining comprehensive HIV services, especially in countries affected by humanitarian emergencies. Although many countries provided some socioeconomic support, people living with HIV, women and key populations did not always benefit, due to stigma and discrimination, and a lack of understanding of the multiple hardships these populations experience.
244. The Middle East and North Africa fell far short of the Fast-Track targets for 2020. While some countries (e.g. Algeria and Morocco) have made good progress, others (e.g. Iran, Somalia and Sudan) lag far behind. Stigma, discrimination, limited domestic investments, punitive laws, limited civic space for CSOs, and humanitarian emergencies are the key challenges affecting the HIV response in the region.
245. The concentration of HIV infections among key populations and their limited access to services remain major challenges for national programmes. Some countries have gradually expanded the reach of services through empowerment and engagement of CSOs in service delivery. However, homosexuality, sex work and drug use continue to be stigmatized and criminalized. More than one third of new HIV infections in the region are associated with injecting drug use. A few countries (e.g. Iran, Lebanon and Morocco) have incorporated harm-reduction strategies in their national HIV frameworks, but access to such services is still rare across the region. Very limited access to HIV prevention, testing and treatment services in prison settings poses another challenge.
246. Protection concerns are still paramount for populations affected by humanitarian emergencies. Mandatory testing for HIV still occurs, with cases reported in at least two countries during 2020. In a number of countries, foreigners who are HIV-positive, including refugees and asylum seekers, are subject to deportation.
247. Gender inequality and stigma and discrimination are important social and structural barriers affecting accessibility to HIV services. Women also face violence and abuse, which hampers their ability to protect themselves and others from HIV infection or to live healthy lives with HIV infection, including in the context of humanitarian emergencies.
248. While some countries have made progress in generating and using timely strategic information, increased investment is needed to fill large gaps in the generation and use of data for guiding policies and programmes.

KEY FUTURE ACTIONS

249. The Joint Programme will support countries and mobilize political leadership to implement the Global AIDS Strategy and the 2021 Political Declaration, including by updating national strategic plans and mobilizing increased domestic and external funding. The focus will be on strategic regional priorities: scaled-up services, generation and use of strategic information, community-led responses, and rights-based and gender-responsive programmes, including in countries affected by humanitarian emergencies.
250. UNAIDS will continue to work to narrow gaps in testing and treatment, including by revising guidelines, treatment cascade analyses, tracking disengagement from ART through community engagement, and using the “Search and Rescue” initiative. It will launch a surge-testing initiative to diversify testing approaches to scale up and increase the efficiency and expansion of differentiated service delivery models. It will also support the integration of people living with HIV in social protection programmes and other relevant initiatives at policy, programme and population levels.
251. UNAIDS will continue to support the development of funding requests, including the Global Fund Middle-East Response Funding Request, to provide essential HIV services in countries affected by humanitarian emergencies, a multicountry grant for sustaining services for key populations, and new Global Fund funding requests for Egypt and Tunisia to address critical gaps in the HIV response.
252. Protection efforts for displaced people living with HIV will be strengthened, including by advocating for an end to mandatory testing for HIV, as well as by working with partners to address national policies and laws that hinder HIV services.
253. The youth platform and youth digital tool will be launched, and the Arab Youth Charter will be disseminated. The Joint Programme will organize regional, youth-focused events around knowledge products such as HIV country profiles and comprehensive sexuality education. It will also conduct a regional assessment on youth-friendly services.
254. Support will be provided for an expanded PrEP roll-out in priority countries (Algeria, Djibouti, Iran, Lebanon, Morocco, Sudan and Tunisia) and for expanded harm reduction programmes in Egypt, Tunisia, Sudan and Algeria, including for female drug users, spouses of males injecting drugs and female prisoners.
255. Collaboration as a Joint Team will be strengthened to gather strategic information on gender, human rights, sexual and reproductive health and rights, and HIV for national strategic planning/budgeting and funding processes. This will be done through gender assessments, stigma index studies and legal environment assessments, while data systems will be strengthened by supporting electronic data collection and automated data analysis/visualization dashboards.

DJIBOUTI

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
By 2021, knowledge of HIV status among people living with HIV increased to at least 80%, with more than 90% on ART and 90% virally suppressed.	SLOW PROGRESS	In 2020, 34% of people living with HIV knew their HIV status; 43% of them were on treatment; and 34% of those on treatment achieved viral load suppression (GAM 2021).
By 2021, 70% of key and vulnerable populations are reached with HIV combination prevention with a reduction of 20% of the prevention gap	ON TRACK	In 2020, 957 members of key populations (203 vulnerable young women, 522 female sex workers, and 232 sex worker clients) were reached with prevention activities.
By 2021, 60% of people living with HIV, key populations and vulnerable young women and girls enjoy stigma-free access to health and justice services.	ON TRACK	A stigma index survey is planned for 2021.
Country HIV response set on evidence-based strategic information.	ON TRACK	The National AIDS Programme submits timely Spectrum and GAM reports. The Joint Team has been supporting the Ministry of Health to put in place the DHIS2 health information management system, so that data can be collected in real time.

JOINT TEAM: UNHCR, UNICEF, WFP, UNDP, UNFPA, WHO, UNAIDS Secretariat, IOM

The Joint Team in Djibouti has supported the development of improved treatment regimens, ready for implementation in 2021, and testing and treatment in refugee villages has increased, as well as coverage of PMTCT services. Prevention coverage for young people has improved, especially through sexual and reproductive health campaigns (in- and out-of-school), and stigma and discrimination for people living with HIV have been tackled through community engagement and training for health-care workers. Plans to develop and implement a combination prevention strategy and implement PrEP and self-testing pilots will support the progress made this year, and an updated eMTCT strategy will further consolidate the work on PMTCT.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

90-90-90 – capacity building; technical support

256. The dolutegravir transition plan has been updated and is ready for implementation in 2021. The ARV management guide has been reviewed and updated, taking into account the 2018 WHO recommendations.

257. Within Ali Addeh and Holl-Hol refugee villages, 22 community health workers were employed to implement community service packages focused on community TB testing and awareness on community HIV testing. A GeneXpert machine was also made available to the Ali-Sabieh regional hospital to support TB and HIV testing

services for refugees and host communities. 785 people (460 women and 365 men) were tested for HIV with two HIV-positive cases detected; 27 people were diagnosed with TB. Seven ex-TB patients and 13 health-care workers have also been trained on TB/HIV, addressing stigma, supporting adherence to treatment, and tracing loss-to-follow-up clients; of 41 HIV- and 27 TB-positive tests, only one person left treatment.

258. The prevention of mother-to-child transmission cascade was assessed and an action plan was developed to improve access to and the quality of comprehensive eMTCT services throughout the country. Capacity building was provided for 225 midwives, laboratory technicians and matrons on HIV diagnosis in pregnant women and early infant diagnosis. More than 520 parents were tested for HIV in three refugee camps, through antenatal clinic services, with no positive test results.

