NATIONAL PROGRAMME ON HIV/AIDS PREVENTION IN THE REPUBLIC OF ARMENIA 2022-2026

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Ministry of Health
Republic of Armenia

Yerevan, December 2021

LIST OF ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral
CCM	Country Coordination Mechanism
CD4	Cluster of differentiation 4
CSO	Civil society organisation
DAA	Direct-acting antiviral
EMTCT	Elimination of mother-to-child transmission
FSW	Female sex worker
GVAC	Global Validation Advisory Committee
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Humane immunodeficiency virus
HIVST	HIV self-testing
IBBS	Integrated biological-behavioural surveillance
IEC	Information, education and communication
KP	Key population
LEA	Legal environment assessment
MIA	Ministry of Internal Affairs
MoESCS	Ministry of Education, Science, Culture and Sports
MOH	Ministry of Health
MOJ	Ministry of Justice
MSM	Men who have sex with men
NCAP	National Centre for AIDS Prevention
NCDC	National Centre for Disease Control
NCID	National Centre of Infectious Diseases
NGO	Non-governmental organisation
NIH	National Institute of Health
NSEP	Needle-and-syringe-exchange programme
OI	Opportunistic infection
PCP	Pneumocystis pneumonia
PEP	Post-exposure prophylaxis
PHC	Primary health care
PIT	Provider-initiated testing
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
PSM	Procurement and supply management
PWID	Person who injects drugs
STI	Sexually transmitted infection
SW	Sex worker
TA	Technical assistance
TB	Tuberculosis
TG	Transgender
TPT	Tuberculosis preventive treatment
UNAIDS	United Nations Joint Programme on AIDS
UNDP	United Nations Development Programme

USD	United States Dollar
VL	Viral load
WHO	World Health Organization

PART I

THE HIV EPIDEMIC IN ARMENIA

1.1 Overview of the HIV epidemic in Armenia: trends and current situation

Part I provides an overview of trends and the current HIV/AIDS situation in Armenia. The first HIV infection in Armenia was first registered in 1988. As of 30 June 2021, 33 years into the epidemic, *4,366 HIV cases* (3,029 males and 1,337 females) and *2,128 AIDS cases* had been officially *registered* in the Republic of Armenia[1]. The number of *registered deaths was 989*. The number of newly registered HIV cases in the first half of 2021 was 196 among the Armenian citizens.

Figure 1 shows the estimated number of new HIV infections from 2000 to 2019, which reveals an increasing trend from 2000 to 2004, followed by a steep decrease till approximately 2011, after which the decrease became more gradual.

Figure 1: Estimated number of new HIV infections, Armenia, 2000-2019 *(UNAIDS, 2020)*

