

# TOGO

Report prepared by the Joint UN Team on AIDS

## JOINT TEAM

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

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*To accelerate Togo's progress towards the 90-90-90 targets, the Joint Team provided technical and financial support for the implementation of HIV self-testing and index testing, Dolutegravir-based treatment regimen, and multimonth dispensing of antiretroviral treatment. Laboratory commodities were also procured to scale up viral load monitoring contributing to the more than 50% increase in viral load testing coverage in the country. The Joint Team continued to support the Government to scale up integrated prevention of mother-to-child transmission of HIV services. National HIV prevention policies were revised to include pre-exposure prophylaxis and HIV self-testing for key populations while training was conducted for healthcare providers and strategies were developed to support the implementation of PrEP in 15 pilot sites. Associations of people living with HIV were assisted to undertake community-led monitoring of HIV services and collect data on stigma and discrimination towards people living with HIV and key populations. The Stigma Index 2.0 study showed notable stigma and discrimination among people living with HIV and key population, including denial of services and unconsented disclosure of their HIV status. A series of workshops were held, and mass media programmes were launched to sensitize communities on the role of society in addressing gender-based violence. A national COVID-19 response plan was developed with close to US\$ 50 million budget to overcome the socioeconomic impacts of the pandemic.*

## HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team supported AV Jeunes, a youth organization promoting information and communication technologies and e-health initiatives, in the development of "e-Centre convivial", an application that provides health information and services for adolescents and young people. Assistance was also provided to develop reference manuals for users, and to build the capacity of telephone counsellors and services providers delivering services through this app. These efforts will help improve access to quality sexual and reproductive health, HIV, and sexually transmitted infections (STIs) information and services for adolescent and young people.

Technical support was provided to the Government for the revision of national policies and standards on HIV prevention and care services, which now include HIV self-testing and pre-exposure prophylaxis (PrEP) among key populations. The Joint Team in partnership with PEPFAR and Family Health International 360 also supported the development of a national

strategy and a technical guide for implementation of PrEP in Togo. Technical and financial assistance was provided to train healthcare providers and ensure the availability of antiretroviral medicines for PrEP services. By end of 2021, PrEP services were made available in 15 pilot sites.

### PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

The Joint Team continued to support the Government to improve access to integrated prevention of mother-to-child transmission of HIV (PMTCT) and paediatric HIV services including through the implementation of the United States President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP). As a result, antiretroviral treatment (ART) coverage among pregnant women living with HIV slightly improved from 64% in 2020 to 67% in 2021, however paediatric treatment coverage remains low at 48% in 2021.

### HIV TESTING AND TREATMENT, AND SOCIAL PROTECTION

The Joint Team supported the implementation of differentiated community-led HIV testing and counselling strategies, including HIV self-testing and index testing to improve HIV testing coverage in Togo. An HIV self-testing pilot was initiated in 32 sites in 2021.

While the COVID-19 pandemic led to multiple challenges, including stockout of ART medicines, the Joint Team reinforced the country's progress towards transitioning eligible people living with HIV to Dolutegravir-based treatment regimen and scaling up of 3-6 months multimonth dispensing (MMD) of ART. By the end of 2021, 97% of the eligible people living with HIV were transitioned to Dolutegravir-based treatment regimen (Rapport PNLS). Besides, stockouts of medicines and tests were avoided through technical assistance by the Joint Team to strengthen logistic pathways, and the direct procurement of antiretroviral medicines.

The Joint Team provided financial and technical assistance, including procurement of testing equipment and reagents, to improve access and quality of viral load testing services—the number of people living with HIV who accessed viral load testing services increased from 15.6% in 2019 to 75% in 2021 (Rapport PNLS 2021).

The Network of Associations for people living with HIV in Togo (RAS+ Togo) and Réseau Cupidon, a non-governmental organization working with the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community in Togo, were supported to implement community-led monitoring. The community-led monitoring seeks to strengthen systematic collection of data for monitoring of HIV treatment and cares services among people living with HIV and key populations; guide advocacy efforts; prevent arising bottlenecks, such as drug stockouts; and implement effective models, including differentiated service delivery of services.

As a result of technical and financial support, a situational analysis was conducted to evaluate the HIV and tuberculosis sensitivity of social protection programmes in Togo. The results showed that although significant efforts were made in recent years to strengthen social protection schemes, particularly during the COVID-19 pandemic, service coverage is still insufficient to meet the needs, and the general stigma and discrimination towards people living with HIV and tuberculosis hinder the sensitivity of programmes to HIV and tuberculosis. Findings also revealed that the lack of policy framework continues to impede coordination and coherence of these programmes. These results will be used to guide planning and implementation of social protection programmes that prioritizes people living with or affected by HIV and tuberculosis.

### GENDER-BASED VIOLENCE

The Joint Team in collaboration with the nongovernmental organization AGIR, launched various activities aimed at promoting sexual and reproductive health and rights and addressing gender-based violence (GBV) cases among vulnerable women, including women living with or affected by HIV during the COVID-19 pandemic. For example, a series of workshops on the role of civil society in eliminating GBV reached more than 30 000 people over the course of six months. Four radio and television programmes were developed with active involvement of 200 women and students from the commune Zio 2 to raise public awareness on prevention of GBV and COVID-19. Furthermore, the Mofiala web app was launched to improve reporting of GBV cases and access to clinical and psychological care among survivors of GBV.

### HUMAN RIGHTS, STIGMA, AND DISCRIMINATION

Thanks to technical support, the Stigma Index 2.0 study was completed in 2020 by RAS+ Togo. The results highlighted that 13% of the people living with HIV reported experiencing stigma and discrimination in the past 12 months, which is an important drop from the 37.9% found in the previous Stigma Index survey conducted in 2013. With regards to interactions with healthcare services, 3.9% of the people living with HIV reported denial of health services due to their HIV status and 10% said their HIV status was disclosed to others without their consent. Additionally, 12.5% of female sex workers, 27.2% of gay men and other men who have sex with men, and 30.6% of people who inject drugs reported avoiding healthcare services due to fear of stigma and discrimination. Findings were validated by all relevant stakeholders and disseminated in a press conference organized during the Zero Discrimination Day commemoration to raise public awareness.

The Joint Team supported a review of the legal framework and the human rights of people with HIV in Togo, which revealed the challenges people living with HIV face in accessing HIV services, and the laws that criminalize same sex relations, sex work and drug use. Results from the study will inform the development and implementation of the national human rights and gender action plan for 2022-2025 that seeks to address inequalities in Togo.

### INVESTMENT AND EFFICIENCY

The Government was supported to develop a socioeconomic response plan for 2020-2021 with US\$ 48.9 million budget to overcome the impact of the COVID-19 pandemic. The plan includes an initiative to ensure access to social protection benefits for vulnerable and key populations, including people living with HIV and people working in the informal sector. The support from the Joint Team entailed the reprogramming of funds for the development of joint projects and the mobilisation of resources. For instance, over US\$ 97.7 million were mobilized from the Global Fund to support the HIV, tuberculosis and malaria responses in 2021-2023, and an additional US\$ 26.1 million from the Global Fund COVID-19 Response Mechanism for the 2021-2023 period.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team in Togo contributed towards the 2030 Agenda through (i) capacity strengthening to respond better to the needs of key populations and vulnerable groups; (ii) implementing MMD and community-led distribution of ART to improve access to ART for people living with HIV; (iii) scaling up and improving paediatric HIV services; (iv) expanding HIV self-testing and PrEP services for key populations; and (v) improving community-led monitoring and evaluation activities. This will contribute to the realization of the targets included under the Strategic Priorities 3.3 and 3.4 of the United Nations Development Assistance Framework (UNDAF) 2019-2023.

Under the Delivering as One approach, the Joint Team continued to contribute towards strengthening community resilience, improving food security, and ensuring access to quality basic social services for all people. For instance, in 2020, efforts were made to support and expand the national school feeding programme, in parallel with other United Nations-led education initiatives. In particular, the Joint Team strongly supported the implementation of comprehensive sexual education and the prevention of gender-based violence in schools.

### CHALLENGES AND LESSONS LEARNED

Despite the significant efforts made to ensure the continuity of HIV prevention, treatment, and care services, the COVID-19 pandemic constrained access to these services among vulnerable and key populations. Togo experienced short-term shortages of some medications, particularly paediatric ART, due to disruptions in the global supply chain. Experiences underscored that swift mobilization of funds and procurement of supplies averted long-term stockout of supplies in the country.

Limited data on key populations continued to impede scale up of HIV services for this group. Lessons learned show the need to scale up HIV surveillance using unique identifier codes for people living with HIV; improve monitoring of the testing and treatment cascade, in particular among key populations; and establish a monitoring system to assess progress of the social protection programmes. There is a need to improve the social, policy and legal environments to promote access to HIV services for key populations and people living with HIV. Efforts should also be made to further expand community-led monitoring, strengthen the work on human rights and gender equality, and scale up interventions for adolescents and young people.

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