

UNAIDS 2022

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# **SRA 1: HIV testing and treatment**

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**SRA report 2020-2021**



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## SRA 1: HIV testing and treatment



Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable, quality treatment

### Global overview

Eight countries achieved and 20 countries almost achieved the 90–90–90 targets for testing, treatment access and viral suppression of HIV at the end of 2020. While 37.7 million people globally were living with HIV in 2020, 28.2 million people were accessing antiretroviral therapy (ART) by June 2021. Considerable gaps remain and COVID-19 further slowed progress. Important disparities in treatment access persist, as only 54% of children (0–14 years-old) were receiving ART at the end of 2020. While more women than men were on treatment in 2020, AIDS remains one of the leading causes of death for women of reproductive age (15–49 years), particularly in sub-Saharan Africa. To reach the new global 95–95–95 targets, a redoubling of efforts is required to avoid the worst-case scenario of 7.7 million HIV-related deaths over the next 10 years. Legal and societal barriers, unequal gender norms, gender inequalities, including wide-spread violence against women, continue to undermine the progress.


Worldwide efforts continue to ensure that HIV treatment is guided by the best scientific evidence. By the end of 2021, 187 (96%) countries had adopted and were following the "treat all" recommendation. Those countries account for 99% of all people living with HIV. Seventy-two percent of countries had adopted and were implementing rapid ART initiation. Eighty-seven percent of low- and middle-income countries had adopted and were using the WHO preferred first-line treatment for all populations and 81% had adopted longer ART pick-up policies to maintain ART services during the COVID-19 pandemic. Paediatric dolutegravir is now being taken up and implemented in each of the 21 countries with a high burden of paediatric HIV.






### Joint Programme contribution towards achieving SRA 1



*UBRAF indicator progress*

STRATEGY RESULT AREA 1: TESTING AND TREATMENT								
Indicator 1.1: Percentage of countries with selected HIV testing services in place		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target— 90%	Status* 	54%	61%	59%	64%	68%	70%	



Measurements							
The country offers targeted testing services	97%	95%	97%	99%	98%	99%	↑
The country offers lay provider testing	86%	86%	86%	84%	87%	87%	→
Quality assurance (laboratory) of testing and retesting before ART initiation	92%	97%	94%	95%	92%	93%	↑
The country offers HIV partner notification services	64%	70%	69%	78%	82%	82%	↑
<p>The 2021 UBRAF target has been met, with all reporting countries (except one) offering targeted testing. The number of countries providing lay provider testing was sustained. Quality assurance of (re)testing has been maintained at a high level, as well. The biggest improvement has been in the number of countries offering partner notification, which is important for earlier HIV diagnosis, as well as prevention messages for serodiscordant partners. However, a number of countries are missing 1, 2 or 3 of the components (see different measurement questions), which in turn results in an overall lower achievement rate of 70%. This indicates that more work is needed to expand HIV testing.</p>							





Indicator 1.2: Percentage of countries adopting WHO HIV treatment guidelines		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target – 80%</b>	Status 	38%	53%	54%	61%	66%	66%	↑
Measurements								
"Treat all" policy is adopted		64%	80%	94%	93%	99%	99%	↑
The country has adopted task-shifting or task-sharing in the provision of ART		65%	69%	70%	76%	76%	77%	↑
Policies/strategies for ART retention and adherence in place		91%	94%	90%	95%	97%	98%	↑
A programme for nutritional support to people on ART is in place		74%	75%	69%	76%	83%	80%	↑
<p>The 2021 UBRAF target was met with significant improvements in various areas (see different measurement questions). The adoption of the WHO "treat all" policy has been adopted in all but one of the reporting countries and there is an increased number of countries where policies/strategies for ART retention and adherence are in place. Task-shifting has progressed more slowly. More countries now have a nutritional programme for people on ART. However, a number of countries are missing 1, 2 or 3 of those components, which in turn results in an overall lower achievement rate of 66%. This indicates that more work is needed in these countries to ensure ART access for all.</p>								