HIV PREVENTION – *technical support; community engagement; capacity building*

259. 21 860 adolescents (12 770 out-of-school and 9 090 in-school) received education on HIV, sexual and reproductive health, and information about COVID-19 through a “life skills” approach to developing young people’s knowledge and skills needed for healthy relationships and responsible decision-making. Further awareness-raising campaigns were conducted in Djibouti City, with the establishment of a youth brigade for the promotion of sexual and reproductive health for adolescents and young people (via distribution of 2,500 brochures and on social media networks), reaching 2,825 adolescents and young people. In addition, were carried out by peer educators from eight associations and one NGO, and a training session on sexual and reproductive health was delivered by peer educators to 160 girls, with a focus on HIV and STIs.
260. A roadmap for the introduction of PrEP has been developed and work is underway on the combination prevention strategy for 2021, which is focused on key populations. The Joint Team provided technical inputs and support for CSOs to reach 957 members of key populations (203 vulnerable young women, 522 female sex workers, and 232 sex worker clients) with prevention activities. Almost 900 HIV tests were conducted, with 87 people testing HIV-positive (3 of 199 vulnerable young women, 51 of 486 female sex workers and 33 of 211 sex worker clients); 65 of those individuals started HIV treatment.

GENDER-BASED VIOLENCE, STIGMA AND DISCRIMINATION – *capacity building*

261. In health facilities servicing refugee camps, 10 health-care workers and community protection workers benefited from training on human rights, including on stigma and discrimination, confidentiality and treatment follow-up, thereby supporting continuity of care. In partnership with the Ministry of Health and a network of people living with HIV, the training also covered clinical management of rape, with a focus on post-exposure management. Clinical guidelines were also updated.
262. In addition to community testing for HIV/TB, 22 community leaders also benefited from training on addressing stigma in Ali Addeh and Holl-Holl refugee villages. Other prevention activities among vulnerable populations included awareness-raising activities on HIV transmission and prevention to refugees and local communities, including the distribution of 3,226 condoms.

TOWARDS AN EVIDENCE-BASED RESPONSE – *technical support; capacity building*

263. The mid-term review of the national strategic plan was validated during a workshop with all stakeholders (including Government, donors and community organizations) and led to a set of recommendations to accelerate progress

on increasing access to prevention and treatment, and reducing stigma and discrimination. Findings supported the development of an HIV, malaria and TB funding request (for 2021–2023, worth US\$ 10 896 526), identifying programmatic gaps and defining an updated strategic plan for the next two years, which was successfully submitted to the Global Fund. Implementation is ongoing.

264. Data quality supervision for HIV-positive pregnant women and HIV-exposed children was coupled with the PMTCT cascade evaluation. The database for monitoring pregnant women and exposed children was reviewed.

CONTRIBUTION TO THE COVID-19 RESPONSE

265. COVID-19 restrictions resulted in reduced ARV dispensing, follow-up biological tests, antenatal consultations and HIV testing for pregnant women, due to health restrictions in hospitals. Support was provided for various strategies to strengthen continuity of care for people living with HIV. Work with the Ministry of Health enabled people living with HIV to access MMD for ARVs. PMTCT for pregnant women, including support to the Mother and Child Health Department in conducting awareness-raising activities for women attending antenatal care clinics, was supported to limit the impact of COVID-19 on antenatal care and safely increase consultation rates.
266. Support was provided to reorient case management strategies and coordinate activities between National AIDS Programme managers and care providers, data management and virtual supervisions through online platforms. New indicators for monitoring HIV control activities were selected, regularly updated and adapted to the COVID-19 conditions. Capacity-strengthening was provided to ten CBOs working with people living with HIV, through a review of the DHIS framework, and practitioners were trained on indicator data collection.
267. Through support provided to the Ministry of Health, PPE was procured for health-care providers and community health workers, and training was given on infection prevention and control. Technical assistance was provided to develop communication materials for COVID-19 regarding health and transmission risk. Two ambulances, medicines, medical consumables, personal protective equipment and eight prefabricated tents were procured for refugees. Two isolation centres were set up in Ali Addeh and Holl-Holl, and COVID-19 mass screening was carried out, covering around 900 of the 1,000 people in the area. Forty health-care workers were trained to respond to COVID-19 in refugee settings.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

268. In collaboration with the Ministry of Health and the Ministry of Solidarity, the Joint Team provided

nutritional support to the households of people living with HIV; 150 ART clients were reached with individual food supplements to support treatment adherence. In addition, a cash-based transfer programme provided DJF10 000 (US\$ 56) to each household to purchase food. In the first month of the programme, 350 HIV-affected households benefited from the cash-based

transfers, followed by 365 and 477 households in the second and third months. The programme represents a first step towards ensuring that people living with HIV and their families are fully integrated within national social protection. With the current available resources, the programme will assist 500 HIV-affected households for the duration of nine months.

Challenges and bottlenecks	Key future actions
<i>Persisting and emerging</i>	<i>to respond to challenges & unblock bottlenecks</i>
<p>COVID-19 constraints restricted/delayed planned activities: some activities requiring technical assistance were not carried out due to travel restrictions and the difficulty in moving international consultants and experts to Djibouti; some community activities were postponed.</p>	<p>Support training for health-care providers in HIV case management, and the development of the national testing strategy focusing on voluntary counselling and testing.</p> <p>Assist the preparation of the PrEP and PEP combination prevention strategy guide, as well as develop and validate a combination prevention strategy; support implementation of PrEP pilot and self-testing in selected facilities in Djibouti City.</p> <p>Provide technical assistance to roll out a stigma index study and cascade analysis (especially the treatment component).</p>
<p>The priority activity of developing the eMTCT roadmap was delayed due to COVID-19.</p>	<p>Support updating the eMTCT five-year strategy, and build the capacity of health providers for HIV testing, paediatric HIV care, management of pregnant women and exposed children, including through trainings, data monitoring and supervision.</p>
<p>Limited capacity for management of input stocks is leading to frequent stock-outs.</p>	<p>Provide technical support to Ministry of Health to strengthen supply chain management.</p>

TUNISIA

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
The 90–90–90 targets are attained.	ON TRACK	In 2019, 20% of people living with HIV knew their status, and 98% of those were on ART (GAM 2020). 2020 estimates indicate low testing coverage; a national testing strategy has been finalized to tackle this gap, including through self-testing and community-based testing innovations.
By 2021, supportive adolescent and youth sexual and reproductive health policies are in place and the education sector's HIV response is monitored.	ON TRACK	A comprehensive sexuality education curriculum and training tools was designed for primary and secondary schools across 13 governorates.
80% of key populations have access to combination prevention.	NO PROGRESS	Collected data show insufficient access of key populations to combination prevention in 2020. Analysis showed high impact of COVID-19 related movement restrictions and successive lockouts on combination prevention.
By 2021, social protection strategies and systems that address HIV are in place.	ON TRACK	A survey conducted in four regions identified issues and opportunities to address social protection and food security for people living with HIV; recommendations have been made to address gaps and challenges in food security and nutrition for implementation in 2021.
By the end of 2021 the country has prepared for the transition and sustainability of the HIV response, including funding.	ON TRACK	A ongoing transition preparedness study and subsequent development of a transition plan, which started in 2020, will be finalized by end 2021, in partnership with the National AIDS Programme and the Global Fund.