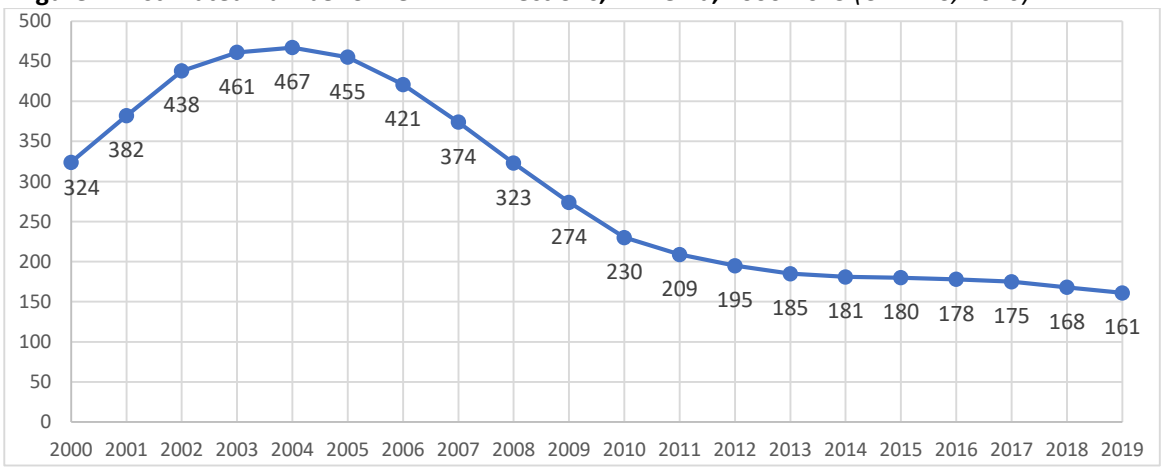


Figure 2 shows the estimated number of AIDS-related deaths in the same period, which shows a clear increase from 2000 to 2012, and a gradual decrease since then.

Figure 2: Estimated number of AIDS-related deaths, Armenia, 2000-2019 *(UNAIDS, 2020)*

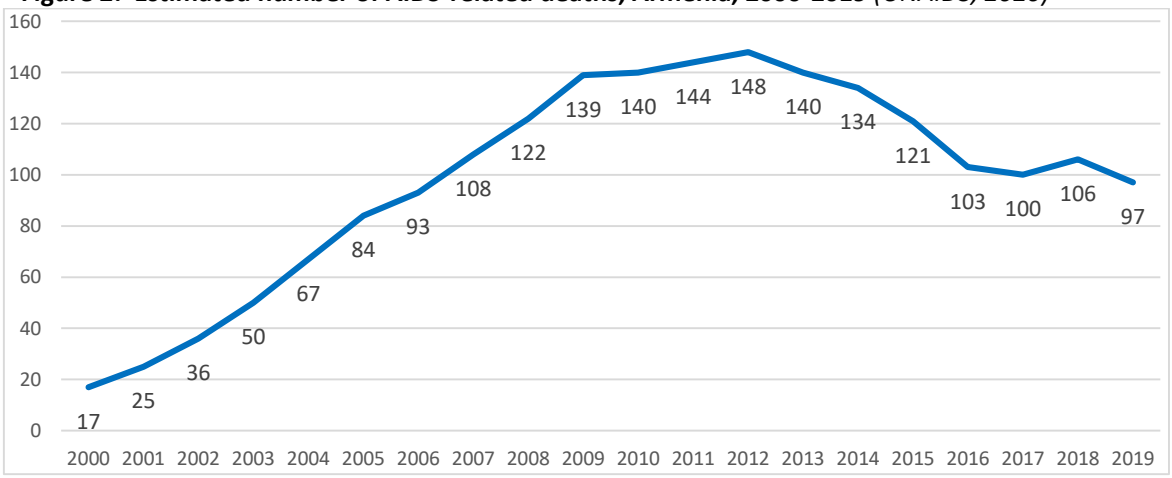


Figure 3 shows the distribution of transmission of registered HIV cases between 2004 and 2019. In the

[1] NCID data, 9 September 2021.

early years of the epidemic, unsafe injection among people who inject drugs (PWID) was responsible for two-thirds of all new HIV cases, while one-third of all cases was due to heterosexual contacts. Since 2005, however, heterosexual contacts became the dominant route of transmission, while the proportion of HIV infections due to injection drug use decreased rapidly, only representing 7.6% in 2019.

Figure 3: Proportional distribution of modes of transmission of registered HIV cases in Armenia, 2004 – October 2019 *(NCAP, 2019b)*