Indicator 1.3: Percentage of countries adopting quality health-care services for children and adolescents		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target – 90%</b>	<b>Status</b> 	51%	55%	55%	56%	59%	62%	
<b>Measurements</b>								
A strategy/measure to address loss-to-follow-up/adherence/retention issues for children and adolescents is in place		74%	78%	79%	82%	80%	83%	
Provider-initiated testing and counselling is available in all services for children under five <sup>1</sup>		78%	79%	80%	86%	87%	87%	
Strategies for identification of older children living with HIV, beyond the health sector, such as linkages with social protection (orphans and vulnerable children), are in place		61%	62%	64%	63%	66%	69%	
<p>The 2021 UBRAF target for this indicator was not met, although more countries now have a strategy/measure in place to address loss-to-follow-up/adherence/retention issues for children/adolescents. There has also been a steady increase in the number of countries implementing provider-initiated testing and counselling for children under five. However, little progress was made in terms of strategies to identify older children living with HIV beyond the health sector. With a significant number of countries missing 1, 2 or 3 of those components (see different measurement questions), the overall achievement rate is lower at only 62%.</p>								

Indicator 1.4: Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high-burden cities		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target— 90%</b>	<b>Status</b> 	21%	30%	33%	37%	45%	42%	

<sup>1</sup> “Not applicable” is a response option for this indicator measurement. “Not applicable” can be indicated if the epidemic is not generalized in a country. “Not applicable” responses are included in the numerator (with “yes” responses), as defined in the [UBRAF Indicator Guidance](#).









Measurements							
The country has identified high-burden cities	82%	84%	83%	86%	87%	90%	
Countries with high-burden cities							
	2016 [N=71]	2017 [N=73]	2018 [N=72]	2019 [N=75]	2020 [N=76]	2021 [N=78]	
All high-burden cities have developed a plan and allocated resources to achieve Fast-Track targets	21%	30%	33%	37%	45%	42%	
<p>There was an important increase in the number of countries reporting having identified high-burden cities and of high-burden cities and which have developed a plan and allocated resources for reaching the Fast-Track targets. By end-2021, 380 cities had joined the Fast-Track Cities network since the implementation of the joint UNAIDS–International Association of Providers of AIDS Care Fast-Track cities project began in 2018. The decrease seen for the development of plans and allocation of resources from 2020 to 2021 is primarily due to an increase in the number of high-burden cities.</p>							

Indicator 1.5a: Percentage of countries where HIV is integrated in national emergency preparedness and response and HIV integrated in country national plan		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—90%</b>	<b>Status</b> 	N/A	66%	66%	68%	72%	75%	
Measurements								
The country has a national emergency preparedness and response plan		N/A	68%	77%	78%	78%	79%	
○ HIV is integrated in the country's national emergency preparedness and response plans		N/A	66%	66%	68%	72%	75%	
<p>With the 2021 UBRAF target met, the number of countries with national emergency preparedness and response plans has steadily increased, as has the number of countries that integrate HIV in those plans.</p>								

Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies <sup>2</sup>		2016 [N=48]	2017 [N=46]	2018 [N=51]	2019 [N=59]	2020 [N=61]	2021 [N=62]	Progress 2016 to 2021
<b>2021 UBRAF target– –90%</b>	<b>Status</b>	<b>Refugees and asylum seekers</b>						
		85%	89%	80%	90%	93%	92%	
<b>Measurements</b>								
Refugees/asylum seekers are relevant in the context of the country epidemic		55% [N=48/87]	53% [N=46/87]	59% [N=51/87]	68% [N=59/87]	70% [N=61/87]	71% [N=62/87]	
○ HIV services for this key population		90%	93%	86%	93%	98%	97%	
○ Services (including PEP) for survivors of sexual and gender-based violence		90%	91%	90%	98%	95%	94%	
○ Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		92%	98%	98%	98%	100%	98%	
The 2021 UBRAF target has been met, with the share of countries offering HIV-related services for refugees and asylum seekers increasing from 85% in 2016 to 92% in 2021. The proportion of countries providing HIV-related services for refugees/asylum seekers is high, at 97%. The provision of basic HIV services has also been consistently high during the reporting period, with 98% of countries doing so in 2021.								