JOINT TEAM: UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, WHO, UNAIDS Secretariat, IOM, OHCHR, UN HABITAT

The Joint Team has worked with Government stakeholders to support a national testing strategy and the introduction of PrEP in Tunisia in order to continue to move the country towards a more comprehensive HIV response, especially for key populations. Specific support has also been provided to strengthen HIV testing, prevention and treatment in prison settings. Social protection and food security among people living with HIV have been assessed, as well as the impacts of stigma and discrimination in accessing health and employment. A plan addressing those gaps has been developed for implementation in 2021.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

TESTING AND TREATMENT – technical support

269. Implementation of the national testing strategy, which includes initiation of self-testing, community-based

testing and partner notification, is ongoing. These new community-based approaches to testing are expected to accelerate access to HIV treatment.

270. Testing and counselling services were delivered in partnership through an NGO to 1,112 prisoners, including 223 female prisoners. Additionally, 700 HIV/hepatitis C tests were performed inside prisons; those testing positive for HIV were referred to the primary infectious diseases department in Tunis.

PREVENTION IN YOUNG PEOPLE – *partnerships, technical support, capacity building*

271. An experts' committee on comprehensive sexuality education has been established in partnership with a range of government stakeholders and national NGOs and CBOs. It is designing a participatory, gender-responsive and human rights-based curriculum and accompanying training tools for over 130 schools across 13 governorates. Implementation will begin by September 2021. Advocacy for comprehensive sexuality education integration in schools included five-day media training on sexual and reproductive health and comprehensive sexuality education, and an intensified Joint Team presence on TV, radio, social media, written and web-based press on the issue.

PREVENTION IN KEY POPULATIONS – *technical support; community engagement; capacity building*

272. While results from an ongoing IBBS (for 2020–2021, delayed due to COVID-related movement restrictions) and key population size estimation survey are still being finalized, a needs assessment was conducted on combination prevention services, in partnership with the National AIDS Programme and CSOs.
273. A national workshop, including major stakeholders and an international PrEP expert, launched a consultation process on introducing PrEP in the country. Terms of reference, participants and methodology were agreed with the National AIDS Programme. Pilot implementation is being launched; the PrEP consultation is informing the ongoing NSP review and the next Global Fund grant proposal.
274. A rapid situation assessment on HIV, STI, viral hepatitis and TB in de Mornaguia, de Borj Elamri, de Manouba prisons and the El Mourouj juvenile detention centre has revealed gaps in the availability of medicines, care and staff capacity. A drug and HIV prevention, treatment and care strategy for community and prison settings has been finalized. HIV testing was introduced in a number of prisons, thanks to an open-door policy agreed to this year, with 500 tests conducted thus far. In addition to training and information activities, the prison health programme has expanded from 6 to 12 prison sites, and medical and nonmedical equipment needed for 7 prison and juvenile health clinics has been procured and delivered.

SOCIAL PROTECTION – *policy advice; technical support*

275. A survey was conducted for the first time to identify issues and opportunities for addressing social protection and food security for people living with HIV; the information will be

used for the national strategic plan review and the next Global Fund application. The survey sampled 1,000 people in four regions (Tunis, Sousse, Monastir and Sfax). Results show that people living with HIV face food insecurity, and social stigma hinders access to employment and limits access to food resources. As a result of the nutrition survey, recommendations have been made to address gaps and challenges in food security and nutrition, and a plan has been designed for implementation in 2021.

TOWARDS A SUSTAINABLE RESPONSE – *policy advice; technical support*

276. The country has been supported to prepare for the transition and sustainability of the HIV response to domestic funding. The ongoing transition preparedness study and development of the transition plan started in 2020, and will be finalized by end 2021.

CONTRIBUTION TO THE COVID-19 RESPONSE

277. Support has been provided to the Country Coordinating Mechanism to mobilise about US\$ 235 000 from the Global Fund to support the national response to COVID-19, covering personal protective equipment for health professionals, people living with HIV and communities, as well as PCR/GeneXpert machines for testing. Support was also provided for a request of up to US\$ 1.5 million from the Global Fund in 2021 to contribute to the national response to COVID-19 and reduce its impact on the HIV response. Funds were mobilized to inform, orient and educate people living with HIV and key and vulnerable populations on HIV and COVID-19 prevention and care (US\$ 20 000 through the UN multipartner trust fund for social COVID-19 impact).
278. In order to protect service continuity during COVID-19, three-month MMD of ARVs were distributed to people living with HIV through lay community providers. Support was also provided to an NGO call centre, which provides information on HIV and COVID-19, to reach out to people living with HIV and key populations.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

279. The multipartner trust fund operating in Tunisia is based on the “Leave No One Behind” principle, ensuring that marginalized and vulnerable populations, especially those affected by or living with HIV, are included in national strategies and programming.

Challenges and bottlenecks	Key future actions
<i>Persisting and emerging</i>	<i>to respond to challenges & unblock bottlenecks</i>
Poor and insufficient coverage of testing requiring innovative solutions such as self- and community-based testing.	Support the finalization and operationalization of the testing strategy, and its integration in the reviewed national strategic plan; launch and implement the self-testing feasibility study; maintain and generalize the HIV testing in prison settings.
Lack of update of therapeutic protocols which are not in line with the latest WHO recommendations.	Support the review of therapeutic protocols and the elaboration and adoption of the transition plan to dolutegravir; then work with the Ministry of Health and people living with HIV to support implementation of the protocols.
Acceleration of innovative combination prevention targeting key populations is required, as HIV incidence is increasing.	Continue and finalize the first phase of PrEP introduction. Support the roll-out of the harm reduction strategy, including OST.
Lack of data to monitor progress towards targets for reducing stigma and discrimination, and for expanding social protection.	Finalize the IBBS/population size estimation and the gender assessment to inform the national strategic plan review and the Global Fund 2022–2024 grant action plan, and to support implementation of the national strategic plan on HIV and human rights. Use food security and COVID-19 needs assessments and integrate their results and outcomes in the reviewed national strategic plan and to inform social protection policies for people living with HIV.
Sustainable funding needed for programme to reach the Fast-Track targets.	Elaborate and submit the Global Fund grant 2022–2024 request based on the reviewed national strategic plan.

