

CENTRAL AFRICAN REPUBLIC

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

Supporting the Government of Central African Republic to improve access to quality HIV and tuberculosis testing, including early infant diagnosis services, was one of the priorities of the Joint Team in 2020-2021. Financial and technical assistance went into strengthening point of care laboratories and specimen transport mechanisms resulting in increased number of testing and reduced result notification period. Successful efforts were made to integrate antenatal care and HIV services resulting in thousands of pregnant and breastfeeding women and children to undergo HIV testing and enroll on appropriate treatment regimens. Differentiated service delivery models, such as multimonth dispensing (MMD) and community-based delivery of antiretroviral treatment were implemented, and healthcare providers were trained to boost access, continuity, and adherence to treatment among people living with HIV during the COVID-19 pandemic. The Joint Team also supported vulnerable and malnourished people living with HIV with food assistance and cash transfers to help them to be food secure and improve their nutrition and overall health outcomes. Young peer educators were trained on the delivery of comprehensive sexuality education and supported to reached over 200 000 adolescent and young girls in eight districts of the capital, Bangui. Intense advocacy led to the President of Central African Republic announcing US\$ 500 000 of public funds for the national HIV response, strengthening the country's commitment to end AIDS as a public health threat by 2030.

HIV TESTING AND TREATMENT

The Joint Team, in collaboration with the Global Fund and the African Development Bank, provided technical and financial support to strengthen Point of Care (PoC) laboratories across the Central African Republic. As a result, the number of GeneXpert machines in the country has increased by 64%, from 13 machines in early 2020 to 36 machines by the end of 2021. This support helped to strengthen testing services for HIV, COVID-19, Ebola and tuberculosis, including resistant forms, HIV viral load monitoring, and early infant diagnosis for HIV-exposed children.

Technical support provided for the pilot implementation of the sputum specimen transport plan in Bangui II and Bimbo health districts improved timely diagnosis and result notification of suspected tuberculosis cases. The latest data on result notification showed a 43% increase between Quarter 1 of 2019 and Quarter 1 of 2021 and a 41% increase between Quarter 2 of 2019 and Quarter 2 of 2021.

To improve access and continuity of treatment services, the Joint Team supported the Government for the development of national guidelines on differentiated service delivery models; and the national guide for the implementation of a 6-month MMD and community-based delivery of antiretroviral treatment. A total of 50 healthcare professionals, including treatment prescribers, dispensers, and nurses, and 15 community health workers in Bangui and Mbaiki regions were trained on the new guidelines and tools.

In 2021, the Joint Team continued to provide nutritional support for malnourished people living with HIV enrolled on antiretroviral treatment in 44 HIV care sites in Bambari, Bangui, Bouar, and Kaga regions during the COVID-19 pandemic. More than 1268 metric tons of food and US\$ 145 000 were distributed to 9430 malnourished people living with HIV on ART (6366 women) while 10 180 family members were supported with food vouchers. An estimated 88% (5850 women) of the people living with HIV who received this support recovered from malnutrition.

To overcome the COVID-19 pandemic, the Central African Republic received 1 269 260 doses of COVID-19 vaccine through the COVAX—a global vaccine equity mechanism—enabling 518 417 targeted people, including people living with HIV to get at least one dose of vaccine. The Joint Team's support focused on risk communication and community engagement, as well as taking into account vulnerable groups in order to leave no one behind.

ELIMINATION OF HIV VERTICAL TRANSMISSION

The Joint Team made significant contributions to the development of the national plan 2022 – 2025 for the elimination of mother-to-child transmission of HIV, tuberculosis, and hepatitis B, expected to be completed in 2022. Addressing the political, strategic and operational dimensions, the new national plan will reposition the elimination of HIV vertical transmission in the national HIV response and establish a specific working group to accelerate progress toward the national and global targets.

The Joint Team provided technical and financial assistance to the Government to ensure continuity of services for the prevention of HIV vertical transmission during the COVID-19 pandemic. Out of the 87 885 pregnant women who had their first antenatal care consultations, 80 854 (92%) received HIV testing and counselling (HTC) and were notified of their HIV status. In 2021, close to 74% of the 3700 pregnant women who tested positive for HIV were enrolled on services for the prevention of HIV vertical transmission compared to 70% in 2020. A total of 1415 children who were born to mothers living with HIV accessed testing services; and 286 infants received early infant diagnosis before the age of 2 months and the 137 infants who tested HIV positive were initiated on paediatric antiretroviral treatment. Additionally, in the first quarter of 2021, 40% of the 220 children and adolescents living with HIV aged 0-14 years who were tested for viral load suppression at the Pasture Institute in Bangui and the National Laboratory, achieved viral suppression.

HIV PREVENTION AMONG YOUNG PEOPLE

In 2020-2021, the Joint Team afforded technical and financial assistance to improve knowledge and access to HIV and sexually transmitted infections, COVID-19, sexual and reproductive health, family planning, and gender-based violence services among adolescent and young people including from key population groups. Hence, 80 young peer educators aged 15-24 years received training on the delivery of comprehensive sexuality education to help with educating 210 000 adolescent and young girls in eight districts of Bangui. A total of 604 256 condoms were distributed free of charge in Bangui and in other parts of the country.