<sup>2</sup> “Not applicable” is a response option for this indicator measurement. “Not applicable” refers to the relevance of the population group for the epidemic in the country and to the entire package of services, as defined in the [UBRAF Indicator Guidance](#). “Not applicable” responses were excluded from the calculation.



Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=38]	2018 [N=42]	2019 [N=48]	2020 [N=51]	2021 [N=53]	Progress 2016 to 2021
2021 UBRAF target— 90%	Status	Internally displaced persons						
		78%	84%	79%	88%	86%	83%	
Measurements								
Internally displaced persons are relevant in the context of the country epidemic		46% [N=40/87]	44% [N=38/87]	48% [N=42/87]	55% [N=48/87]	59% [N=51/87]	61% [N=53/87]	
○ HIV services for this key population		93%	97%	86%	96%	94%	89%	
○ Services (including PEP) for survivors of sexual and gender-based violence		88%	89%	93%	94%	98%	98%	
○ Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		95%	97%	95%	96%	92%	92%	
<p>The 2021 UBRAF target was met and the number of countries providing HIV-related services to internally displaced persons has increased from 2016. The decrease from 2020 to 2021 can be attributed to the fact that, while the number of countries that offer all the services listed has remained the same, the number of countries in which this key population is relevant in the context of the country epidemic has increased (denominator). It is worth highlighting that 98% of reporting countries are providing these services to survivors of sexual and gender-based violence.</p>								
Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=37]	2018 [N=43]	2019 [N=46]	2020 [N=48]	2021 [N=51]	Progress 2016 to 2021
2021 UBRAF target— 90%	Status	People affected by humanitarian emergencies						
		73%	78%	72%	74%	79%	86%	

Measurements							
People affected by emergencies are relevant in the context of the country epidemic	46% [N=40/87]	43% [N=37/87]	49% [N=43/87]	53% [N=46/87]	55% [N=48/87]	59% [N=51/87]	↑
o Food and nutrition support (this may include cash transfers) is accessible to this key population	73%	78%	72%	74%	79%	88%	↑
Consistent progress has been made in making food and nutrition support adequate and accessible for people affected by emergencies, where relevant and based on HIV epidemiology, but global food needs are increasing.							
Indicator 1.6: Percentage of countries using a functional logistics management information system for forecasting and monitoring reproductive health commodities <sup>3</sup>							
	2016	2017	2018	2019	2020	2021	Progress 2016 to 2021
The logistical health supply chain management information system provides the following elements: - figures on the distribution of modern contraceptives (yes, no); - figures on the distribution of essential life-saving medicines (yes, no); - inventory and monthly consumption data (yes, no); information on stock at all levels of the supply chain (yes, no); - information on the expiry dates of all products (yes, no);	see information below <sup>4</sup>	32	35	41	36 <sup>5</sup>	47	n.a.*

<sup>3</sup> This indicator was revised and draws on the UNFPA output indicator 4.2 (*Number of countries using a functional logistics management information system, including “reaching the last mile”, for forecasting and monitoring essential medicines and supplies, including sexual and reproductive health commodities*), for which data are only available for a fraction of the 87 countries with functioning Joint Teams reporting on the UBRAF indicators.

<sup>4</sup> For 2016: 102 out of 125 countries using a functional logistics management information system for forecasting and monitoring reproductive health commodities (old indicator). The new indicator applies from 2017 onwards.

<sup>5</sup> Reduced due to the functionality of the systems with the pandemic

- information on number of users of each product (yes, no)							
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\* Past data are not comparable over time. Data are not available for some years due to (1) a revision of the UNFPA indicator, as part of its Strategic Plan 2018–2021 in 2017 to become: “Number of countries using a functional logistics management information system, including “reaching the last mile”, for forecasting and monitoring essential medicines and supplies, including sexual and reproductive health commodities”, which does not allow for comparison; and (2) the timeline of the report and required analysis time.

For 2016: 102 of 125 countries using a functional logistics management information system for forecasting and monitoring reproductive health commodities (old indicator). **The new indicator applies from 2017 onwards.**

Interpretation of 2021 data: The fact that only 65% of 125 reporting countries have a logistical health supply chain management information system with the critical components indicates that this is an area that requires additional investment.

### Top achievements in 2020–2021

*Essential HIV and health services sustained, and "treat all" policy implementation continued throughout the different stages of the COVID-19 pandemic*

In 2020–2021, which was marked by the COVID-19 pandemic, the Joint Programme focused on supporting countries to implement the WHO’s “treat all” policy, maintain essential HIV and health services, including HIV testing (including self-testing) and treatment, and scale up the use of point-of-care diagnostic platforms beyond early infant diagnosis and viral load monitoring for HIV. In collaboration with governments, communities and partners, including PEPFAR and the Global Fund, this helped mitigate some of the impact of the COVID-19 pandemic.

WHO provided virtual technical assistance and documented country progress on the uptake and implementation of HIV treatment policies across age groups. WHO also launched an updated version of the [Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring](#) in July 2021, which incorporates important treatment and care guidance established since 2016, as well as an expansion of key sections related to service delivery and comorbidities. WHO also developed the Global Health Sector Strategies on HIV, viral hepatitis and STIs 2022–2030, which are aligned with the Global AIDS Strategy, for consideration at the 75th World Health Assembly in 2022.

WHO continued to support the scale-up of HIV self-testing, with 48% of reporting countries (94/194) having established a self-testing policy as of June 2021 and 51% (48/94) routinely implementing it. WHO’s HIV self-testing work continued through the expanded STAR project in Africa and Asia (together with ILO, Jhpiego PATH and PSI), where a wide range of models have been developed and where information generated shows high acceptability, feasibility and effectiveness, along with linkage to treatment following testing. The ILO flagship VCT@WORK Initiative, implemented in over 20 countries, remains a priority for the ILO until 2030. An HIV self-testing initiative in 12 countries has enabled 92 000 workers to know their HIV status.

In several countries, cities played a leading role in developing new strategies to mitigate the impact of COVID-19 on HIV services. In 15 high-burden cities supported by USAID, communities and networks of people living with HIV were actively engaged in the response and in ensuring that HIV testing, treatment and care services continued to be provided during the COVID-19 pandemic. This included interventions such as multimonth dispensing of drugs, establishment of community ART groups, robust defaulter tracking mechanisms, and the use of digital technologies for communication.

During the COVID-19 pandemic, WHO and the UNAIDS Secretariat partnered with the Global Network of People Living with HIV (GNP+) to support evidence gathering, information sharing and advocacy on COVID-19 and its impact on diverse communities of people living with HIV. This resulted in an initiative called the VOICE+ App. A WHO publication highlighted examples of how to maintain services in the context of COVID-19.

In its role as interim principal recipient for the Global Fund, UNDP worked with national partners to provide 1.5 million people with ART and 8.6 million people with HIV counselling and testing for HIV, including key populations.

#### *Innovative and targeted HIV testing approaches introduced*

WHO, UNICEF and the UNAIDS Secretariat, together with PEPFAR, the Global Fund and other partners, supported countries in establishing enabling policies and scaling up differentiated HIV service delivery, including multimonth dispensing of ARVs and community-based and -initiated ART and HIV testing. During the COVID-19 pandemic, those efforts have helped reduce the burden on affected individuals, communities and health systems, as well as the scaling-up of person-centred and context-specific differentiated service delivery approaches and models, many of which were maintained subsequently.

At the ICASA conference in December 2021, the UNAIDS Secretariat together with WHO, Global Fund, International AIDS Society, ICAP/CQUIN and community and other civil society organizations issued a call to action to leave no one behind. They urged countries, donors and implementing partners to invest in and support wider implementation of differentiated service delivery in Africa. They also highlighted the importance of making those approaches community- and people-centred, context-specific and needs-responsive, and of strengthening critical health system enablers and the roles of people living with HIV and other community groups.

Examples of innovative approaches supported by the Joint Programme included UNDP's use of mobile teams to test and provide counselling to clients in Djibouti and Kyrgyzstan and support for the use of digital apps/platforms in Panama to engage key populations in HIV testing services. In Nigeria, the Saving One Million Lives Initiative, supported with US\$ 500 million in World Bank financing, included a focus on HIV counselling and testing and prevention of mother-to-child transmission (PMTCT) as part of combined package of services.

In Botswana, Burundi, Cameroon, Haiti, Kenya, Malawi, Mozambique, Papua New Guinea, South Africa, South Sudan, Uganda and Zimbabwe, UN Women and various partners worked to transform unequal gender norms and improve access to HIV testing and treatment adherence among women and men. Since 2019, UN Women's HeForShe community-based initiative in South Africa has engaged 148 700 people. Over half the participants accessed

HIV testing and those diagnosed with HIV infection were linked to HIV treatment and care. The approach has been replicated in Malawi and Zimbabwe. In Indonesia, UNODC supported the Directorate General of Corrections in developing a prison health information system, including a screening, testing and treatment programme for HIV, TB and sexually transmitted infections in prison settings, which benefitted almost 31 000 people in prison.

WHO and UN Women improved the uptake of cervical cancer screening, for example among rural women living with HIV in the United Republic of Tanzania, by mobilizing women community leaders. All women displaying early symptoms were linked to care.

#### *Renewed focus on service delivery for children*

In 2021, the Joint Programme renewed its focus on service delivery for children, notably through expanding the definition of differentiated service delivery models to include all children and the development and roll-out (in Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria and Uganda, with the support of partners) of the Paediatric Service Delivery Framework. The latter enables age-specific data analysis and mapping of specific service delivery gaps so that interventions can be optimized for children at different ages.

WHO hosted a joint adult and paediatric conference on ARV drug optimization (CADO-4 and PADO-5) in October 2021, revising the priority lists of antiretroviral (ARV) drugs and formulations to be developed and identifying the key research agenda in treatment optimization for children, adolescents and adults living with HIV. WHO updated the [AIDS Free Toolkit](#) and launched a technical brief, "[Safeguarding the future: giving priority to the needs of adolescent and young mothers living with HIV](#)", to help ensure that young mothers with HIV are not left behind in accessing testing and treatment.

UNICEF worked with governments and WHO to develop national guidelines to optimize treatment regimens for children living with HIV and provided ongoing support to procurement and commodity management modifications related to new recommended regimens. In 2020–2021, UNDP supported 55 countries in improving HIV and other health outcomes of adolescents and young people (including young key populations in Angola, Madagascar, Mozambique, Zambia and Zimbabwe).

#### *Access to medicines and commodities strengthened*

UNDP continues to work closely with the UNAIDS Secretariat and WHO on joint strategic approaches to increase access to medicines, including by serving as a founding and active member of the Working Group on Local Production for Diagnostics. In 2020, the Joint Programme helped countries to reprogramme US\$ 8.4 million from existing Global Fund grants in 10 countries and access US\$ 35.1 million in additional funding through the COVID-19 Response Mechanism, which was channelled through existing grants in 16 countries. UNDP also supported the procurement of essential health products, equipment and supplies for country responses to COVID-19 (worth US\$ 190 million).

WHO expanded its [Network of HIV Drug Resistance laboratories](#), with 56 countries implementing HIV drug resistance surveys through 2021. WHO launched the [2021 HIV drug resistance report](#), which showed substantial progress in the implementation of HIV drug resistance surveillance in low- and middle-income countries.

#### *Continuation of HIV services in humanitarian and emergency settings*

UNHCR supported integrated HIV and viral hepatitis services in refugee operations, in line with national strategies. These reached 19 941 people with hepatitis B testing in 2021 (3.4% of whom tested positive) and 12 248 people with hepatitis C testing (1.4% of whom tested positive). In 2021, UNFPA continued supporting projects for people living with HIV projects that provide positive health peer education service packages for people living with and affected by HIV.