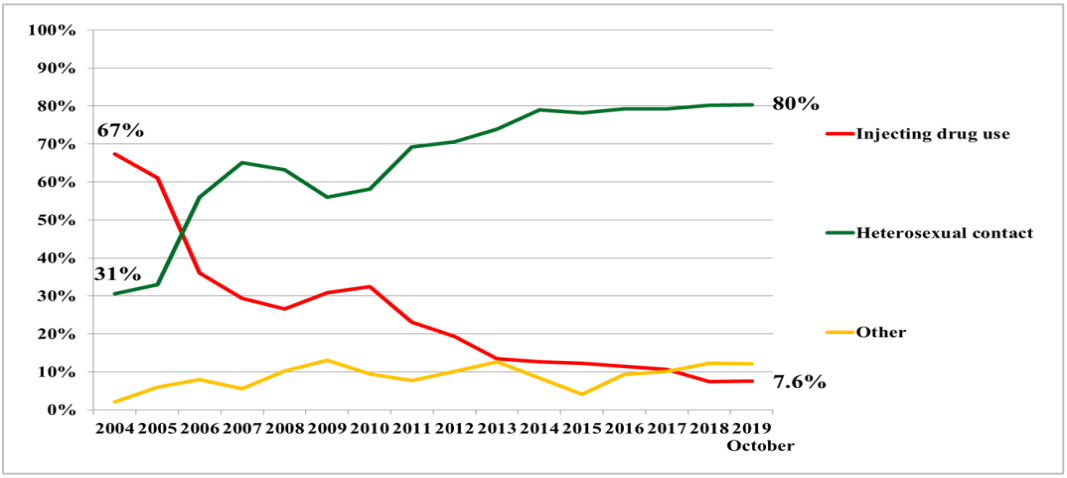


Table 1 gives a more detailed overview of the distribution of newly registered HIV cases by mode of transmission, in the period from 2010 to 2020. It shows a clear trend of a consistent increase of the proportion of HIV infection through *heterosexual* transmission, from 59.5% in 2010 to 81.6% in 2020. In the same period, the contribution of *injection drug use* steadily decreases, from one-third (33.8%) in 2010 to merely 5.7% in 2020. It also shows a remarkable increase of the proportion of HIV transmission through homo/bisexual contacts, from merely one case (0.7%) in 2010 to 49 cases (10.9%) in 2019; and 34 cases (9.2%) in 2020.

Table 1: Number of newly diagnosed people living with HIV by route of transmission, (number and proportion) 2010-2020 *(NCID, 2021b)*

Transmission	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Heterosexual	88	130	165	179	272	236	244	289	340	355	301
	59.5%	71.4%	72.4%	75.2%	81.4%	80.3%	80.5%	80.7%	79.3%	79.2%	81.6%
Homo/bisexual	1	4	5	13	10	12	17	17	43	49	34
	0,7%	2,2%	2,2%	5,5%	3,0%	4,1%	5,6%	4,7%	10,0%	10,9%	9,2%
Injecting drugs	50	42	46	33	42	37	35	40	34	38	21
	33,8%	23,1%	20,2%	13,9%	12,6%	12,6%	11,6%	11,2%	7,9%	8,5%	5,7%
Blood transfusion	1	0	1	0	0	0	0	0	0	1	0
	0.7%	0%	0.4%	0%	0%	0%	0%	0%	0%	0.2%	0%
MTCT	3	2	3	5	7	4	1	5	2	3	9
	2.0%	1.1%	1.3%	2.1%	2.1%	1.4%	0.3%	1.4%	0.5%	0.7%	2.4%
Unknown	5	4	8	8	3	5	6	7	10	2	4
	3.4%	2.2%	3.5%	3.4%	0.9%	1.7%	2.0%	2.0%	2.3%	0.4%	1.1%
Total	**148**	**182**	**228**	**238**	**334**	**294**	**303**	**358**	**429**	**448**	**369**

*The number of newborns in 2020 with positive EID is 1, the rest of the children are born in different years.

The true contribution of homo/bisexual contacts might be even higher, as HIV transmission through MSM contacts may be underreported due to stigma and fear of disclosure of being an MSM. The Table also shows that a small number of mother-to-child transmissions remains every year – with 9 cases (2.4%) in 2020, which underscores the importance of further strengthening mother-to-child transmission.

