

TUNISIA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, WHO, UNAIDS SECRETARIAT, IOM, OHCHR, UN HABITAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

A new national strategy has been developed to boost access to HIV testing, including self-testing and community-based testing services in the country. The Government of Tunisia was supported to implement the multimonth dispensing (MMD) of antiretroviral treatment to ensure access and improve treatment adherence among people living with HIV. To further improve treatment adherence and the overall health of people living with HIV, an assessment of the nutritional status and food security among people living with HIV was completed; and it informed a training on HIV and nutrition and advocacy workshop for HIV sensitive social protection schemes. To facilitate the rollout of pilot pre-exposure prophylaxis (PrEP) programmes planned for 2022, the Government was assisted in the development of a PrEP protocol, budget identification, and selection of pilot programme implementation sites. In addition, a mobile app was developed and launched to increase access to accurate information on sexual and reproductive health and youth-friendly centres. The Joint Team also extended its prison health programme, which integrates HIV, hepatitis, and syphilis services to seven more prisons holding thousands of prisoners; and procured various medical and personal protective equipment for additional seven prisons and juvenile health clinics in Tunisia. Finally, technical assistance was provided for the development of a national drug and HIV prevention strategy that included harm reduction programmes for people who use drugs and people in prisons.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The National Family and Population Board at the Ministry of Health was supported to develop and launch *SexoSanté*, a mobile app designed with active involvement of young people from across Tunisia to support an out-of-school comprehensive sexuality education (CSE) programme. The mobile app provides accurate information on sexual and reproductive health, the list of youth-friendly centres, and an educational quiz in French. More than 17 600 people from Tunisia downloaded the app in a few months and user profiles show diverse and gender balanced users.

The Joint Team provided technical support and facilitated a national workshop securing high level commitment and ownership for the introduction of pre-exposure prophylaxis (PrEP) services for key populations. In the first phase of the PrEP implementation process, the National HIV/AIDS Programme was assisted to finalize the PrEP protocol, identify budget and implementation sites, and develop medicine management and community involvement scenarios for implementation in 2022.

In coordination with the Ministry of Justice, the Joint Team increased its prison health programme that includes HIV, hepatitis, and syphilis services from six to 13 prisons, hosting an estimated 10 000 inmates in Tunisia—Bizerte Borj Roumi, Bizerte Nadhour, Borj El Amri, El Kef Ville, Kairoune Hawarib, Mannouba, Mahdia, Messadine Sousse, Mornaguia, Monastir, Sawaf, Sfax, and Zaghouane. Besides, various medical and non-medical equipment, including HIV and hepatitis combination rapid test kits, were procured and distributed to ensure the continuity of services in seven prisons and juvenile health clinics.

The Joint Team led a rapid situation assessment of HIV, sexually transmitted infection (STI), viral hepatitis, and tuberculosis in Borj El Amri, Manouba, and Mornaguia prisons and El Mourouj juvenile detention centre, which showed gaps in the delivery of prevention, treatment, and care services, availability of medicines, and capacity of prison staff to manage these diseases. In 2020-2021, the Joint Team also conducted two training sessions for 45 prison healthcare professionals on HIV testing and counselling, combination HIV prevention and linkage to the national HIV response mechanisms and strategies.

In 2021, the Joint Team collaborated with the nongovernmental organization Tunisian Association against HIV/STDs in Tunis (ATL Tunis) to provide HIV and Hepatitis C screening services to 2500 inmates. People who tested positive for HIV were referred to the primary infection diseases department for follow up services. Through this project, a total of 7900 prisoners were also sensitized on prevention of HIV, tuberculosis and viral hepatitis, and available services.

The Joint Team provided technical and financial support for the conduction of the 2021 Integrated Bio-Behavioural Surveillance (IBBS) Survey, which targeted men who have sex with men, people who inject drugs and commercial sex workers. The survey revealed a worrying increase in HIV and hepatitis C infections among people who inject drugs. Technical assistance was also provided to develop a national drug and HIV prevention strategy for 2021-2025—the first national strategy that includes harm reduction programmes—for the general populations and people in prisons which was approved and co-signed by the Ministers of Health and Justice.

HIV TESTING AND TREATMENT

The Joint Team provided technical support for the development of the National HIV/AIDS Strategic Plan 2021-2025 which is aligned to global strategies and includes human rights and gender aspects for a more effective national HIV response. Technical assistance was also provided for the development of the national HIV testing strategy that integrated community-based HIV testing and counselling and HIV self-testing services. Moreover, a training manual has been finalised to train community testing agents.

The National HIV/AIDS Programme and HIV treatment centres were supported to rollout MMD for eligible people living with HIV during the COVID-19 pandemic. The Joint Team also assisted the finalization of the new treatment recommendations and the Dolutegravir transition plan—the nationwide transition to Dolutegravir-based treatment regimen will start in 2022.

The Joint Team led a survey to evaluate the nutrition status and food security among 1001 people living with HIV in the Monastir, Sfax, Sousse, and Tunis regions. Key findings revealed food insecurity among people living with HIV due to various reasons, including HIV-related stigma and discrimination which significantly impacts their livelihood. Some of the recommendations from the survey included the need to integrate food securing into national HIV

policies; integrate nutrition education in therapeutic education; increase government spending on safety net programmes and establish food bank to ensure food security of people living with or affected by HIV, including mothers, children, and migrants.

A training of trainer's workshop on HIV and nutrition was conducted for 30 trainers to improve their skills for training professional nutritionists from public hospitals, including HIV treatment centres. Educational materials on low-cost nutritional Tunisian recipes were prepared for distribution to people living with HIV by healthcare workers during consultations and in health centres. The Joint Team also supported two advocacy workshops mobilizing 70 social workers and the media to campaign for the implementation of HIV-sensitive social protection programmes in Tunisia.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In line with the UN Reform and towards realization of the 2030 Agenda for Sustainable Development, substantial contributions were made to the Common Country Assessment (CCA) and the development of Tunisia's United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2025, ensuring the inclusion of HIV under Outcome 3: "Education, Health and Social Protection". Besides, under the principle of "leaving no one behind", the Joint Team continued to advocate in 2020-2021 for a greater access to rights-based and integrated HIV and other essential HIV services for all, and for the expansion of social protection programmes for key and vulnerable populations, including people living with HIV.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic interrupted HIV services and programme implementation. The change in the national political space and high turnover of government counterparts required rebuilding of networks and trust to push forward the progress towards national and international targets on AIDS. The country's legal and social environment, including stigma and discrimination against people from key populations, such as people who use drugs and men who have sex with men, by law enforcement officers continues to challenge the HIV response.

Weak coordination and inadequate engagement of civil society organizations confronted the 2021 IBBS. Lessons learned showed the need to build on the successful mobilization of communities who supported the implementation of various innovative programmes such as MMD to scale up community-led combination HIV prevention services and strengthen strategic information for key populations.

The lack of an effective assessment of the HIV situation among migrants impedes targeted programming that addresses the needs of this population. Experiences underscore the need to establish partnerships in the migrant community and mobilize resources to address the gap in data.

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