WESTERN AND CENTRAL AFRICA

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Regional priorities/ targets (by end of 2021)	Status	Results (end of 2020)
95% of people living with HIV who know their status have access to treatment and 90% are virally suppressed by end of 2021 through acceleration of the 90–90–90 targets, and focus is particularly on differentiated service delivery for HIV testing, expanded treatment access and retention (for adult and paediatric treatment).	WITHIN REACH	The 90–90–90 targets have not been achieved in the region, but progress is being made; in 2020, 77% of people living with HIV knew their status, 73% were receiving treatment, and 59% were virally suppressed. (Preliminary UNAIDS special analysis, 2021). In 2019/2020: ART coverage for adults reached 68% in Nigeria, 65% in Côte d'Ivoire, 72% in Burkina Faso, 52% in Cameroon, and 63% in Senegal (UNAIDS Country Report).
By the end of 2021, coverage of HIV comprehensive prevention programmes for key and vulnerable populations is increased by 20%, compared with 2019.	WITHIN REACH	Overall, reported coverage in member countries of the Global HIV Prevention Coalition was 45% for sex worker prevention programmes. No data were available for other key populations. Some progress has been in access to PrEP (e.g. PrEP in Nigeria has reached 3,000 people in 2019–2020, compared to 364 people in 2017) (UNAIDS Country Report).
By the end of 2021, stigma and discrimination, gender inequality and gender-based violence are reduced by 50%.	SLOW PROGRESS	More than 40% of adults expressed discriminatory attitudes towards people living with HIV in nine of 17 countries in the region with recent survey data (UNAIDS Data book 2020).
By end 2021, donor dependency is reduced to less than 50% of the total HIV budget in the region; there is increased efficiency in resource allocation and implementation of optimized service delivery models; mechanisms are in place to sustain the response.	WITHIN REACH	Main HIV response funding sources have been domestic spending (36% in 2019), United States Government bilateral contributions (35% in 2019), and the Global Fund (20% in 2019) (UNAIDS Global Report 2020).

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

TESTING AND TREATMENT – technical support; coordination support (UNICEF, WFP, WHO, UNAIDS Secretariat)

280. All countries in western and central Africa have implemented the 90–90–90 cascade tool. Priority countries (including Burkina Faso, Cameroon, Central African Republic, Chad, the Democratic Republic of Congo, Ghana and Nigeria,) were supported to implement the WHO consolidated guidelines on person-centred HIV patient monitoring and case surveillance. Testing, treatment and social support were increased for people living with HIV, although this was interrupted by the COVID-19 pandemic. For example, in Nigeria 73% people living with HIV knew their status and 89%

of them were on ART in 2020, compared with 67% and 53%, respectively, in 2018. In Central African Republic, the corresponding results were 70% and 65% in 2020, compared with 55% and 36% in 2018. MMD and differentiated service delivery strategies have been strengthened to mitigate service disruptions due to COVID-19; three in four people living with HIV have received six-month MMD.

281. Fully 90% of countries reported progress in implementing the country roadmap from the 2019 High-Level Meeting on HIV eMTCT and universal coverage for paediatric HIV treatment by 2020, although targets are off-track for paediatric ARV coverage. Demand generation for PMTCT services in refugee-hosting regions increased with support from the Joint Team, which also funded the biological follow-up examinations for HIV-positive children. PMTCT services were provided to pregnant women in the Dar Salam camp health centre

in Chad, and a sensitization campaign reached 1,800 women and enrolled 63 HIV-positive women in ART.

282. Across the region, 13 out of 24 countries (Burkina Faso, Cameroon, Chad, Congo, Democratic Republic of Congo, Equatorial Guinea, Guinea, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo) implemented point-of-care technology for early infant diagnosis at a variable scale. Substantial support was also provided to Burkina Faso, Chad, Congo, Equatorial Guinea, Mali and Nigeria, as well as Cape Verde, Central Africa Republic, Gabon and Ghana to adopt viral load monitoring.

283. Sixteen countries integrated family HIV testing at scale as an innovative HIV paediatric strategy to increase identification of undiagnosed children, using operational guidance co-developed by Joint Team staff and CSOs. Based on preliminary data from 12 countries implementing the family testing strategy, the programme identified and tested 99 173 children and adolescents, of who 2,283 (2.3%) children were HIV-positive and 99% of them were linked to ART.

284. As part of a comprehensive care package to increase adherence to treatment, nutrition support was provided to more than 39 400 malnourished ART/TB clients and members of their households in five countries (Burundi, Cameroon, Central African Republic, Gambia and Guinea).

PREVENTION FOR YOUNG PEOPLE AND REFUGEES — *policy dialogue; technical support; partnerships (UNESCO, UNAIDS Secretariat)*

285. A technical working group, including regional CSOs and youth-serving organizations, implemented a roadmap as part of a ministerial commitment which aims to improve access to quality comprehensive sexuality education and adolescent sexual and reproductive health services. A situation analysis was conducted covering 24 countries to generate evidence to inform the process. In partnership with a national NGO, a multimedia edutainment and gamification app (“Hello Ado”) was launched to educate adolescents and young people on prevention of HIV, STIs, gender-based violence and sexual and reproductive health and rights. The app provides information on available local services and emergency support.

286. Youth clubs and six youth and peer educator support groups in refugee sites and remote communities were supported in Cameroon, while refugee and adolescent youths were at the centre of preventive activities and community mobilization in the Dar Salam and Kouankan camps. In Chad, for example, 7,720 young people and adolescents were sensitized and more than 6,000 condoms were distributed. Prevention activities in refugee communities in Mali focused on behaviour change communication; over 10 000 people were

sensitized, 70 peer educators and community workers were trained, 3,000 persons were screened for HIV and 34 000 condoms distributed.

GENDER INEQUALITY, GENDER-BASED VIOLENCE, STIGMA AND DISCRIMINATION — *policy advice; advocacy; technical support (UNDP, WHO, World Bank, UNAIDS Secretariat)*

287. Capacity building for an effective education sector response to early and unwanted pregnancies, STIs including HIV, school-related gender-based violence and unequal gender norms continued in the region. In Cameroon, Democratic Republic of Congo, Ghana, Mali and Senegal, 13 271 teachers received training on comprehensive sexuality education and school-related gender-based violence, benefiting more than 2.1 million girls and boys.

288. A gender-based violence prevention and response project in the Democratic Republic of Congo has strengthened the work on prevention and integrated-services support for survivors at community level; all people reporting gender-based violence received PEP treatment (100% up from 13% in 2017), with over 7,900 direct project beneficiaries. Almost 200 peer educators and mentors were trained on sexual and reproductive health and more than 600 educational talks were facilitated for overcoming sexual and gender-based violence, in partnership with a network of CSOs working on gender equality. Over 6,500 people were reached, including 2,500 girls.

289. Four countries in the region (Central African Republic, Côte d’Ivoire, the Democratic Republic of Congo and Senegal) have joined the Global Partnership to end all forms of HIV-related discrimination in 2020—a review of the evidence, ongoing initiatives and gaps in terms of programming to address discrimination has been done in those countries. Annual action plans identifying impactful activities for Global Partnership stakeholders are being finalized after consultations with communities and civil society. Zero Discrimination Day in March 2020 was marked with a number of awareness-raising activities in these countries.

290. A regional workshop with six countries was convened in Abidjan, in partnership with the Global Network of People living with HIV, to train teams on Stigma Index 2.0 sampling methodology, data collection and participant recruitment. This will support planning for the national HIV response and project proposals, including the 2020–2022 Global Fund grant. Several Stigma Index 2.0 surveys were initiated or completed, including for Benin, Côte d’Ivoire, Mauritania and Sierra Leone.