Figure 4 shows provides a graphic display of the trend in the number of *newly diagnosed HIV cases* between 2010 and 2020 *(also see Table 1 above).* It shows a clearly *increasing* number of newly diagnosed cases per year, with the decline in 2020 likely to be the result of a decrease in HIV testing due to the COVID-19 epidemic. When comparing the trend in figure 4 to the trend in figure 1 of a *decrease* in the *estimated* number of *new* HIV infections from 2000 to 2019 (based on Spectrum estimations), the most likely explanation is the fact that a considerable proportion of newly diagnosed HIV cases represent ***late diagnoses***, as will be discussed in more detail in section 2.3.2.

Figure 4: Number of newly diagnosed people living with HIV 2010-2020 *(NCID, 2021b)*

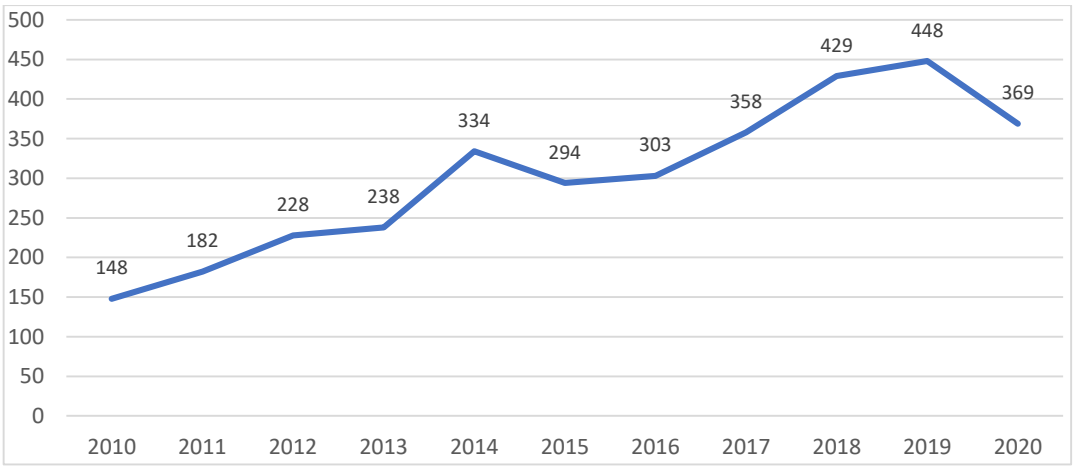
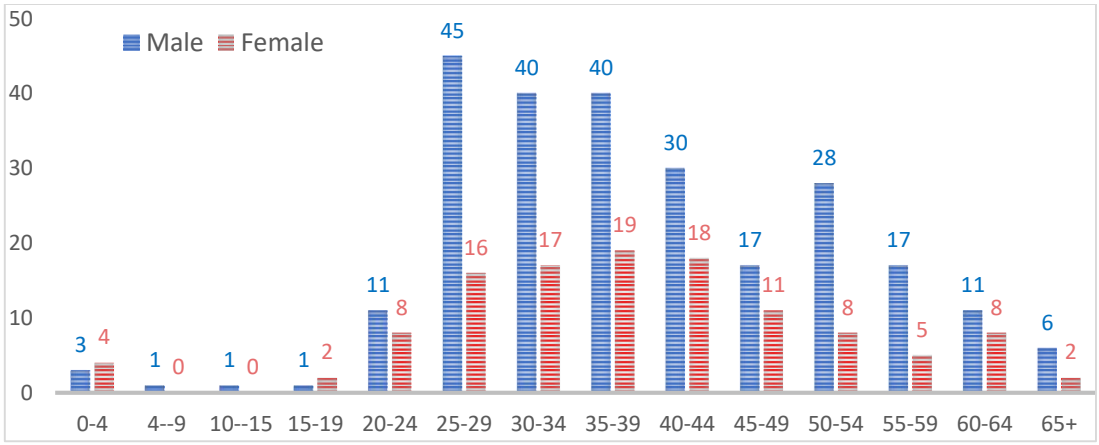


Figure 5 shows the total number of new HIV infections in Armenia in 2020, broken down by sex and age: 369 new HIV infections were registered, of which 251 were males and 118 were females. It shows that among men, most HIV cases were found in the range between 25 and 39 years (49.8%), while among women, most cases were found in the range between 30 and 44 years (45.8%).

