

DJIBOUTI

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, WHO, UNAIDS SECRETARIAT, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

Despite the COVID-19 pandemic, the Joint Team made significant contributions to ensure the continuity of HIV services in Djibouti. Awareness raising campaigns were conducted to sensitise young people, clients of sex workers and dockers on HIV prevention while HIV testing and counselling services were extended to these groups. The Joint Team established 44 health kiosks nationwide to improve access to sexually transmitted infections, including HIV services and prevention commodities among key populations. In addition, a mapping of key populations was completed in Djibouti City to scale up targeted and stigma-free HIV programming. The Government was supported to include community-based testing, HIV self-testing, and pre-exposure prophylaxis (PrEP) services in the national HIV testing and counselling policies and strategies; and implement Dolutegravir-based antiretroviral treatment regimen for people living with HIV. Healthcare providers were also trained to improve their skills of clinical management of HIV cases and improve the overall health outcomes of people living with HIV. The Joint Team supported the Government's efforts to assess the food security, nutritional and socioeconomic status of people living with HIV and people who are enrolled on tuberculosis directly observed therapy in Djibouti City. People living with HIV were also provided with vouchers to cover their food expenses and supported to register on the national family solidarity programme to overcome the impacts of the COVID-19 pandemic. The Joint Team further supported a formative situation assessment of the progress towards elimination of mother to child transmission of HIV and conducted several trainings to build capacity on the generation and analysis of strategic information on the HIV epidemic and response in Djibouti.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team provided technical assistance to the Government for the development of the national combination prevention strategy based on a holistic and complementary approach to behavioural, biomedical, and structural interventions. Adopted in December 2021, the strategy integrates primary HIV prevention and testing; harm reduction; antiretroviral medicine-based prevention, such as pre- and post-exposure prophylaxis, treatment as prevention, and prevention of mother-to-child transmission of HIV (PMTCT); and creation of an enabling environment for the provision of rights-based programmes and services.

The Ministry of Health in partnership with the Joint Team launched a ten-day campaign using mobile trucks to increase awareness about HIV prevention and scale up community-based HIV testing and counselling services for young people, dockers, and clients of sex workers who are at risk of acquiring HIV. The campaign reached 202 young people, 70 clients of sex workers, and 60 dockers of whom only one young person tested positive and was linked to a health facility.

With technical support from the Joint Team, the National AIDS Council signed a service delivery agreement with Autre Regard, a non-profit organization that works with key populations in Djibouti to provide various HIV-related services, including distribution of condoms, referrals to HIV testing and treatment services, data collection and analysis, HIV surveillance, and community sensitization services using the Global Fund grants.

During the COVID-19 pandemic, the Joint Team provided technical and financial support to establish 44 Health Kiosks in Djibouti city to ensure the continuity of HIV prevention, care and treatment, sexually transmitted infections (STIs), tuberculosis, and COVID-19 services. For instance, the kiosks were used to distribute and promote the consistent use of male and female condoms and lubricants among communities, especially female sex workers. The Joint Team also provided technical support to complete a mapping of key populations and their clusters in Djibouti City, to support the scaling up of targeted HIV programmes in these areas during the COVID-19 pandemic and minimize stigma and discrimination. Meanwhile, the Ministry of Health and the Joint Team launched a nationwide COVID-19 vaccination campaign targeting vulnerable and key populations. A total of 95 917 people, including people living with HIV were vaccinated in 2021.

HIV TESTING AND TREATMENT

The Joint Team continued to provide technical assistance for the implementation of the National HIV/AIDS Strategic Plan 2018-2022, including the revision of the strategy as well as monitoring and evaluations of the implementation process. In particular, technical and financial support were provided in 2020-2021 to expand HIV testing and treatment services in the country; over 8300 people received HIV testing and counselling services over the biennium, and 1826 people living with HIV were on antiretroviral treatment by end of 2021. The Government was also supported for the introduction of Dolutegravir-based antiretroviral treatment regimen in June 2021. By the end of 2021, 823 people living with HIV were transitioned to Dolutegravir-based first line treatment while 26 people living with HIV were moved to Dolutegravir-based second line regimen.

As a result of successful advocacy and technical support provided by the Joint Team, the Ministry of Health revised the national HIV testing and counselling policy and strategy to include community-based testing, HIV self-testing, and PrEP. The national HIV testing strategy now also includes effective interventions, such as integrated HIV, hepatitis, and syphilis rapid tests; expanding HIV, hepatitis, and syphilis screening and family testing services in antenatal care; strengthening HIV testing in voluntary testing centres; promoting community-based testing; and increasing access to HIV testing and counselling services among migrant and refugee populations.

SOCIAL PROTECTION

In 2021, the Joint Team in partnership with the Ministry of Health and the Ministry of Social Affairs and Solidarities conducted a food security, nutrition, and socioeconomic survey to assess the vulnerability of people living with HIV and people who are enrolled on tuberculosis directly observed therapy (DOTs) in the capital, Djibouti City. Results of the survey showed cross-cutting vulnerabilities among the two population groups with a high prevalence of both malnutrition and overnutrition, and precarious socioeconomic situations. These results will help close the gap in evidence and guide comprehensive and integrated HIV, tuberculosis, and nutrition programming in the country.

The Joint Team continued collaborating with the Ministry of Health and Ministry of Social Affairs and Solidarities to expand the HIV-sensitive social protection programmes in Djibouti. In 2021, a total of 300 households of people living with or affected by HIV received vouchers to help them cover their food expenses. The beneficiaries were also sensitized on nutrition and existing national social protection program, including the *Programme National de Solidarité Famille*. Through financial support, the Joint Team facilitated the registration of 264 households, including households of people living with HIV on the *Programme National de Solidarité Famille*.

STRATEGIC INFORMATION AND EFFICIENCY

The Ministry of Health was supported to improve collection, recording, and analysis of data on people living with HIV and monitoring of the treatment cascade to ensure effective quantification of antiretroviral treatment needs, avoid over and under stocking of medicines, and strengthen the national supply chain system. For instance, the Joint Team provided technical and financial assistance to install and operationalize District Health Information System 2 (DHIS2) and train 31 service providers from community health centres, hospitals, and the public sector on the use of the system.

The Joint Team also collaborated with the Ministry of Health to conduct a formative situation assessment of progress towards the elimination of mother-to-child transmission of HIV (EMTCT). The assessment gathered essential information needed to develop the national roadmap for EMTCT (planned for 2023) and improve access to quality comprehensive PMTCT services across the country. The assessment revealed that HIV testing services were not done properly by healthcare providers during antenatal care which might partially explain the steady decrease in HIV positivity rate among pregnant women in the last six years.

The Joint Team further facilitated a five-day training for 25 physicians to improve their skills on clinical management of HIV cases. An additional 4-day training was conducted for 32 physicians to build on previous training programmes on HIV management and provide an opportunity for more practical exercises and clinical case discussions. Additionally, the Joint Team procured GeneXpert machines to scale up monitoring of HIV drug resistance in hospitals and improve the quality of follow-up services among people living with HIV.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team continued to ensure that HIV remains a priority in the overall development agenda in the country, as well as in the *Plan National de Développement Sanitaire (PNDS) 2020-2024*, Djibouti's national health plan. The United Nations Development Assistance Framework (UNDAF) 2018-2022 was extended to over the 2022-2024 period, and the Joint Team supported networks of people living with HIV and key populations to actively participate in its review.

In 2020-2021, Djibouti continued to be heavily affected by HIV, malaria, tuberculosis, maternal and infant mortality, and by the COVID-19 pandemic due to inequalities in care, lack of healthcare facilities, water, and sanitation. Hence, the Joint Team continued supporting the Government's dedicated efforts to achieve Sustainable Development Goals (SDGs) 3 (Good Health and wellbeing) including universal access to health, and SDG 10 (Reduced inequalities). This included the financial support to the Ministry of Health to conduct a census and mapping study of civil society organizations working in the health sector in Djibouti City, towards scaling up community-led HIV, tuberculosis, and malaria programmes, and ensure the needs of people living with HIV and key populations are met.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic disrupted HIV services and programme implementation, including Joint Team activities aimed at supporting the national HIV response and continuity of services.

Scarcity of financial resources for the HIV programmes, especially among key populations continues to limit the scope and implementation of these programmes across Djibouti. The Joint Team continued to advocate and provide technical support to maintain and scale up these services through the Global Fund grants, which are currently limited to awareness creation and referral programmes.

Djibouti has never completed the Integrated Biological and Behavioural Surveillance (IBBS) study to estimate the size of vulnerable and key populations in the country which is critical to implementing an evidence-based HIV response.

Stigma and discrimination remain a key challenge in Djibouti and continue to impede access to HIV prevention and treatment services among vulnerable and key populations. In 2021, the Joint Programme supported the conduction of a qualitative survey to provide reliable evidence on stigma and discrimination, and advocated for Djibouti to join the Global Partnership for the Elimination of HIV-Related Stigma and Discrimination.

Enrolment of households of people living with HIV or affected by HIV in the social registry has been slow due to stigma and discrimination. Effective coordination among key stakeholders, including the Ministry of Health and the Ministry of Social Affairs and Solidarity, coupled with awareness raising efforts have gradually contributed to creating trust among beneficiaries. However, these efforts will have to be sustained moving forward to ensure that the structural drivers of the AIDS epidemic (including stigma and discrimination) do not negatively impact the positive gains in the HIV response.

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