291. A key populations strategy for HIV, TB, hepatitis and sexual and reproductive health rights was adopted at the July 2020 Annual Health Meeting of the Economic

Community of West African States. The aim is to ensure respect for the human rights of key populations by addressing the social, economic and legal determinants of health, including discriminatory laws, stigma, discrimination and violence.

INTEGRATION AND SUSTAINABILITY OF THE HIV RESPONSE – *coordination; capacity building; technical support (UNHCR, UNFPA, WHO, UNAIDS Secretariat, IOM)*

292. Two series of webinars were delivered on HIV-sensitive social protection to raise awareness, build capacities and support experience-sharing throughout the region and francophone Africa. As a result, several countries are planning social protection assessments or HIV social protection profiling. Gambia and Sierra Leone are currently conducting such studies, and Mali and Nigeria are building on earlier results to integrate people living with HIV in national social protection programmes.
293. HIV response plans have been operationalized in humanitarian emergency responses. For example, health workers were trained in the Sahel, North and North Central regions of Burkina Faso in preventing and managing HIV and cases. Indirect beneficiaries of this support include refugees based in the Mentao and Goudebo camps and host communities. Support was also provided in parts of the Central African Republic and Burkina Faso to implement the Integrated Communication Plan for refugees, internally-displaced persons and host populations on HIV and sexual and gender-based violence. Côte d'Ivoire, Ghana, Guinea, Liberia and Togo received regional support to ensure continuity of prevention, testing and treatment services during the 2020 crisis in Côte d'Ivoire.
294. Twenty of 23 eligible countries in the region successfully submitted their three-year proposal to the Global Fund in 2020, which represents a major source of financing of HIV responses in the region (about 20% of total investments).

CONTRIBUTION TO THE COVID-19 RESPONSE *(UNHCR, UNICEF, WFP, ILO, WHO, World Bank, UNAIDS Secretariat)*

295. During the COVID-19 response, the regional Joint Team provided technical support to Country Offices across the region to adapt strategies to strengthen continuity of service delivery through CBOs. Funds from the Joint Programme and the Global Fund have been pivotal in COVID-19 responses, ensuring continuity of essential care, including for refugees in camps. For example, over 100 health personnel in Guinea benefited from training in various areas of the COVID-19 preparedness and response. These health facilities equally benefited from COVID-19 prevention materials, including personal protective equipment kits. Communication materials were

also distributed to refugees and host communities during biweekly sensitization sessions.

296. The Joint Programme has been instrumental in supporting countries in developing their Global Fund applications to mitigate the effects of COVID-19 on access to services, including in Burundi and the Democratic Republic of Congo.
297. Under the regional Joint Team initiative, a technical working group was set up to build the knowledge and capacities of UN colleagues and partners on HIV-sensitive social protection at country level. Virtual workshops on HIV-sensitive social protection in the context of COVID-19 strengthened stakeholder capacity for over 300 participants from UN agencies, government and CSOs. Mali, Nigeria and Sierra Leone conducted a social protection assessment using UNAIDS tool which focuses greater attention on issues faced by people living with HIV and key populations.
298. In partnership with CSOs, a pilot cash transfer initiative was launched in July 2020 to mitigate the socioeconomic impact of COVID-19 among vulnerable people living with HIV and key populations in Burkina Faso, Cameroon, Côte d'Ivoire and Niger. The initiative reached about 5,000 vulnerable people living with HIV and key populations and their households (with 25 000 estimated secondary beneficiaries).

CONTRIBUTION TO THE INTEGRATED SDG AGENDA *(UNDP, UN Women, WHO, UNAIDS Secretariat)*

299. During COVID-19 crisis in 2020, extensive interaction with WHO took place in the region; 90% of countries report working closely with the UN Core Team and WHO to strengthen health systems, monitoring data sharing related to COVID-19.
300. Gabon and Ghana advanced an Education Plus plan of action to contribute towards quality education. With secondary education as an entry point, this joint UN initiative aims to accelerate actions and investments to prevent HIV, with a focus on violence-free environments, access to comprehensive sexuality education, and increasing the economic empowerment of young women.

CHALLENGES AND BOTTLENECKS

301. Challenges are still faced in implementing activities and meeting targets, due to insecurity linked to armed conflicts in Burkina Faso, Cameroon, Central Africa Republic, Chad and Mali. This had led the displacement of populations from intervention areas and the adoption of emergency health measures required for humanitarian crises, arising from both conflict and the COVID-19 pandemic. There is a need to adapt the monitoring of

people receiving ART, including refugees and nomadic populations, to their mobility, remote locations and need to travel in search of livelihoods.

- 302. While the majority of countries have integrated differentiated services into their national policies and the COVID-19 pandemic has accelerated support for implementation, the shift towards people-centred service delivery modalities for testing, treatment and support remains a challenge.
- 303. Work is required on behavioural change in young people. Prevention and support activities are not yet fully effective, and they require the establishment of counselling and education centres for youth and the support of community radio projects.
- 304. Because of pervasive hostile legal and social environments, people in key populations are often wary of standard testing and treatment services. But programmes targeting them are also insufficient to meet the need. Across the region, funding received for programmes targeting key populations accounted for only 2.4% of overall HIV funding between 2016–2018. Systemic barriers of HIV stigma and user fees in health services seriously limit progress.
- 305. Financial and political capital investment by partners (and related commitments from national partners and governments) in the HIV response are declining due to competing priorities, particularly in the security-challenged countries of the region, and this is being aggravated by the economic and health impact of the COVID-19 pandemic.

KEY FUTURE ACTIONS

- 306. Support will be provided to roll out training in countries on how to mainstream HIV programmes in the context of COVID-19 and humanitarian emergencies, to minimize service interruptions in the event of future

crises. Countries will receive support to implement comprehensive prevention and testing, as well as treatment and care packages that include nutrition support for planned HIV responses and in emergencies.

- 307. Joint actions will be taken to expand the list of health, protection and legal services in selected cities in Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Gabon, Mali and Senegal, and to promote the "Hello Ado" application among young people. Support will be provided to conduct regional capacity-building activities on school-related gender-based violence and comprehensive sexuality education for young people with disabilities.
- 308. Maternal HIV transmission and point-of-care early-infant-diagnosis will receive concerted focus and input, through more advocacy and support to develop an action plan to strategize PMTCT.
- 309. Efforts will be increased to promote the inclusion of people living with HIV in national social protection strategies, social registries and safety net programmes. Regional mapping will be organized on social protection and HIV, and advocacy/learning workshops, and support will be provided to countries to conduct social protection assessments.
- 310. Joint Programme support (policy advice, technical assistance, catalytic funding) will continue to be provided to four initial pilot countries of the Global Partnership and to two new countries joining the Partnership in 2021 to implement activities to end HIV-related stigma and discrimination, focused on the three settings where they can make the greatest difference. The Joint Programme will continue supporting selected countries to undertake National AIDS Spending Assessments, efficiency reviews or investment frameworks, or transition and sustainability planning (through PEPFAR-supported sustainability index and dashboard, and responsibility framework) to support resilient and sustainable HIV responses.