Figure 5: Total number of registered new HIV infections, Armenia, 2020, by sex and age *(NCID, 2020)*



1.1.1 Hepatitis C coinfection

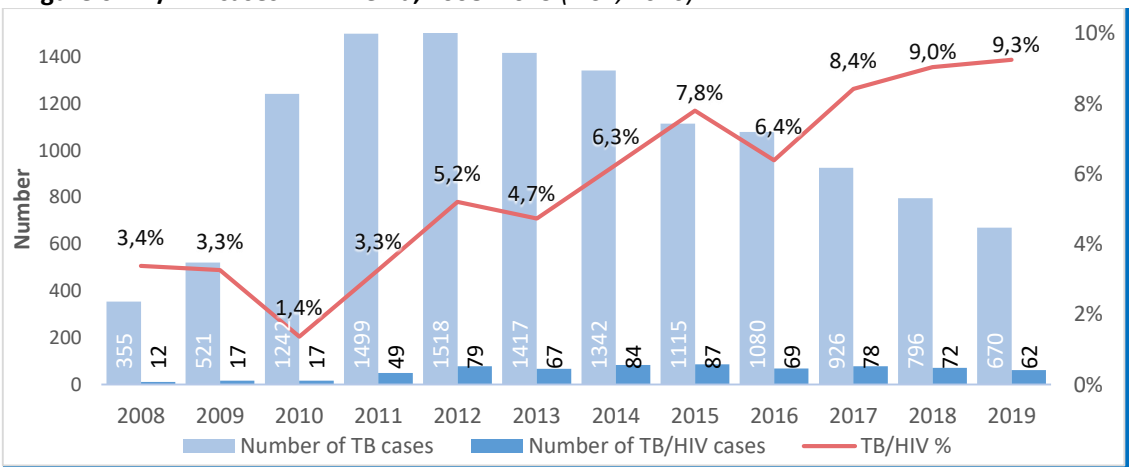
Table 2 (see above) shows overall low hepatitis C infection rates, except for PWID, who have a very high hepatitis C rate (37.6%). This, hepatitis C is particularly problematic among PWID, while it is considerable among MSM (5.6%).

In the period from 2018 to 2020, 52 people were diagnosed with hepatitis C among 1,246 PLHIV (4.2% co-infection rate). Almost half of these newly diagnosed cases of HIV/HCV coinfection (25 cases) were detected among PWID.

1.1.2 TB/HIV coinfection

Figure 6 shows the trend in the number of TB cases, TB/HIV coinfections and the proportion of TB/HIV coinfections from 2008 to 2019 *(Global Fund, 2020)*. The number of TB cases sharply increased between 2008 (n=355) and 2012 (n=1,518), after which it gradually decreased to 670 in 2019. While the number of TB cases decreased, the *number* of TB/HIV coinfections remained fairly stable since 2012. In consequence, the TB-HIV coinfection *rate* increased significantly from 2010 (1.4%) to 9.3% in 2019.

Figure 6: TB/HIV cases in Armenia, 2008–2019 *(NCP, 2020).*



In 2020, there were 50 cases of TB/HIV co-infection and 14 deaths registered *(Global Fund, 2020, p. 14)*. Currently, all new HIV diagnosed cases are screened for TB. In 2019, 12 people received TB preventive treatment (TPT). Among the 369 new HIV diagnoses, 35 people received both ART and TB treatment. All TB patients are tested for HIV once at the beginning of treatment, during their hospital stay. Those treated as outpatients are tested for HIV in TB cabinets within primary health-care (PHC) facilities. This allows for high coverage of HIV testing in people diagnosed with TB.

Figure 7: Proportion of HIV-positive cases among incident TB cases (%) and TB/HIV incidence per 100,000 population in Armenia, 2015-2020[2]

[2] Source: WHO Global TB Database, https://www.who.int/tb/country/data/download/en/, NTP (for 2020)

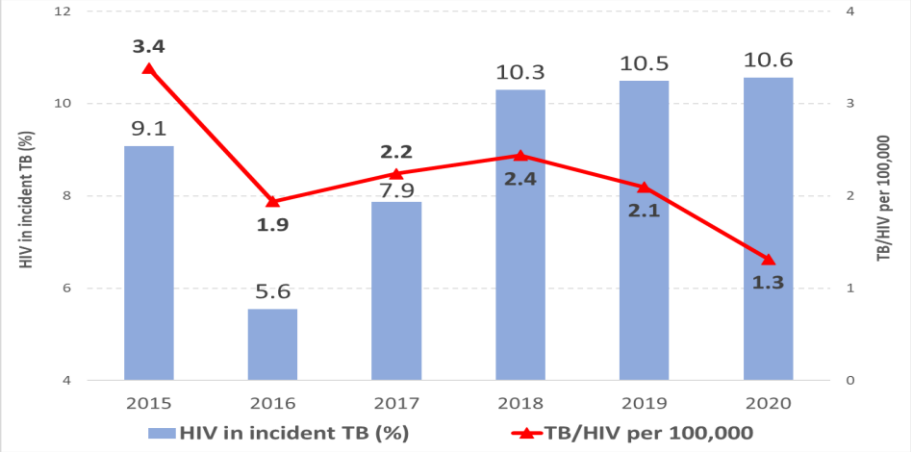


Figure 7 (above) shows the trends in the proportion of ***HIV cases among incident TB cases*** from 2015 to 2020. It reveals a small increase from 9.1% to 10.6% in 2020, with a significantly lower rate in 2016 (5.6%). Figure 7 also shows a ***declining trend in the TB-HIV coinfection rate*** from 2015 to 2020: from 3.4 per 100,000 in 2015, to 2.4 in 2018 and 1.3 in 2020. The ***registered TB/HIV mortality rate*** in Armenia decreased from 0.74 per 100,000 in 2017, to 0.47 per 100,000 in 2019 and 2020 *(NCP, 2020).*

PART II PRIORITY AREAS AND STRATEGIES OF THE NATIONAL PROGRAMME ON HIV/AIDS PREVENTION, 2022-2026

The Armenian national response to HIV and AIDS started with the advent of the HIV to the country in the 1990s. Since then, the *National Programme on HIV/AIDS Prevention* has been constantly evolving, expanding the scope and coverage of its programmes and services, ensuring that interventions are evidence-informed, and respond to the needs of those most at risk of HIV and/or in need of prevention, treatment and care services.

Key populations in the context of HIV/AIDS are those that experience a high epidemiological impact, combined with reduced access to services and/or being criminalised or otherwise marginalised[3]. Epidemiological evidence, results from integrated biological and behavioural research (IBBS 2018[4]), as well as programmatic data show that key populations (KPs) – *including people who inject drugs (PWID), female sex workers (FSWs) and their clients, men who have sex with men (MSM), transgender (TG) women, prison inmates and labour migrants* are at a considerably ***higher risk for HIV infection*** than the general population, due to a combination of biological, socioeconomic and structural factors. In addition, they have significantly ***lower access to relevant services*** than the rest of the population: hence special efforts and strategic investments are needed to strengthen coverage, equity and accessibility of HIV-related services. Furthermore, KPs may face human rights violations, social and economic marginalisation and criminalisation, which increases their vulnerability and risk and reduces access to essential services. In this regard, the NSP 2022-2026 will give priority to these KPs.

The *National Programme on HIV/AIDS Prevention 2022-2026* is a ***continuation*** of the current and previous national programmes, in that it aims to address the key priority challenges that emerge constantly in terms of service delivery (prevention, testing, treatment) and enabling social, legal and policy environments. On the other hand, the new national programme also aims to expand programmes and services to ***address new, emerging challenges***, or introduce or scale up innovative approaches, such as PrEP, HIV self-testing, dedicated services for transgender people, or innovative approaches in response to the challenges of COVID-19.

2.1 Alignment of the National HIV/AIDS Programme 2022-2026 with global and regional policies and strategies

2.1.1 Alignment with global and regional HIV Strategies

In the same context, the *National HIV/AIDS Programme 2022-2026* builds on the same principles, as well as shares the priorities of ***global, regional and national strategies and action plans*** on HIV/AIDS, TB, viral hepatitis and STIs, including: *1) Global AIDS Strategy 2021–2026 "End Inequalities. End AIDS" (UNAIDS, 2021a); 2) Political Declaration on HIV and AIDS 2021 (UNAIDS, 2021b);* and 3) the World Health Organization's *2022–2030 European Regional Action Plans for HIV, Viral Hepatitis and Sexually Transmitted Infections (WHO, 2021).*

Alignment with the Global AIDS Strategy 2021-2026 – In this regard, the *National HIV/AIDS Programme 2022-2026* subscribes to the 2025 HIV targets for reducing inequalities, placing PLHIV and communities at risk at the centre *(UNAIDS, 2021a):*

[3] The Global Fund (2017). *HIV Surveillance Options for Key and Vulnerable Populations in Global Fund Grants; Guidance Note; 15 June 2017*. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria.

[4] Ministry of Health of Armenia (2018). *Integrated Biological-Behavioural Surveillance Survey among People who Inject Drugs, Female Sex Workers, Men who Have Sex with Men and Transgender Persons, 2018.* Yerevan; Ministry of Health of Armenia.

2025 Targets for reducing inequalities:

- Less than 10% of PLHIV and key populations experience stigma and discrimination
- Less than 10% of PLHIV, women and girls and key populations experience gender-based inequalities and gender-based violence
- Less than 10% of countries have punitive laws and policies
- 95% of people at risk of HIV use combination prevention
- 95-95-95% HIV treatment
- 95% of women access sexual and reproductive health services
- 95% coverage of services for eliminating vertical transmission
- 90% of PLHIV receive preventive treatment for TB
- 90% of PLHIV and people at risk are linked to other integrated health services

In addition, the priority strategies and activities of the *National HIV/AIDS Programme 2022-2026* are closely linked to the ***three strategic priorities*** of the ***Global AIDS Strategy 2021–2026*** *(UNAIDS, 2021a, p. 14):* 1) Maximise equitable and equal access to HIV services and solutions; 2) Break down barriers to achieving HIV outcomes; and 3) Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.

In this context, four priority areas and associated priority strategies of the *National HIV/AIDS Programme 2022-2026* (NHAP 2022-2026) *(see below)* are closely linked to the ***10 result areas and five cross-cutting issues*** of the *Global AIDS Strategy 2021–2026 (UNAIDS, 2021a, pp. 14-15)*, as described below:

1. ***Primary HIV prevention*** for key populations, adolescents and other priority populations, including adolescents and young women and men in locations with high HIV incidence *(see NHAP 2022-2026 Priority Area 1)*
2. Adolescents, youth and adults living with HIV, especially key populations and other priority populations, ***know their status*** and are ***immediately offered and retained in quality, integrated HIV treatment and care*** that optimise health and well-being *(see NHAP 2022-2026 Priority Area 2)*
3. ***Tailored, integrated and differentiated vertical transmission and paediatric service delivery for women and children***, particularly for adolescent girls and young women in locations with high HIV incidence *(see NHAP 2022-2026 Priority Strategy 1.7 on EMTCT)*
4. ***Fully recognised, empowered, resourced and integrated community-led HIV responses*** for a transformative and sustainable HIV response *(see NHAP 2022-2026 Priority Strategy 3.1, which focuses on empowering civil society)*
5. PLHIV, key populations and people at risk of HIV ***enjoy human rights, equality and dignity, free of stigma and discrimination*** *(see NHAP 2022-2026 Priority Strategies 3.2 and 3.3, which focus on creating enabling legal and community environments)*
6. Women and girls, men and boys, in all their diversity, practice and ***promote gender-equitable social norms and gender equality***, and work together to end gender-based violence and to mitigate the risk and impact of HIV *(gender equality is a cross-cutting priority of the NHAP 2022-2026, as evidenced by the special attention for gender identity of sexual minorities and differential needs for females and males among key populations)*
7. ***Young people fully empowered and resourced*** to set new direction for the HIV response and unlock the progress needed to end inequalities and end AIDS *(see NHAP 2022-2026 Objective 1, with strong focus on young people among key and other vulnerable populations)*
8. ***Fully funded and efficient HIV response*** implemented to achieve the 2025 targets *(see NHAP 2022-2026 Priority Strategy 3.2, which focuses on sustainable State funding)*
9. ***Systems for health and social protection*** schemes that support wellness, livelihood, and enabling environments for people living with, at risk of, or affected by HIV to reduce inequalities and allow

them to live and thrive *(see NHAP 2022-2026 Priority Strategy 2.3 which focuses on care and support for PLHIV, and Priority Strategy 3.3, which aims to strengthen supportive community environments)*

10. Fully prepared and resilient HIV response that protects people living with, at risk of, and affected by HIV in ***humanitarian settings*** and from the adverse impacts of current and future pandemics and other shocks *(this is a particularly relevant Result Area, given the impact of the recent military conflict and the resulting influx of refugees).*

Furthermore, the *National HIV/AIDS Programme 2022-2026* includes many strategies and activities that specifically address the ***five cross-cutting issues*** *of the Global AIDS Strategy 2021–2026 (UNAIDS, 2021a, p. 15)*, which include: 1) Leadership, country ownership and advocacy; 2) Partnerships, multi-sectorality and collaboration; 3) Data, science, research and innovation; 4) Reducing stigma and discrimination and promoting human rights and gender equality; and 5) Cities, urbanisation and human settlements.

Alignment with the 2022–2030 European Regional Action Plans for HIV, Viral Hepatitis and STIs – The *National HIV/AIDS Programme 2022-2026 (NHAP 2022-2026)* is aligned with the ***four strategic directions*** of the European Regional Action Plan for HIV *(WHO, 2021):* 1) To create a unified vision of the HIV, VH, and STIs epidemics within UHC and a health systems approach; 2) Ending the AIDS epidemic; 3) Eliminating viral hepatitis; and 4) Ending the STI epidemics.

The NHAP 2022-2026 endorses the vision and goal of the 2022-2030 European RAP: ***Vision*****:** *"Zero new HIV infections, zero- health related deaths and zero health-related discrimination in a world where people living with HIV are able to live long and healthy lives";* and ***Goal***: *"To end the AIDS epidemic as a public health threat by 2030, within the context of ensuring healthy lives and promoting wellbeing for all ages."*

Furthermore, the NHAP 2022-2026 specifically aims to contribute to achieving the ***targets for Strategic Direction 2 on HIV/AIDS***, which include:

- 90% reduction in HIV incidence from 2010
- 75% reduction in AIDS-related deaths from 2010
- 95-95-95% HIV testing, treatment and viral suppression among adults and children
- 10% diagnoses at a late stage of disease
- 95% of people at risk of HIV use combination prevention
- 95% coverage of services for eliminating vertical transmission
- 99% of eligible people living with HIV receive preventive treatment for TB
- 90% of people living with HIV and people at risk are linked to other integrated health services
- