

ISLAMIC REPUBLIC OF IRAN

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In 2020-2021, the HIV response in the Islamic Republic of Iran was impacted by the COVID-19 pandemic which disrupted uptake and delivery of HIV services; and unilateral sanctions that threatened the availability of essential HIV commodities, notably rapid diagnostic kits, viral load testing kits, and certain antiretroviral medicines. In this view, the Joint Team strived to ensure continuity of services during the pandemic, mitigate some of the worst effects of the dual HIV/COVID-19 pandemic, and expedite implementation of HIV prevention, testing and treatment programmes. These included mobilization of multilateral resources for the COVID-19 response; procurement of antiretroviral medicine (ARVs), which enabled the Government to sustain treatment services for people living with HIV; and implementation of risk communication and community engagement initiatives reaching thousands of vulnerable people with accurate information on HIV and COVID-19 prevention, available services, and HIV-related stigma and discrimination reduction. In partnership with nongovernmental organisations (NGOs), personal protective equipment, online and SMS counselling and support services, and food baskets were also provided for people living with or affected by HIV to ensure continuity of services and adherence to treatment.

HIV TESTING AND TREATMENT

The Joint Team in the Islamic Republic of Iran provided significant support for the procurement and distribution of HIV and viral load testing commodities to scale up voluntary HIV counselling and testing (VCT) services in the country. A total of 400 000 HIV Diagnostic test kits, 200 000 HIV rapid and dual HIV/syphilis test kits, and other medical equipment were procured and distributed to support VCT services across the nation. Additionally, 30 polymerase chain reaction (PCR)/viral load, 12 cluster of differentiation 4 (CD4) count and 4 GeneXpert machines with 14 500 GeneXpert kits procured helping to maintain HIV services, especially for over 450 000 people from key populations in 2511 VCT service sites.

In 2020-2021, nearly 103 000 people who inject drugs, 51 000 women and 6300 men at high-risk and/or affected by HIV, 1100 transgender persons, and 318 000 prisoners accessed HIV prevention services while 52 000 people who inject drugs, 38 800 men and women at high-risk, 800 transgender persons, and 320 000 prisoners were able to know their HIV status through programmes directly or indirectly supported by the Joint Team. Similar support enabled 16 000 people living with HIV to access antiretroviral treatment and 90% of the 10 700 people living with HIV who were tested for viral load were able to achieve viral suppression in 2021.

Technical assistance for the adoption of revised lost-to-follow-up protocols further helped maintain the rate of retention in care at >90%.

The Joint Team contributed at various levels to the national COVID-19 response, mobilising resources and working with national partners to strengthen surveillance systems, bridge procurement gaps, and generally maintain essential health services for people living HIV in the country. In terms of strategic information and systems strengthening, technical support was provided for the revision of the National Pandemic Influenza/ COVID-19 Preparedness Plan; completion of rapid need assessment of NGOs working on HIV programmes in the context of COVID-19; rapid survey on the needs and experiences of 2100 people living with HIV during the COVID-19 pandemic; and national survey of prevalence of COVID-19 and its co-factors among people living with HIV; development of a community-based monitoring and evaluation framework for the HIV and COVID-19 responses; and training of 219 people living with HIV and representatives of civil society organization nationwide building their capacity on implementation of the framework.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

The Ministry of Health and Medical Education was supported to develop a model for enhancing access to prevention of mother-to-child transmission of HIV (PMTCT) services for hard-to-reach pregnant women, especially from vulnerable and key populations. The new model, which is anchored on community outreach, peer support, social marketing, and inter-sectoral coordination, was piloted in three provinces—Golestan, Lorestan, and Sistan and Baluchestan.

In collaboration with the Iranian Research Center for HIV/AIDS (IRCHA), a roadmap was also finalized to guide and accelerate progress towards the elimination of mother-to-child transmission of HIV (EMTCT) in Iran.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

Technical support was provided to carry out a survey on risk perception and determining factors of new HIV and other sexually transmitted infections (STIs) among more than 11 000 young people in 21 provinces. Initial findings underscored the need for increasing access to tailored intervention and accurate information among this group.