DEMOCRATIC REPUBLIC OF CONGO

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
Reaching 90–90–90, and 51.9% of adolescents and young people with HIV interventions in target areas.	ON TRACK	75–74–20, with large differences between national and provincial data, in particular in conflict, post-conflict and mining areas. Of an estimated 505 000 people living with HIV, 378 000 knew their status; 546 000 people diagnosed with HIV infection were on ART; and 110 000 people had access to viral load testing, of whom 81 000 had suppressed viral loads (Spectrum 2021).
19 health zones in the provinces of Maniema, Kasai, Kasai Oriental and Kasai Central offer a complete eMTCT and paediatric care package.	SLOW PROGRESS	Nationally, HIV services were available in 4,790 sites in 446 health zones, representing coverage of 25% in 2020 (up from 280 sites in 276 health zones in 2012). The percentage of children living with HIV on treatment in 2020 varies per province: 13% in Maniema, 17% in Kasai, 16% in Kasai Oriental, and 10% in Kasai Central.
70% of female survivors of sexual violence receive holistic care.	ON TRACK	No data available. Gender is integrated across all six pillars of the national HIV Strategy. Pillar 6 calls explicitly for “Support for the implementation of the revised national strategy to combat sexual violence and promotion of the empowerment of survivors of sexual violence in relation to HIV and AIDS”.
At least 90% of young people and adolescents aged 10–19 years have access to sexual and reproductive health information and services, including HIV prevention, testing and care in the 19 target health zones.	ON TRACK	2020 data not available. HIV new infections stood at 23 200 in 2019 (representing a 28% reduction at national level compared with 2015 data).

JOINT TEAM: UNHCR, UNICEF, WFP, UNDP, UNFPA, UN Women, ILO, UNESCO, WHO, UNAIDS Secretariat, FAO, MONUSCO HIV Division

Significant progress has been made against the 90–90–90 targets, although there are regional variations in gains across the country. Paediatric care and PMTCT coverage are increasing and are benefiting from partnerships and community-led responses. New HIV infections in young people are gradually decreasing, and youth-friendly sexual and reproductive health and comprehensive sexuality education activities are supporting that trend. Consultation and community engagement are building on Joint Team partnerships with government to enforce laws addressing gender inequality, gender-based violence, and stigma and discrimination. Capacity building and direct assistance were also provided to survivors of sexual violence and exploitation, including psychosocial and legal support.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

90-90-90 TARGETS – technical support; policy advice

311. The Democratic Republic of Congo has made significant progress in the response to HIV, although

the 90–90–90 targets were not met by the end of 2020. There is significant variability in programme performance between the 26 provinces and within provinces, especially in mining and conflict-affected areas, where HIV/STI prevalence is higher (e.g. reported treatment coverage ranges from as high as 100% in Tshopo and 95% in Haut-Katanga and Ituri, to as low as 7% in Nord Ubangi, an area with the largest number of people living with HIV).

312. Guides were developed to support national strategies such as targeted testing and person-centred surveillance, improving case finding at health facilities and in advanced sites among key populations. Support was also provided to increase the geographical coverage of HIV services in areas that received internally displaced persons, refugees and Congolese returnees from neighbouring countries.
313. Technical assistance was provided for the development of a Concept Note for the Global Fund, which led to a grant of US\$ 657 935 787 for 2021–2023 to support HIV, TB, malaria and health system strengthening activities, including the procurement of drugs and supplies for HIV prevention, testing, treatment and viral load monitoring; capacity strengthening for service quality improvement and civil society engagement; COVID-19 mitigation; enhanced monitoring and oversight.

EMTCT – technical support; capacity building; community engagement

314. All providers in maternity clinics in 156 health zones have had their capacities for paediatric care strengthened. In Maniema province, 58 health facilities are implementing HIV activities in six health zones, with 238 children newly enrolled on ARV and 106 HIV-positive mothers newly enrolled in PMTCT. A Community Mentor Mother programme is led by 60 health agents partnering with peer-mothers, supporting HIV-positive mothers through follow-up home visits to pregnant and breastfeeding women and male partners on ART. An additional 28 HIV-exposed children were introduced to care services through the Community Mentor Mothers programme. In Kasai Central province, 156 health facilities are implementing HIV activities in 13 health zones, with 63 HIV-exposed children born to HIV-positive mothers, 33 of whom received early infant diagnosis support in the past year. Through the Global Fund-supported PMTCT programme, 3,379 pregnant women in Kasai and Kasai Central were tested for HIV, and everyone who tested HIV-positive began treatment.
315. Supervision of the National AIDS Programme HIV monitoring in provincial health divisions was organized in health zones with support from the Joint Team, while provincial management teams were supported at the national level. An online platform was enabled to improve paediatric care in two hospitals and four maternity clinics in Kinshasa. It was used to train 85 health staff and sensitize 107 pregnant women to improve PMTCT outcomes. A nutritional status assessment revealed that 10.7% of pregnant women were suffering from acute malnutrition, and 7,167 pregnant women treated at antenatal care clinics in three provinces were sensitized and tested for malnutrition.

PREVENTION IN YOUNG PEOPLE – capacity building; technical support

316. In 2019, about 23% of people living with HIV in the country were aged 10–24 years (SPECTRUM 2020 estimates); new infections among them are declining slowly. Harnessing new technologies for effective interventions, a chatbot and a youth-friendly “Kitumalni” mobile app were developed, reaching 200 000 adolescents and young people with sexual and reproductive health information, including on HIV prevention.
317. Teachers from 160 schools were trained to provide comprehensive sexuality education, and equipped with manuals; 25 000 adolescents and young people benefited from this initiative and about 9 500 of them also accessed HIV services near their schools.

GENDER-BASED VIOLENCE AND PROTECTION – capacity building; technical support; partnerships

318. The capacity of 542 people (141 health-care providers, 107 survivors of sexual and gender-based violence, 56 people living with HIV, 68 community relays, 61 community leaders, 25 key persons, and 84 adolescents/young people) was strengthened in the areas of human rights and HIV, sexual and reproductive health, gender and nutrition. In addition, 109 survivors of sexual violence and other human rights abuses benefited from psychological and legal support from lawyers and social workers at the legal clinic, which is supported by the Joint Team. An online and mobile app “YEBA MIBEKO” is enabling access to legal information and advice, and facilitating the collection and management of user qualitative and quantitative data.
319. In Goma, 140 girls living on the street and exposed to sexual exploitation received psychosocial support, alternative shelter options, health education, nutritional support, resilience kits including personal hygiene items. More than 300 street children (including 161 girls) agreed to join foster families or specialized institutions, or return to their own families for protection.
320. Working in collaboration with the Ministry in charge of Social Affairs and Gender, partnerships were created with women’s groups, youth, media and local authorities to advocate for stronger action, the enforcement of protective laws and to ensure support for women and families affected by gender-based violence.

