

# CENTRAL AFRICAN REPUBLIC

*Report prepared by the Joint UN Team on AIDS*

## PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, 90% of people living with HIV, including refugees, returnees, IDPs and host communities, have access to testing and treatment, and 60% have suppressed viral load.	<b>ON TRACK</b>	In 2020, 62% of people living with HIV knew their status, and 93% of them (50 805 people) were on ART (GAM 2021).
By the end of 2021, at least 70% of pregnant and breastfeeding women and at least 50% of vulnerable populations have access to quality gender-sensitive HIV prevention programmes and services.	<b>ON TRACK</b>	66% of pregnant women know their HIV status, 2605 of them receive ART. A total of 10 541 394 condoms have been distributed in 2020 (GAM 2021).
By the end of 2021, legal and social barriers to accessing HIV and tuberculosis (TB) services are removed for people living with HIV, key populations and other vulnerable groups.	<b>ON TRACK</b>	A national patients' charter was launched on Zero Discrimination Day in March 2020. A toll-free number was set up to report violations of patients' rights in health centres.
By the end of 2021, at least 75% of prevention, care and human rights protection activities are coordinated as part of Health System Strengthening receive appropriate gender-sensitive funding.	<b>ON TRACK</b>	The Joint Team supported the development of a successful grant request to the Global Fund; over € 69 million were secured for 2021-2023 for HIV and TB. The grant proposal considered the financing of prevention, gender, human rights, and emergency response for the next three years.

### JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, WHO, UNAIDS SECRETARIAT, FAO, UNRCO

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

*Progress was made in HIV testing and treatment in the Central African Republic in 2020, including the strengthening of paediatric care through training of care providers, and procedures for early infant diagnosis and viral load monitoring. HIV prevention has been scaled up for young people, women, and key populations thanks to the new National Strategic Plan 2021-2025 and an increased Global Fund funding. Gains in human rights, and against stigma and discrimination and violence against women have been achieved through advocacy and community engagement, broadening legal access through more centres being opened, and the dissemination of a national strategic plan for action against gender-based violence (GBV).*

### ACCESS TO TREATMENT TECHNICAL ASSISTANCE; CAPACITY BUILDING

Support was provided by the Joint Team in revising the HIV testing guidelines according to latest WHO guidance, taking into account the national context. Finalization and implementation of the guidelines is planned for the first quarter of 2021. In addition, the Joint Team supported the transition plan to Dolutegravir-based regimen, through the development and validation of a national technical strategy for prescribing biological monitoring examinations (that are necessary to monitor the health status of people living with HIV) to ensure an efficient use of the examinations, followed by the development and validation of a guide for prescribers and providers of ARVs.

In 2020, the government was supported to begin setting up the platform for early diagnosis of HIV in children and viral load monitoring, with point of care (POC) tools, allowing the country to double its POC capacity. Thirty TB and HIV care sites in 17 out of 35 health districts were equipped with the necessary materials for the transport of biological samples, and transport procedures were developed for samples, including specific procedures for 10 additional health districts.

Through a collaboration between the Joint Team and the Ministry of Health, three laboratories (Institut Pasteur of Bangui, Laboratoire National de Biologie Clinique et de Santé Publique, and Laboratoire Saint Michel de Bouar) were monitored as part of the QASI-viral load and QASI-early infant diagnosis laboratory quality control programme. The Joint Team also provided technical assistance for the procurement of three GeneXpert machines to facilitate HIV diagnosis and viral load suppression at these sites.

Seventeen districts of four health regions of Central African Republic received support from the Joint Team including procurement of HIV testing kits and capacity building of healthcare providers. Despite the deterioration of the security situation and the COVID-19 pandemic, 258 of the 354 functional health care structures (73%) in these districts maintained the provision of prenatal care and continued the integration of prevention of HIV mother-to-child transmission (PMTCT) services. In addition, the National Health Information System data up to October 2020 indicates that 51 700 out of 88 937 pregnant women had been tested for HIV in these districts; 1435 (2.8%) were diagnosed HIV-positive and subsequently enrolled in ART.