Thirty-eight capacity building workshops reached 1428 university teachers and students improving their knowledge on risky behaviours that increase their risk of HIV infections. More than 85 counsellors and peer educators serving vulnerable populations also received comprehensive training, including on reproductive health, prevention of HIV and STIs, life skills, mental health, partner engagement, and self-protection. Similarly, 596 HIV focal points from national and subnational partners were trained on innovated approaches to raise awareness among communities on HIV prevention and services, including for young people. Advanced training was also conducted for 30 adolescent counsellors, psychologists, and HIV and AIDS experts from nine medical universities in six provinces improving their knowledge on delivery of HIV prevention and care services.

The National AIDS Programme (NAP) was assisted to procure 59 mobile HIV service units to maintain HIV prevention, VCT, and harm reduction services for key populations during the COVID-19 pandemic. An estimated 1800 dignity kits were also distributed to 229 VCT and 40 Vulnerable Women's Centres (VWCs), and a refresher training was provided for staff members to scale up access to HIV and reproductive health services in these centres. Meanwhile, VCT providers were oriented on various issues including, prevention of burnout in the workplace; HIV, abuse, and violence prevention; reproductive health and life skills; and job creation. A programme monitoring and evaluation toolkit was updated; and VMC staff and supervisors were trained improving their skills on the implementation of the toolkit.

Technical and financial support was provided to seven adolescent wellbeing (AWB) clubs, which included the development of a training package and guidelines on psychological crisis interventions for at-risk adolescents, a protocol for legal capacity building for service providers, and staff training on a service package for STI prevention, care and management among adolescents using the club. AWB clubs outreach services were strengthened to reach more young people by procuring six prefabricated mobile units, four motorbikes and 21 000 HIV rapid test kits, as well as digital data collection systems, to increase the accessibility of youth-friendly services.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION

To address stigma and discrimination, technical and financial support was provided for the development of the ethical framework of the 5th National Strategic Plan, an anti-discrimination bylaw by the Ministry of Health, a Redxir stigma and discrimination gamification initiative by and for medical students, and the conducting of a study on the national charter of citizens' rights in the context of HIV, leading to a path for people living with HIV to enjoy their rights through existing citizen's rights clinics.

The Stigma Index 2.0 study was conducted in partnership with the Global Network of People Living with HIV (GNP+), Iranian Research Centre for HIV/AIDS (IRCHA), and networks of people living with HIV in Iran to identify and address various forms of stigma that limit access to services and adherence to treatment. While the results showed progress around data confidentiality and initiation of ART, it also revealed persistent cases of HIV-related stigma and discrimination in healthcare facilities and other community settings. Implementation of critical recommendations made therein is expected to help reducing stigma and discrimination.

The Joint Team mobilized US\$ 630 000 from the European Commission's Humanitarian Aid and Civil Protection department (ECHO) and implemented various initiatives to mitigate the impact of the COVID-19 pandemic among vulnerable populations, including people living with or affected by HIV. These included:

- 1) Implementation of the Risk Communication and Community Engagement (RCCE) for COVID-19 initiative reaching 270 000 vulnerable people in the 16 most affected provinces with information on HIV and COVID-19 prevention, continuity of HIV prevention and treatment services, treatment adherence, and prevention of stigma and discrimination during the COVID-19 pandemic. The beneficiaries included female-headed households, people using homeless shelters, street vendors, nomadic tribes, people with disability, and families supported by the national welfare system.
- 2) A 16-minute video animation series on COVID-19 and HIV reached more than 15 200 viewers with messages on HIV and COVID-19 prevention, continuity of HIV prevention and treatment services, treatment adherence, and prevention of stigma and discrimination during the COVID-19 pandemic messages.
- 3) Procurement of 1.8 million masks, 2 million gloves, and 61 500 liters of hand and surface sanitizers which were distributed to 680 CSOs benefiting 84 454 people across the country. A total of 1 161 000 Vonavir® and Truvada® tablets were also procured for NAP which enabled the country to provide treatment for 10 222 people living with HIV for 268 days.
- 4) Financial assistance was provided for 10 NGOs to provide personal protective equipment, food baskets, online and SMS counselling and support services, training of frontline community health workers, and home-based childcare services from 14 300 people in Alborz, Kermanshah, and Tehran provinces.