CONTRIBUTION TO THE COVID-19 RESPONSE

321. A successful application was made to the Global Fund, resulting in a US\$ 55 million grant to mitigate the impact of COVID-19 on people living with HIV, TB and malaria. Support was provided for the development of HIV contingency plans for COVID-19 at national level and in some provinces. Gender and HIV sensitivity was integrated into the COVID-19 contingency plan in North Kivu.

322. MMD of ARVs was implemented for all people living with HIV. This strategy was introduced in early 2020, prior to COVID-19. It will continue to be expanded, given its effectiveness in preserving continuity of access to treatment among stable patients.
323. Awareness-raising sessions on prevention were conducted by community relays, and COVID-19 prevention kits were distributed to key populations, people living with HIV, people living with disabilities, legal clinics and prisons. In Goma, 2,165 street children (including 530 girls) were sensitized on HIV and COVID-19.
324. Support was provided for COVID-19 preparedness and response in nine health zones that received refugees, including equipping five laboratories with GeneXpert machines for biological testing, cascade training/briefing of 565 service providers, 1,208 community relays, 46 media personnel and 2,267 radio spots for COVID-19 and HIV communication. Fifteen thousand HIV tests were procured for provider-initiated testing and counselling and PMTCT, 879 500 masks were produced, and 15 800 COVID/HIV leaflets and 23 000 posters were distributed. Combined HIV/

COVID-19 awareness reached almost 1.7 million people (over 544 000 refugees, 1.1 million internally displaced people and over 39 000 people in the local population).

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

325. Across the country, community groups played a key role in responding to the COVID-19 epidemic, many of which initiated income-generating activities producing and selling protective masks. In addition, 1,260 girl-mothers received vocational training for socioeconomic reintegration at centres in Goma, Kinshasa and Lubumbashi.
326. Recurring humanitarian and other crises in the Democratic Republic of Congo (insecurity, Ebola epidemics, measles, cholera) were exacerbated in 2020 by COVID-19 and sociopolitical tensions. Work of the Joint Team in Kasai enabled the implementation of HIV-sensitive humanitarian population integration into provincial development programmes through workshops, and technical and financial assistance and capacity building, under the leadership of local government.

Challenges and bottlenecks	Key future actions
<i>Persisting and emerging</i>	<i>to respond to challenges & unblock bottlenecks</i>
COVID-19 restrictions delayed or prevented planned activities and reduced the availability of authorities, implementing partners and resources. Additionally, activity implementation in some areas was hindered by insecurity, inter-community conflicts, movement restrictions and road conditions/flooding, all of which led to low coverage of HIV and COVID-19 services in affected areas.	Focus on the inclusion of key populations and most vulnerable groups in the implementation of interventions, particularly in areas prone to recurrent humanitarian crises. Advocate for the integration of HIV in humanitarian contingency plans and anticipate/prepare for potential crises. Strengthen collaboration with CSOs at community level for service planning, management and monitoring to enhance resilience and durability of programmes.
Only about 37% of children born to HIV-positive mothers were receiving ARVs at the end of 2020. Low resource mobilization due to priority changes (COVID-19, Ebola and other crises) reduced the number of children receiving protection resilience kits from 390 (the original figure in 2020) to 140.	Accelerate paediatric care by expanding PMTCT, index-testing and family-based care, including opportunities for adolescent HIV testing to find more missing children living with HIV.
Conflicts and the pandemic exacerbated cases of sexual violence, especially domestic violence, the persistence of rights violations, and ongoing stigmatization and discrimination.	Promote equal access to integrated services, with a particular emphasis on countering gender-based violence, and the revision of sections of the HIV law that hinder the empowerment of women and young girls.
Targeted testing, although effective, has not led to wider increases in access to testing for adolescents and young people in provinces, other than those targeted.	Promote combination prevention and the use of new information and communication technologies to reach young people and adolescents at high risk. Promote acceleration of viral load testing, which is a weak link in the HIV national response. Support the scale up of strategies that have had a positive impact (targeted testing, person-centered surveillance, PrEP, self-testing, etc.).

GHANA

PROGRESS TOWARDS THE FAST-TRACK TARGETS

Country priorities/ targets (by end of 2021)	Status	Results (end of 2020)
By end 2021, the overall national treatment cascade has increased from 66% to 90% for HIV testing, from 60% to 90% for treatment, from 67% to 90% for viral load suppression, balancing specific needs of key populations (baseline 2019 data, National AIDS Control Programme).	ON TRACK	63–95–34 against the Fast-Track targets. There are an estimated 346 120 people living with HIV. (Spectrum 2021)
By the end of 2021, at least 90% of key populations, adolescent girls and young women and their partners have access to combination prevention services.	ON TRACK	No data available at national level. There has been significant progress in linking key populations to combination prevention services, mainly through the work of the CSO WAPCAS (West Africa Program to Combat AIDS and STI) and thanks to Global Fund funding. In eight WAPCAS districts, 88% of female sex workers and 94% of gay men and other men who have sex with men were tested and linked to combination prevention services.
Reduce stigma and discrimination against key populations, people living with and affected by HIV through promotion of laws and policies that affect access to healthcare for these and other vulnerable populations.	SLOW PROGRESS	The five-year Human Rights Strategy was launched in partnership with Global Fund, WAPCAS and Ghana AIDS Commission, to address human rights-related barriers to HIV/ TB services.

JOINT TEAM: UNICEF, WFP, UNDP, UNFPA, UNESCO, WHO, UNAIDS Secretariat

Strong advances were made in promoting testing and increasing adherence to ART, through the scale up of differentiated service delivery and the integration of people living with HIV in social protection systems. There has been significant progress in linking members of key populations to combination prevention services, through strong CSO partnerships. A national strategy for reducing stigma and discrimination against people living with HIV was supported through training and awareness-raising with civil society and law enforcement agencies. Dialogue with national stakeholders and community leaders on human rights and HIV prevention will continue to be a focus for activities in 2021.

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

HIV TESTING AND TREATMENT — upstream advocacy; technical support; partnership

327. Through successful advocacy, US\$ 1.1 million from the Global Fund was used to procure HIV test kits to support the continuity of ARVs and essential HIV services, and strengthen the supply chain for HIV commodities. Technical support was provided to the Country Coordinating Mechanism, which led to a successful US\$ 226 million Global Fund funding application,

to be implemented in 2021–2023. Key components of the application include high-impact differentiated service delivery models, family-based testing, the introduction of HIV self-testing, and the roll-out of 3–6-month MMD.

328. Support was provided to develop an implementation plan for point of care testing to address early infant diagnosis and viral load testing for infants, which was successfully scaled up in five districts, including training for 30 laboratory personnel. The implementation of the eMTCT 2016–2020 acceleration plan was monitored and bottlenecks were identified.

329. Differentiated service delivery models were scaled up in the high-burden region of Volta for 25 health facilities

and 75 health workers. A three-day quality improvement training on differentiated service delivery interventions to 20 frontline health workers in 15 facilities was delivered to extend family HIV testing in Volta: 18 477 people were offered testing, of whom 11 475 were children; 7,244 children were tested, with 1,014 HIV-positive results, and 832 children were linked to care.