Out of Central African Republic's 873 health facilities, 733 (84%) have been providing antenatal care services. However, there is a wide disparity in PMTCT service coverage across the regions. To mitigate this, the Joint Team provided support in strengthening and decentralising paediatric care through training/coaching of care providers as part of task shifting. As a result, 70% of adult ART centres have integrated paediatric HIV care. More than 890 children living with HIV participated in capacity building initiatives and were divided into 21 adherence clubs for positive living.

**PREVENTION****ADVOCACY; TECHNICAL ASSISTANCE; CAPACITY BUILDING; COMMUNITY ENGAGEMENT**

Technical support from the Joint Team enabled a successful funding grant proposal to the Global Fund for 2021-2023 amounting to € 68 046 892 for HIV/TB, plus an additional € 23 171 351 prioritized above allocation request (a 250% increase in grant). HIV prevention interventions for young people, women, and key populations have been significantly strengthened in both the new National Strategic Plan 2021-2025, and the new request for funding to the Global Fund for their scaling-up.

A community health policy document was developed and validated in 2020, for operationalization by the Ministry of Health's Community Health Department in 2021, covering community health workers in prevention and treatment, as well as community relays recruited by NGOs; 31 civil society organizations contribute to the response, by providing psychosocial support, searching for those lost to follow-up, and observing access to treatment and ARV stock-outs. The policy aims to define the vision and strategic objectives for community health and its integration in the overall health system of the country. Norms and guidelines will be developed based on this policy document.

In 2020, the Joint Team launched the "Cities and HIV project for awareness, education and HIV testing among displaced populations" and its implementation is underway in five cities, in partnership with the Association of Mayors of the Central African Republic. Awareness-raising sessions were conducted, reaching 10 000 refugees and displaced persons based in Obo. These sessions focused on HIV prevention and covered specific themes such as condom use, access to HIV screening, and the importance of adherence to antiretroviral treatments.

The development of the operational plan on HIV, TB and Hepatitis in prisons was initiated, and a draft is available, which served as a framework for including HIV prevention and treatment programmes in prisons in the HIV/TB concept note for the Global Fund.

**GENDER INEQUALITY, HUMAN RIGHTS, STIGMA AND DISCRIMINATION****ADVOCACY; TECHNICAL ASSISTANCE; CAPACITY BUILDING; COMMUNITY ENGAGEMENT**

The Joint Team provided financial support for the dissemination of the government's national strategy and action plan to fight GBV among 150 service providers, including organizations defending the rights of people living with HIV. An HIV response gender assessment is being implemented, although its finalization was delayed due to COVID-19.

Awareness-raising sessions on the prevention of HIV, GBV and human rights violations have been carried out. These were particularly focused on the protection of women's rights, through community activities led by 50 community relays, radio programmes, mass awareness campaigns, outreach, and educational talks. In addition, 80 women and girls living with HIV participated in a workshop as part of the celebration of the 16 Days of Activism Campaign and World AIDS Day.

In 2020, 1990 people (480 men and 1510 women) were sensitized on the prevention of GBV/HIV and access to transitional justice mechanisms in Boda, Bouar, Berberati, Carnot, Nola, Sibut and Bangassou, aiming at behaviour change within their communities. A total of 178 women and girls GBV-survivors (including 32 women living with HIV) received psychological support, and 50 were referred to medical services, from 8 support centres in Boda, Bouar, Berberati, Carnot, Nola, Sibut and Bangassou, thanks to technical and financial support from the Joint Team.

Through technical and financial assistance to networks and associations, 30 women living with HIV were trained as peer educators in the prevention of double stigma and discrimination against HIV/AIDS and COVID-19, reaching 4000 people in Bangui, Bimbo and Bégoua.

Financial support provided to non-governmental organizations led to the establishment in 2020 of three new legal centres providing free legal services to individuals, reaching a total of 12 centres across the country.