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

Intensive advocacy and technical support by the Joint Team, development partners, and civil society resulted in the revision of the national HIV Law to lower the age for parental consent for HIV testing among adolescents to 12 years. The draft bill will be submitted to the National Assembly in 2022.

The Joint Team provided technical assistance for the implementation of the Agenda for Zero Discrimination in healthcare settings, resulting in the revitalization of the Zero Discrimination Platform which includes all key actors in the HIV response. The popular musician Ozaguin was appointed as spokesperson for the Zero Discrimination Platform under the patronage of the First Lady of Central African Republic, and technical assistance was provided for the composition of a song on stigma and discrimination. The Joint Team also supported the production of communication materials on addressing stigma and discrimination as well as their dissemination on traditional and social media platforms.

As a result of technical support, the community alert mechanisms established in 2015 continued to improve access to legal, health and psychosocial services among people who survived gender-based violence and other forms of human rights violations. In 2021, a total of 114 survivors of such violence (95% women) benefited from psychosocial support services, and 84 people were referred to partner organizations for legal assistance. In 2020-2021, the Joint Team provided support for the revision of tools, the mobilization of partners, and the dissemination of results. Intensive advocacy from the Joint Team also resulted in this mechanism benefitting from the Global Fund's financing from 2022.

INVESTMENT AND EFFICIENCY

The Joint Team provided technical assistance for the development of the Global Fund COVID-19 Response Mechanism funding request, successfully mobilizing Euros 33 million to support the national COVID-19 response and ensure the continuity of HIV services during the pandemic.

Following the participation of the Government at the Regional Summit on HIV in Dakar in 2021, and thanks to intensive advocacy by the Joint Team, the President of the Central African Republic announced on World AIDS Day a US\$ 500 000 government budget to fund community-led HIV programmes in the country in 2022.

To improve efficiency and effectiveness of HIV prevention programming, the Joint Team provided technical and financial support for the development and implementation of several strategic documents, including the National Health Development Plan (PNDS2), the Viral Hepatitis National Strategic Plan, the HIV operational plan in prisons, and the EMTCT plan. The Joint Team also supported a gender assessment of the HIV and tuberculosis response (using the UNAIDS Gender Assessment Tool), and the Universal Health and Preparedness Review (UHPR) for greater accountability and transparency in health emergency preparedness.

The Joint Team also supported the Government to calculate HIV estimates that for the first time included decentralized projections. These estimates included decentralized data from 35 health districts, 17 prefectures and seven health regions throughout the country. Results from the estimates confirmed that women are disproportionately affected by the epidemic in Central African Republic—an estimated 50 780 women and 32 585 men were living with HIV in 2021. Young people aged 15-24 years accounted for 17% of all people living with HIV, and 60% of the people living with HIV in this age group are women. Additionally, the new estimates revealed that the number of people living with HIV over 50 years old and above increased from 13% in 2017 to 17% in 2021. This increase in the proportion of older people living with HIV is most likely an increase in the survival rate due to improved access and adherence to antiretroviral treatment.

Technical assistance was provided to revitalize the Monitoring and Evaluation (GATSE) working group, set up the District Health Information System 2 (DHIS2), and update HIV data collection and reporting tools to strengthen strategic information for the national HIV response.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team significantly contributed to the implementation and review of the United Nations Development Assistance Framework (UNDAF+) 2018-2021, and its final evaluation, as well as the development of the new Common Country Analysis and the 2021 Impact Management System report highlighting achievements towards the Sustainable Development Goals (SDGs).

Strengthening the country's advances in terms of gender equality (SDG 5), work was undertaken in 2020-2021 to develop and map gender indicators between the existing UNDAF+ and the UN Info planning and reporting system. The Joint Team also worked with various partners for the implementation of activities aimed at eliminating gender-based violence.

Under the principle of *leaving no one behind* and in line with SDGs 3 (Good Health and Wellbeing) and 10 (Reduced Inequalities), the Joint Team focussed on improving access to HIV and other essential health services among vulnerable and key populations, including sex workers, gay men and other men who have sex with men, people with disabilities and people from the pygmy ethnic group.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic coupled with poor infrastructure, weak human capacity, security concerns and political uncertainty continues to challenge the national HIV response. A rapid assessment led by the Joint Team of the impact of 2020 political crisis on the national HIV, tuberculosis and malaria response revealed negative impacts on key populations and vulnerable people, including people living with HIV and tuberculosis. These included the disruption of services and the inability to fully implement the HIV and tuberculosis Global Fund grants for the 2021-2023 period. These results were used to develop a contingency plan aimed at implementing urgent actions to scale up HIV, tuberculosis and malaria prevention, treatment, and care services for all.

Weak data collection, analysis, and reporting, including poor quality and absence of data in several areas, such as on nutrition or injecting drug use, remains an impediment to evidence-based HIV programming. In addition, a lack of adequate funding for HIV prevention programmes continues to challenge progress towards 2025 targets. Sustained technical and financial support from the Joint Teams is essential in the Central African Republic to end AIDS as a public health threat.

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