330. Three thousand households of people living with HIV received livelihood support in the form of capacity building and seed capital to promote food security, nutrition and continuity of treatment, through a pilot in the eastern region of Ghana. In addition, 47 members of the Youth Health Advocates Group of young people living with HIV attended a training on nutrition for adherence, mental well-being and ART side-effects.

PREVENTION FOR ADOLESCENT GIRLS AND YOUNG WOMEN AND KEY POPULATIONS – *policy advice; technical support; community engagement*

331. PrEP and HIV self-testing guidelines were finalized by the national technical working group. PrEP was implemented and rolled out as part of a pilot study in three regions, which provided access for 1,052 people from key populations.
332. One-on-one sexual and reproductive health sessions were held with 86 adolescent girls, boys and adolescent teen mothers; 934 women, girls and young people were reached with sexual and reproductive health education at Ningo Prampram. Additionally, a CSO was supported to train 200 youth advocates to lead peer education programmes on HIV prevention and sexual and reproductive health in eight districts, reaching approximately 70 000 adolescent girls and boys. A “Condomize” campaign, during which 2 000 condoms were distributed, ran during the Third African Youth SDG Summit 2020, and 23 young people were supported to participate in the 23rd International AIDS Conference, receiving information on sexual and reproductive health, HIV prevention and the reduction of stigma and discrimination.
333. Some 220 teachers were trained to lead HIV prevention interventions in secondary schools in all regions, and an HIV online outreach was implemented for 177 tertiary students, focusing on HIV prevention, testing and treatment and safe sexual practices. Three HIV indicators were implemented as part of the Education Management Information Systems, which enabled data on HIV indicators to be collected as part of school-based surveys among teachers and students for the first time. The HIV Alert module (a programme aimed at teaching secondary students about HIV prevention and sexual and reproductive health) was updated to revise school-based HIV prevention materials with the most innovative interventions.

STIGMA AND DISCRIMINATION – *policy dialogue; technical support; partnerships*

334. Nineteen media personnel (11 female) and 19 regional directors (six female) from the Commission on Human Rights Administration for Justice from Western, Volta and Greater Accra were sensitized on key antistigma provisions in the strategy, and discrimination against people living with HIV, using an online training manual.
335. Capacity strengthening through technical and financial support was also provided for 38 CSOs and two law enforcement agencies to enhance their understanding of both the strategic plan and their roles in supporting its effective implementation and monitoring.

CONTRIBUTION TO THE COVID-19 RESPONSE

336. Technical guidance and support to the CCM delivered a successful Global Fund COVID-19 Response Mechanism Fund application of US\$ 13 million. CSO engagement, essential HIV commodities and high-priority HIV activities were included in the grant application.
337. Through advocacy with the Ministry of Health, Ghana Health Service, Global Fund and partners, the Joint Team ensured that ARVs and essential HIV services were available throughout COVID-19-related restrictions, and the MMD policy was enforced. Informing interventions, a survey was conducted on the needs of people living with HIV in the context of COVID-19, which showed that 79% of people living with HIV successfully refilled their ARVs, although 13% received a different ARV from the one they usually receive and 15% indicated that their pick-up centre was out of stock.
338. Five hundred hygiene kits and 500 food packs were distributed to marginalized young people living with HIV in three regions during lockdown, and new mothers living with HIV were linked to treatment throughout breastfeeding in the context of COVID-19 through the Community Mentor Mothers initiative, an intervention in the central region.
339. Multiple communication campaigns delivering critical prevention and health messages were rolled out. Partnering with the Ghana AIDS Commission, national telecommunication agencies and CSOs, a social media communication campaign on COVID-19 and HIV and STI prevention ran throughout 2020. The most high-impact post on HIV and COVID-19 prevention reached more than 71 000 people.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

340. The Joint Team contributed to the UN Social Economic Recovery and Relief Plan to ensure that people living with

HIV and vulnerable populations would not be left behind. The contribution was specific to social protection policies and the right to HIV testing and treatment as part of the essential medicines regime during COVID-19, including through ensuring availability of MMD.

341. Under the technical supervision of the Ghana Statistical Service and the Ministry of Food and Agriculture, the

Joint Team conducted a Comprehensive Food Security and Vulnerability Assessment to identify people who are food insecure, where they are located, what contributes to their food insecurity and how their situations can be improved. Follow-up initiatives will contribute to achievement of SDG 2, including a seed programme in the eastern region to address food security needs of people living with HIV.

Challenges and bottlenecks <i>Persisting and emerging</i>	Key future actions <i>to respond to challenges & unblock bottlenecks</i>
<p>COVID-19 restrictions caused delays in activities, including implementation of differentiated service delivery, which requires close monitoring.</p>	<p>Support implementation of Global Fund investments on reaching the 95–95–95 targets by helping the Country Coordinating Mechanism monitor progress.</p> <p>Provide technical support to ensure people living with HIV, young people and key populations are engaged in community-led implementation and monitoring of the national response.</p> <p>To reach the third 95 target on viral load suppression, support retention in treatment and enhance the HIV testing chain (e.g. strengthen sample management).</p>
<p>Low stocks and reported intermittent stock-outs of ARVs caused concern and limited the availability of commodities for six-month MMD.</p>	<p>Advocate for stronger supply chains to resolve stock-outs of ARVs and PrEP.</p>
<p>Use of strategic information and data-driven planning and policy decision-making are not optimal. Focus is needed to improve data use, reporting, dissemination and overall data quality assurance.</p>	<p>Support data quality assurance through routine joint monitoring, reporting and dissemination by the Government and key implementing and development partners.</p>
<p>Stigma and discrimination against people living with HIV and key populations continue to be challenges, which are aggravated by punitive laws and social intolerance.</p>	<p>Support the implementation of the five-year plan and scale up innovative human rights and HIV prevention policies.</p> <p>Facilitate dialogue on these issues with Government, civil society, human rights groups, and members of key populations.</p>

LIST OF COUNTRIES PER UNAIDS REGION

LIST OF COUNTRIES PER UNAIDS REGION WITH A FUNCTIONAL JOINT UNITED NATIONS TEAM ON HIV/AIDS

UNAIDS Regions	Countries
ASIA AND PACIFIC (16 countries)	Afghanistan, Bangladesh, Cambodia, China, Fiji, India, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand, Viet Nam
EASTERN EUROPE AND CENTRAL ASIA (8 countries)	Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine, Uzbekistan
EASTERN AND SOUTHERN AFRICA (18 countries)	Angola, Botswana, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zambia, Zimbabwe
LATIN AMERICA AND CARIBBEAN (23 countries)	Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, Venezuela
MIDDLE EAST AND NORTH AFRICA (8 countries)	Algeria, Djibouti, Egypt, Iran, Morocco, Somalia, Sudan, Tunisia
WESTERN AND CENTRAL AFRICA (23 countries)	Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, the Democratic Republic of Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo

