

DJIBOUTI

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 2021, knowledge of HIV status among people living with HIV increased to at least 80%, with more than 90% on ART and 90% virally suppressed.	SLOW PROGRESS	In 2020, 34% of people living with HIV knew their HIV status; 43% of them were on treatment; and 34% of those on treatment achieved viral load suppression (GAM 2021).
By 2021, 70% of key and vulnerable populations are reached with HIV combination prevention with a reduction of 20% of the prevention gap.	ON TRACK	In 2020, 957 members of key populations (203 vulnerable young women, 522 female sex workers, and 232 sex worker clients) were reached with prevention activities.
By 2021, 60% of people living with HIV, key populations and vulnerable young women and girls enjoy stigma-free access to health and justice services.	ON TRACK	A stigma index survey is planned for 2021.
Country HIV response set on evidence-based strategic information.	ON TRACK	The National AIDS Programme submits timely Spectrum and GAM reports. The Joint Team has been supporting the Ministry of Health to put in place the DHIS2 health information management system, so that data can be collected in real time.

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

The Joint Team in Djibouti has supported the development of improved treatment regimens, ready for implementation in 2021, and testing and treatment in refugee villages has increased, as well as coverage of PMTCT services. Prevention coverage for young people has improved, especially through sexual and reproductive health campaigns (in- and out-of-school), and stigma and discrimination for people living with HIV have been tackled through community engagement and training for health-care workers. Plans to develop and implement a combination prevention strategy and implement PrEP and self-testing pilots will support the progress made this year, and an updated eMTCT strategy will further consolidate the work on PMTCT.

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CAPACITY BUILDING; TECHNICAL SUPPORT

The dolutegravir transition plan has been updated and is ready for implementation in 2021. The ARV management guide has been reviewed and updated, taking into account the 2018 WHO recommendations.

Within Ali Addeh and Holl-Hol refugee villages, 22 community health workers were employed to implement community service packages focused on community TB testing and awareness on community HIV testing. A GeneXpert machine was also made available to the Ali-Sabieh regional hospital to support TB and HIV testing services for refugees and host communities. 785 people (460 women and 365 men) were tested for HIV with two HIV-positive cases detected; 27 people were diagnosed with TB. Seven ex-TB patients and 13 health-care workers have also been trained on TB/HIV, addressing stigma, supporting adherence to treatment, and tracing loss-to-follow-up clients; of 41 HIV- and 27 TB-positive tests, only one person left treatment.

The prevention of mother-to-child transmission cascade was assessed and an action plan was developed to improve access to and the quality of comprehensive eMTCT services throughout the country. Capacity building was provided for 225 midwives, laboratory technicians and matrons on HIV diagnosis in pregnant women and early infant diagnosis. More than 520 parents were tested for HIV in three refugee camps, through antenatal clinic services, with no positive test results.

HIV PREVENTION

TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT; CAPACITY BUILDING

21 860 adolescents (12 770 out-of-school and 9 090 in-school) received education on HIV, sexual and reproductive health, and information about COVID-19 through a "life skills" approach to developing young people's knowledge and skills needed for healthy relationships and responsible decision-making. Further awareness-raising campaigns were conducted in Djibouti City, with the establishment of a youth brigade for the promotion of sexual and reproductive health for adolescents and young people (via distribution of 2,500 brochures and on social media networks), reaching 2,825 adolescents and young people. In addition, were carried out by peer educators from eight associations and one NGO, and a training session on sexual and reproductive health was delivered by peer educators to 160 girls, with a focus on HIV and STIs.

A roadmap for the introduction of PrEP has been developed and work is underway on the combination prevention strategy for 2021, which is focused on key populations. The Joint Team provided technical inputs and support for CSOs to reach 957 members of key populations (203 vulnerable young women, 522 female sex workers, and 232 sex worker clients) with prevention activities. Almost 900 HIV tests were conducted, with 87 people testing HIV-positive (3 of 199 vulnerable young women, 51 of 486 female sex workers and 33 of 211 sex worker clients); 65 of those individuals started HIV treatment.

GENDER-BASED VIOLENCE, STIGMA AND DISCRIMINATION CAPACITY BUILDING

In health facilities servicing refugee camps, 10 health-care workers and community protection workers benefited from training on human rights, including on stigma and discrimination, confidentiality and treatment follow-up, thereby supporting continuity of care. In partnership with the Ministry of Health and a network of people living with HIV, the training also covered clinical management of rape, with a focus on post-exposure management. Clinical guidelines were also updated.

In addition to community testing for HIV/TB, 22 community leaders also benefited from training on addressing stigma in Ali Addeh and Holl-Holl refugee villages. Other prevention activities among vulnerable populations included awareness-raising activities on HIV transmission and prevention to refugees and local communities, including the distribution of 3,226 condoms.

TOWARDS AN EVIDENCE-BASED RESPONSE TECHNICAL SUPPORT; CAPACITY BUILDING

The mid-term review of the national strategic plan was validated during a workshop with all stakeholders (including Government, donors and community organizations) and led to a set of recommendations to accelerate progress on increasing access to prevention and treatment, and reducing stigma and discrimination. Findings supported the development of an HIV, malaria and TB funding request (for 2021–2023, worth US\$ 10 896 526), identifying programmatic gaps and defining an updated strategic plan for the next two years, which was successfully submitted to the Global Fund. Implementation is ongoing.

Data quality supervision for HIV-positive pregnant women and HIV-exposed children was coupled with the PMTCT cascade evaluation. The database for monitoring pregnant women and exposed children was reviewed.

CONTRIBUTION TO THE COVID-19 RESPONSE

COVID-19 restrictions resulted in reduced ARV dispensing, follow-up biological tests, antenatal consultations and HIV testing for pregnant women, due to health restrictions in hospitals. Support was provided for various strategies to strengthen continuity of care for people living with HIV. Work with the Ministry of Health enabled people living with HIV to access MMD for ARVs. PMTCT for pregnant women, including support to the Mother and Child Health Department in conducting awareness-raising activities for women attending antenatal care clinics, was supported to limit the impact of COVID-19 on antenatal care and safely increase consultation rates.

Support was provided to reorient case management strategies and coordinate activities between National AIDS Programme managers and care providers, data management and virtual supervisions through online platforms. New indicators for monitoring HIV control activities were selected, regularly updated and adapted to the COVID-19 conditions. Capacity-strengthening was provided to ten CBOs working with people living with HIV, through a review of the DHIS framework, and practitioners were trained on indicator data collection.

Through support provided to the Ministry of Health, PPE was procured for health-care providers and community health workers, and training was given on infection prevention and control. Technical assistance was provided to develop communication materials for COVID-19 regarding health and transmission risk. Two ambulances, medicines, medical consumables, personal protective equipment and eight prefabricated tents were procured for refugees. Two isolation centres were set up in Ali Addeh and Holl-Holl, and COVID-19 mass screening was carried out, covering around 900 of the 1,000 people in the area. Forty health-care workers were trained to respond to COVID-19 in refugee settings.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In collaboration with the Ministry of Health and the Ministry of Solidarity, the Joint Team provided nutritional support to the households of people living with HIV; 150 ART clients were reached with individual food supplements to support treatment adherence. In addition, a cash-based transfer programme provided DJF10 000 (US\$ 56) to each household to purchase food. In the first month of the programme, 350 HIV-affected households benefited from the cash-based transfers, followed by 365 and 477 households in the second and third months. The programme represents a first step towards ensuring that people living with HIV and their families are fully integrated within national social protection. With the current available resources, the programme will assist 500 HIV-affected households for the duration of nine months.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>COVID-19 constraints restricted/delayed planned activities: some activities requiring technical assistance were not carried out due to travel restrictions and the difficulty in moving international consultants and experts to Djibouti; some community activities were postponed.</p>	<p>Support training for health-care providers in HIV case management, and the development of the national testing strategy focusing on voluntary counselling and testing.</p> <p>Assist the preparation of the PrEP and PEP combination prevention strategy guide, as well as develop and validate a combination prevention strategy; support implementation of PrEP pilot and self-testing in selected facilities in Djibouti City.</p> <p>Provide technical assistance to roll out a stigma index study and cascade analysis (especially the treatment component).</p>
<p>The priority activity of developing the eMTCT roadmap was delayed due to COVID-19.</p>	<p>Support updating the eMTCT five-year strategy, and build the capacity of health providers for HIV testing, paediatric HIV care, management of pregnant women and exposed children, including through trainings, data monitoring and supervision.</p>
<p>Limited capacity for management of input stocks is leading to frequent stock-outs.</p>	<p>Provide technical support to Ministry of Health to strengthen supply chain management.</p>

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