

CHAD

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNESCO, WHO, UNAIDS SECRETARIAT, FAO, IOM, OHCHR

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

The Joint Team in Chad supported efforts to increase knowledge on HIV prevention among adolescents, young people and key populations through awareness raising sessions, communication campaigns, as well as the training of peer educators. Thousands of condoms were donated to the Government to help improve access to HIV prevention commodities among people who are at high risk of HIV infection. The Joint Team also facilitated HIV testing and counselling programmes using various entry points, to expand access to HIV services among key populations, including prisoners and refugees. Moreover, the Joint Team supported the Government to develop a roadmap for viral load monitoring and early infant diagnosis to improve HIV case finding and access to these services. A differentiated care model was implemented to expand tailored package of services in targeted prevention of mother-to-child transmission of HIV service sites. Dolutegravir-based treatment was implemented, and healthcare workers were trained to improve the quality of HIV testing, treatment, care, and psychosocial services among people living with HIV. Vulnerable people living with HIV also benefitted from food support to boost adherence to treatment and their health outcome. The Integrated Biological and Behavioural Surveillance study for key populations was completed, which helped strengthen evidence for HIV programming in Chad. The Stigma Index was rolled out to inform initiatives towards addressing HIV-related stigma and discrimination in the country.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team conducted training for 50 young peer educators from girls' association in Bol province to increase their knowledge on prevention of HIV and sexually transmitted infections (STIs). These trained peer educators held 275 education sessions reaching 3827 young people in the province. At the same time, 856 adolescents and young peer educators from Amma, Bol, Diameron and Forkoloum were trained to improve their understanding on the use of U-Report—a messaging tool used to engage young people and gather their opinions on health and social services, including HIV, STI and COVID-19. In 2021, the peer educators reached out to 140 218 young people through U-Report, of whom 69 315 accessed HIV testing services.

The Joint Team procured and delivered 1 728 000 condoms to the Ministry of Public Health and National Solidarity for distribution through health facilities, nongovernmental organizations, and community associations.

In partnership with national and local radio stations, the Joint Team launched a multilingual radio campaign to increase access to accurate information on HIV prevention among key populations, including migrants and refugees. A total of 16 000 brochures and 450 posters on HIV prevention and testing were produced in Arabic, English, and French and distributed to key populations. In addition, 700 000 refugees and displaced people were sensitized on HIV, human rights, and social protection; and 898 awareness raising sessions reached 98 226 refugees on similar topics.

HIV TESTING AND TREATMENT

The Government was supported to develop the national Dolutegravir transition plan aimed at improving the health outcome of people living with HIV. Technical support was provided to train 409 healthcare workers and 128 community workers to improve their skills in the delivery of HIV testing and counselling, antiretroviral treatment dispensing, follow-up, and psychological support for people living with HIV in Lac, Logone Occidental, and Ndjamená.

In 2021, the Joint Team made significant contributions to expanding HIV testing and counselling services in Chad using various entry points, including index testing, antenatal care and nutrition services, as well as prisons, schools, and community outreach. As a result, 166 630 people, including women, children, prisoners, and refugees accessed HIV testing and counselling in various sites, of whom 2143 people tested positive for HIV and were enrolled on antiretroviral treatment. Additionally, the Joint Team supported awareness raising and HIV testing initiatives reaching 92 761 adolescents and young people, including teen mothers in Bongor, Doba, Kélo, Koumra, Lai, Moundou and people who tested HIV positive were enrolled on treatment.

Technical support was provided to train 50 women from community-based adolescent and young women groups to improve their leadership and communication skills and generate demand for HIV testing among their peers. These trained women conducted advocacy and awareness sessions that led to 5356 young people in Bagassola agreeing to take HIV testing, of whom seven tested HIV positive and were referred to ART services.

The Joint Team further scaled up HIV and hepatitis B and C testing services for 348 prisoners in the Bol, Doba, Koumra, Lai, Moundou, and Sarh prisons, of whom 24 tested positive for HIV and/or hepatitis and were linked to treatment services.

As a result of technical and financial assistance, viral load monitoring initiatives were rolled out in nine cities with high HIV prevalence, which recorded 13 720 people (out of 19 611 people living with HIV monitored) having achieved viral load suppression. Additionally, 6818 people living with HIV with detectable viral load were referred for clinical care and psychosocial support. These initiatives increased access to viral load testing in Chad—from 2% in 2020 to 14% in 2021 (2020-2021 PLSH report).

The Joint Team supported the implementation of a pilot differentiated care model for adolescents and young people living with HIV in Moundou and Ndjamená cities. This included training for 155 adolescents and young people living with HIV to improve their knowledge of STIs and HIV and 17 of the training participants were further coached to serve as peer educators. Differentiated appointment systems were also installed in four antiretroviral treatment sites to improve and harmonize appointments for adolescent and young people living with HIV.