HIV AND HEALTH SERVICES INTEGRATION AND SUSTAINABILITY

The Joint Team made a technical contribution towards a multi-stakeholder review of the 4th National Strategic Plan for Prevention of HIV/AIDS 2016-2020 (NSP4) and development of the 5th NSP 2021-2025 (NSP5). Concerted advocacy resulted in the inclusion of communication and advocacy as pillars of the NSP5. Various strategies were also developed to support implementation of the NSP5, including the communication strategy, PrEP and condom programming roadmaps, and VCT strategy using the Goals Testing Model.

To improve the quality of strategic information and smart investment for the national response, technical assistance was provided to update the HIV Investment Case by and through revising national HIV estimates; size estimations of key populations; impact evaluations of the HIV services among vulnerable women; a formative evaluation of services for vulnerable men; cost-effectiveness of harm reduction services; assessment of ART service delivery among people living with HIV in closed settings; and evaluation of HIV prevention, care and treatment services in prisons.

As a result of technical support provided to the Ministry of Health and Medical Education, HIV prevention services were integrated into existing HIV programmes in VCT centres to bridge the service gap for adolescents living with or affected by HIV and their families. Eight trained adolescent counsellors from AWBCs were deployed to provide HIV prevention and mental health and psychosocial support (MHPSS) services in VCT centres in six provinces.

The Global Fund grant proposal for the 2021-2024 period and Global Fund COVID-19 Response Mechanism funding request were completed mobilizing a total of US\$ 7.55 million to sustain the national HIV and COVID-19 responses.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

As a member of the Global HIV Prevention Coalition, Iran was supported to continue implementing the HIV Prevention 2020 Road Map to expand combination prevention services in the country. Several components, such as implementation of online counselling and safe outreach initiatives were also added across all five pillars of the Road Map for continuity of services during the COVID-19 pandemic—contributing to Sustainable Development Goals (SDGs) 3, 5, 10 and 17.

Under the Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination, the Joint Team made significant contributions to reduce stigma and discrimination in the three priority areas—communities, healthcare settings, and emergency and humanitarian settings. These include technical assistance and advocacy for the development and dissemination of the anti-discrimination bylaw, prohibition of all forms of HIV-related discrimination in healthcare settings, and the incorporation of a stigma and discrimination module in the national HIV surveillance system, in line with SDGs 3, 5, 10, and 16.

CHALLENGES AND LESSONS LEARNED

The Joint Team's contribution improved the resilience of the national HIV response, impacted by both the COVID-19 pandemic and the economic downturn. Unilateral sanctions coupled with logistical restrictions and price increases continued to pose challenges in programme implementation. Consorted effort remains crucial to guarantee timely and more streamlined procurement of essential HIV medicines and commodities.

In 2020-2021, the Joint Team in collaboration with the NAP made significant efforts to address arising programmatic challenges and ensure continuity of adolescent-friendly HIV services, including integration of these services into the existing VCT service sites. Other challenges included stigma and discrimination in humanitarian and community settings, inadequate mapping of the epidemic among all key populations, limited access to tailored services and a range of novel HIV testing services, including HIV self-testing.

Lessons learned underscore the need to ensure continued implementation of national HIV goals and strategies and to position HIV and AIDS as a priority and prominent component of the new United Nations Sustainable Development Cooperation Framework (UNSDCF), which will drive the Joint Team's work from 2023. It remains vital to support active participation of communities in the planning, implementation, monitoring, and evaluation of HIV programmes and ensure implementation of anti-discrimination bylaw in healthcare settings as well as the scaling-up of PMTCT services in primary healthcare and monitoring of progress towards EMTCT.

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