

# NIGER

*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
Treatment cascade has increased from 70% in 2018 to 90% for testing, from 90% to 95% for treatment and from 72% to 90% for viral load suppression.	<b>SLOW PROGRESS</b>	By the end of 2020, an estimated 70% of the people living with HIV in Niger knew their HIV status, of whom 95% accessed treatment, and 79% of those enrolled on treatment achieved viral suppression (GAM 2021).
HIV prevention programme coverage among key populations and young people has increased by 30% compared to 2018 through the provision of integrated services.	<b>ACHIEVED</b>	HIV prevention service coverage among young people and key populations increased by more than 70% between 2018 and 2021 (WFP report, 2020).
Capacity of service providers, people living with HIV, key populations, and marginalized groups, including refugees, internally displaced people, and people in closed settings, is strengthened to prevent and respond to all forms of stigma and discrimination.	<b>ON TRACK</b>	The Joint Team supported training of 327 healthcare providers, people living with HIV, key populations, and other key HIV actors, such as community and social workers, in three priority regions improving their skillsets on stigma and discrimination reduction mechanisms.

### JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, WHO, UNAIDS SECRETARIAT, IOM, UNECA

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

*In Niger, the UN Joint Team continued to provide technical and financial support to scale up community-led and people-centred HIV testing, prevention, and treatment services for young people, women, and key populations. Multi-month antiretroviral treatment (ART) dispensing programmes were implemented ensuring access and continuity of treatment for people living with HIV during the COVID-19 pandemic. Domestic workers, teachers, health workers, young people, people living with HIV and people from key populations built their capacities around HIV prevention, sexual reproductive health, service provision, and community engagement. In 2020, a national action plan was initiated to further guide efforts towards elimination of stigma and discrimination against people living with HIV and key populations in the country.*

### 90-90-90

#### ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

The Joint Team provided technical support for the implementation of the differentiated care and treatment model, including task-shifting and ‘demedicalization’ approaches, through active engagement of networks of people living with HIV and civil society organization, and thus contributing to the acceleration of HIV testing, treatment, and support services in Niger. Intense advocacy resulted in the adoption and implementation of a multi-month dispensing (MMD) programme providing six-month of ART for more than 12 000 eligible people living with HIV, which is around 60% of all people living with HIV enrolled on treatment, during the COVID-19 pandemic.

Technical support for the ‘demedicalization’ pilot project—promoting a paradigm shift from a disease-focused to a people-centred approach—in Niamey resulted in 5447 people, including key populations accessing HIV testing and counselling (HTC) services where 137 people tested positive for HIV and 115 of those who tested positive were started on ART.

The Joint Team provided support for 89 community mediators improving testing and treatment coverage among pregnant women living with HIV, including re-enrolment of women who were lost to follow-up. Training of 20 trainers on prevention of mother-to-child transmission of HIV (PMTCT) and option B+ services enabled 180 health workers to strengthen their capacity on PMTCT and early infant diagnosis (EID) in 36 targeted health centres in 3 priority regions.

The Joint Team supported the placement of one community mediator in 36 health centres to promote uptake of antenatal care services among pregnant women in their communities and support pregnant women living with HIV to adhere to PMTCT services. As a result, 16 607 pregnant women received prenatal consultations in these health centres in 2020. Around 11 429 pregnant women received voluntary HTC and out of the 110 women who tested positive for the virus, 107 were enrolled on ART. About 144 HIV-exposed infants, including 38 babies who tested positive for HIV received care, treatment, and follow-up services. 934 pregnant and breastfeeding women living with HIV received home visits and 548 pregnant and breastfeeding women living with HIV who were lost of follow-up were reached to continue the prenatal care.

As a result of technical support from the Joint Team, 17 new HIV and tuberculosis one-stop shops were established to expand care and treatment services, particularly among people living with HIV affected by co-infections—adding to the 17 existing shops in the country.

### HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

#### POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

The Joint Team supported several capacity building sessions for young people, domestic workers, teachers, and peer educators in Niamey city, and Tahoua and Zinder regions to promote HIV and sexually transmitted infections (STIs) prevention measures, encourage uptake of HIV and HTC services, improve peer education and communication skills, and elimination of stigma and discrimination. These training sessions reached 100 domestic workers, 10 secondary school peer educators in three municipalities, and 370 peer-educators (254 males

and 116 females), including teachers, domestic workers, youth peer educators, and community radio producers. As a result, 1980 outreach sessions were organized by peer educators reaching 30 757 persons and 19 community radios programmes were produced and aired reaching 350 000 people across the country. Through these outreach events, an estimated 165 people also received HTC of whom one person tested positive for HIV and was enrolled on treatment.