Technical and financial support was provided to roll out a nutritional assessment among 1956 people living with HIV in Bagasola and Bol districts, of whom 1028 people were identified as malnourished and received cash transfers and nutrition education to support their adherence to treatment and improve their health outcomes.

PMTCT, EARLY INFANT DIAGNOSIS, AND INDEX CASE FINDING

To accelerate progress towards the 90-90-90 targets among adults and children, the Joint Team supported the Government in the development of a roadmap for viral load monitoring for adults ART services and a roadmap for point-of-care early infant diagnosis.

A total of 244 healthcare workers were trained on the delivery of services to prevent mother-to-child transmission of HIV (PMTCT) and other opportunistic infections, and paediatric care, through support from the Joint Team.

The Joint Team assisted in the implementation of a differentiated care model pilot project for PMTCT service clients in 15 healthcare sites in Ndjamena to provide various services, such as differentiated appointments and care packages. Furthermore, capacity building of 45 healthcare workers improved their understanding of the differentiated care model and supported implementation of the pilot project.

In Bol province, the Joint Team supported index testing and early infant diagnosis initiatives that helped to trace and provide HIV testing and counselling services for 2390 people, of whom 51 were diagnosed with HIV and subsequently enrolled on treatment.

The Joint Team conducted several meetings with 784 religious leaders and community-based organizations to mobilize support and increase uptake of PMTCT services. In collaboration with the Health District Management Team, monthly meetings were also organized to monitor the quality of HIV data and services.

INVESTMENT AND EFFICIENCY

The Joint Team provided technical support through various mechanisms to the development of a Global Fund grant application under the Second New Funding Model (NFM II, 2019- 2021) mobilizing Euro 55 million for the national HIV and tuberculosis responses. The Strategic Monitoring Committee of the High National Cooperation Council was supported to monitor and supervise the implementation of NFM II. The Joint Team took note of several issues, such as the inadequate quality of care, weak flow of funds between principal recipient and sub-recipients, stock out of commodities, and poor data quality. These findings were presented to the Country Coordinating Mechanism (CCM) for the purpose of identifying lessons learned to strengthen future Global Fund Grant applications and subsequent implementation.

To strengthen strategic information for the national HIV response, the Joint Team facilitated the roll out of the 2021 Integrated Biological and Behavioural Surveillance (IBBS) study among key populations, particularly female sex workers, prisoners, and gay men and other men who have sex with men. The study revealed an HIV prevalence of 13.7% among sex workers, 5.9% for men who have sex with men, and 5.2% among prisoners in Chad.

Additionally, the Stigma Index 2.0 study was conducted in 2021 to gather evidence on HIV-related stigma and discrimination and inform advocacy and HIV programming. Results showed a decrease in HIV-related stigma and discrimination: 14.8% of participants living with HIV declared having experienced stigma or discrimination from their family because of their HIV status in the past 12 months, against 56.2% in 2013; 10.3% of respondents living with HIV experienced stigma from health care workers in the past 12 months.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Directly contributing to the Sustainable Development Goal (SDG 3) on good health and wellbeing, the Joint Team collaborated with other development partners to support the Government in scaling up access to ART, and social and psychological support to improve the health outcomes of people living with HIV, including children and adolescents, and reduce AIDS-related mortality. HIV prevention programmes and outreach initiatives were implemented to curb new HIV infection among high-risk populations, including refugees and displaced

persons. Capacity building and procurement of technologies enabled to improve strategic information for HIV programming. Technical and financial support helped to strengthen the COVID-19 response and curb its socioeconomic impact in Chad.

As a direct contribution to SDG 1 on ending poverty, the Joint Team also implemented various social protection and capacity building initiatives aimed at empowering people living with HIV to improve their food security, nutritional status, and their livelihood. In line with SDG 10 (Reduced inequalities), the Joint Team supported networks of people living with HIV and key populations ensuring their participation in critical planning and resource mobilization processes. Technical and financial contributions were made to promote the Law 019 that protects the rights of people living with HIV, including advocacy for the removal of punitive laws towards key populations.

CHALLENGES AND LESSONS LEARNED

While access to viral load monitoring improved in Chad, tracking people living with HIV who have detectable viral loads remains a challenge. Weak laboratory, sample collection and transportation system for early infant diagnosis and viral load testing continue to impede access to these services and progress towards the 95-95-95 targets. Besides, poor coordination and management of the supply chain coupled with insufficient quantification of laboratory commodities led to frequent shortages of testing kits and reagents at peripheral level and overstocking at the central level. Collection, analysis, and reporting of HIV data remains weak, despite the recent progress made in strengthening strategic evidence for the HIV response.

Lack of adequate integration of HIV services into other healthcare services, such as PMTCT in maternal, newborn, and child health (MNCH) and nutrition services, remains a challenge in the HIV response. In addition, persistent stigma, discrimination, and unsupportive legal environment remain major predicaments to people from key populations in accessing HIV prevention, testing, treatment, and support services.

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