During the biennium, UNHCR supported HIV-related activities in humanitarian settings in more than 48 countries. This included critical support to enable the continuation of HIV services for refugees, asylum seekers and other displaced populations during the COVID-19 pandemic. It also included support for HIV prevention, treatment and care services and the scaling-up of services for adolescents and young women, improvement of health and protection services for people who sell or exchange sex and strengthening of tuberculosis (TB) programming and linkages with HIV care. UNHCR continued its advocacy with national governments and donors, such as the Global Fund, to make services more inclusive and to provide affected populations access to HIV services on a par with those available to nationals.

WFP provided transfers in the form of in-kind, cash and vouchers to the most vulnerable people living with HIV and TB and their families in dozens of humanitarian, refugee and other fragile contexts. In response to the displacement of more than 750 000 people due to conflict in Mozambique's northern province of Cabo Delgado, WFP helped integrate prevention and treatment services with nutrition rehabilitation, food assistance and health services in 10 resettlement centres. The initiative has provided HIV and TB testing services to more than 10 000 people, approximately 2000 of whom tested HIV-positive (18%).

The World Bank supported access to essential health services, including HIV in numerous humanitarian settings. This included (e.g., a project in the Central African Republic which reached over 98 000 women with essential services for PMTCT, gender-based violence support and other needs. The World Bank funded major health system-strengthening operations to improve access to and the quality of health services.

## **Key challenges and lessons learned**

Based on the current trajectory, the world is not yet on-track to achieve the 2025 (95–95–95) targets. Despite ongoing progress in the uptake of major WHO testing and treatment policies, the implementation rate of these recommendations varies among countries and regions. Rapid treatment initiation; transition to preferred first-line ARV regimens; scaled-up people-centred differentiated service delivery for HIV testing, treatment, and care (including self-testing, multimonth dispensing of ARVs and other medicines for comorbidities, community-based

testing and ART); and improved access to viral load testing for treatment monitoring have to be accelerated in some countries, especially for children for whom suitable formulations are available.

COVID-19-related disruptions have had a significant impact on access to essential services, especially HIV testing. Challenges emerged or were exacerbated at all levels of HIV service delivery, along with increases in discrimination and human rights violations, resulting in increased inequalities and exclusion faced by key and vulnerable populations.

There is an urgent need to address the needs of children living with HIV. Despite global efforts to expand early infant diagnosis, challenges persist with respect to transportation and transmission of results to the point of service, resulting in significant delays in initiation of treatment. In 2021, a survey by the UNAIDS Secretariat, WHO and UNICEF identified the need to convene a new alliance of partners, including communities and partner countries, to end paediatric AIDS.

More than 90% of low- and middle-income countries have adopted multimonth dispensing of ARVs to mitigate the impact of treatment disruption. However, modelling studies suggest that the service disruption caused by the pandemic may yet result in an increase in AIDS mortality in next 1–2 years. The promotion of HIV self-testing kits to vulnerable workers in identified economic sectors provided opportunities to increase HIV testing during the pandemic. The expanded use of self-care interventions and digital health strategies helped maintain service access during the pandemic in some countries. WHO is documenting, reviewing and sharing the learning lessons from these adaptations for use in support of HIV services, including in the long-term.

Violence against women, which surged during the COVID-19 pandemic, and gender inequalities continue to hamper efforts to achieve the 95–95–95 targets. Power dynamics and unequal gender norms should be factored in across HIV prevention, treatment and care continuum to promote men's health-seeking behaviours and transform harmful social norms that affect women's access to services.

Countries need to adapt and expand access to the advanced HIV disease packages, and implement same-day ART initiation, TB prevention among people living with HIV and enhanced community support.

Integrating HIV into preparedness and emergency responses remains a challenge in many contexts, due to competing funding priorities, a lack of HIV and gender indicators in data collection systems, a disconnect between people in affected areas and decision-makers, a lack of agreed thresholds or action triggers, and inadequate coordination and human resources.





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