Additionally, Joint Team supported capacity building for peer educators improving their knowledge around HIV and sexual and reproductive health (SRH). The trained peer educators sensitized 7873 people in four priority regions via focus group discussions on these issues.

### **STIGMA AND DISCRIMINATION REDUCTION POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS**

The national stigma and discrimination action plan (2019-2020) was developed with significant support from the Joint Team to eliminate all forms of stigma and discrimination towards people living with HIV and key populations—implementation of the plan is underway in four priorities regions.

Capacity building was provided for 30 people living with HIV and members of key populations to expand their understanding around HIV policies and the HIV and AIDS law in Niger, which was revised in 2016 to overcome various HIV-related human rights issues, including disclosure of HIV status by healthcare providers. Another 32 representatives from networks of people living with HIV, key population groups, health providers, non-governmental organizations, and communities in 4 priority regions were also trained on the revised law to lead the collection of district-level data on community-led HIV prevention, testing, and treatment services and ensure integration of data from these services in the national health management information system.

### **CONTRIBUTION TO THE COVID-19 RESPONSE**

The Joint Team provided technical support to the National AIDS Commission to overcome the impact of COVID-19 pandemic, including the development and implementation of an HIV contingency plan to ensure continuity of services and support people living with HIV during the pandemic.

Support was provided for various sensitization campaigns improving knowledge of 2000 people living with HIV, people from key population groups, and leaders of networks of people living with HIV on COVID-19 infection prevention methods, adherence to HIV treatment, and peer support. An assessment on the HIV and social support services needs of the people living with HIV and key populations who attended the campaigns. Based on the findings of the study, the Joint Team successfully advocated for the implementation of 3-6 months MMD of antiretroviral medicines for eligible people living with HIV.

Around 3100 secondary and 607 primary beneficiaries from households of people living with HIV also received a US\$ 112 cash transfer over two months to minimize their vulnerability to socio-economic impact of the pandemic. The beneficiaries were selected based on several criteria, including loss of income, and households which have orphans and female household heads.

## CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team coordinates the UN HIV response as part of its contribution to the implementation of the United Nations Development Assistance Framework (UNDAF). The contribution to the national HIV response is assessed through joint missions such as in 2020 in the Maradi region to assess the progress made thanks to the acceleration of paediatric care project (PECP) initiated by the Joint Team.

Contributing to the achievement of SDG 2, the cash transfer operation towards people living with HIV, key populations and their families have significantly improved the life conditions during the COVID-19 pandemic. The Joint Team is leveraging the work of HIV partners for common synergy on further strengthening efforts for the social protection of people living with HIV. The capacities of civil society organizations are strengthened to support and fully play their role in this initiative, besides their key role in implementing the differentiated approach of screening, care, and treatment.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic constituted significant challenges in the provision of HIV services and programme implementation activities, including field missions, community mobilization, and workshops.</p>	<p>Coordinate with the Government for reprogramming or re-planning of HIV services, including integrated HIV and COVID-19 services and other programme support activities that were postponed or cancelled in 2020 due to the pandemic.</p> <p>Provide technical and financial support to decentralize or subcontract essential programme activities at regional- and district-levels.</p>
<p>Access to intra-family HIV testing service among people living with HIV and key populations remains a challenge to achieve the 90-90-90 objectives.</p>	<p>Support the Government to scale up differentiated approach, including HIV self-testing, family testing, and community screening services for people living with HIV and key populations to increase uptake of HIV testing and linkage to care for all family members.</p> <p>Promote sensitization and communication initiatives to better contribute to the expected results in terms of HIV testing.</p>
<p>Early infant diagnosis and viral load testing are not available in all HIV service sites in Niger. Specimens are sent to designated laboratories at district-, region- or national-level to be treated and returned to sites which pose logistical and financial challenges.</p>	<p>Provide technical support to develop and implement a simple operational strategy to improve the collection and transportation of samples to minimise the return time and logistical costs.</p>

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