### **CONTRIBUTION TO THE COVID-19 RESPONSE**

#### **ADVOCACY; TECHNICAL ASSISTANCE; CAPACITY BUILDING; COMMUNITY ENGAGEMENT**

The Joint Team played a fundamental role in the development and implementation of the COVID-19 national response plan. For instance, financial support from the Joint Team enabled the manufacturing and free distribution of masks by people living with HIV for their peers, as well as the equipment of the Central African Network of People Living with HIV with 100 COVID-19 prevention kits. The Central African Republic's experience in community mobilization on HIV has been very useful in the response to COVID-19, enabling the establishment of a civil society platform to support prevention measures, and fighting stigma and discrimination related to accessing services.

Despite the COVID-19 pandemic, the Joint Team ensured continuity of awareness-raising and HIV testing initiatives, including among motorcycle cab drivers in Damara and Sibut. About 5000 students from the University of Bangui received COVID-19 and HIV prevention information as part of the 2020 World AIDS Day, in collaboration with the National AIDS Council, following the training of 30 peer educator members of three organizations of people living with HIV.

### **CONTRIBUTION TO THE INTEGRATED SDG AGENDA**

The Joint Team supported the development of a new National Strategic Plan 2021-2025, building on the results of the analysis of the HIV response over the past five years. Efforts have been made to strengthen the normative framework for the acceleration of prevention, in particular among detainees and displaced people.

Alongside its contribution to the COVID-19 response, the Joint Team has also contributed significantly to the national HIV/TB response including through the promotion of gender and human rights in the context of HIV, strengthening of the community-led response, providing income-generating activity and food assistance to people living with HIV to reduce their vulnerability to poverty, building partnership with cities, working with peer educators, and supporting HIV activities as part of the humanitarian response.

Technical support from the Joint Team enabled the country to benefit from a 250% increase in HIV resources compared to the previous Global Fund grant, and the National AIDS Spending Assessment rolled out in 2019 and 2020 supported efforts to further mobilize resources and strengthen the HIV response in the Central African Republic.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>Resurging instability makes the implementation of programmes difficult. Additionally, the COVID-19 pandemic has negatively impacted the planning, implementation and monitoring of interventions throughout 2020.</p>	<p>Support the development and implementation of an HIV and TB emergency plan to respond to the impact of the current security and humanitarian crisis.</p> <p>Strengthen collaboration with the Humanitarian Country Team, including the Health Cluster, to ensure better consideration of HIV-related issues in emergencies.</p> <p>Support the repositioning of the National AIDS Council in its multisectoral response coordination role, including through capacity building.</p>
<p>Capacity strengthening and guidance are needed to reach most vulnerable populations with HIV services.</p>	<p>Support the development of new HIV testing and management guidelines including algorithms.</p> <p>Advocate for and provide support in the roll out of differentiated-approaches services as part of the initiative 'Catalyse the differentiated HIV and TB services in the Central African Republic'.</p> <p>Conduct a capacity assessment among civil society organizations, with a view of developing a capacity-building plan on governance, monitoring and evaluation, etc.</p>
<p>The strained capacities at local level, the unavailability or the poor quality of data collection tools, and the absence of baseline data are leading to a low quality of data at all levels. There is a lack of data on the food security and nutritional situation of people living with HIV at country level.</p>	<p>Provide technical support for the revision of data collection tools and the migration to DHIS2.</p> <p>Carry out specific studies on the nutritional and food vulnerability of people living with HIV and/or TB, and finalize implementation of the HIV response gender assessment.</p>
<p>There is a low level of PMTCT services in most regions. The country's PMTCT and paediatric care response is hampered by insufficient health personnel, the lack of capacity among service providers, and a lack of financial resources.</p>	<p>Provide support for the revision of the national strategy for the elimination of mother-to-child transmission of HIV. Increase advocacy and social mobilization actions towards a strengthened PMTCT response.</p>

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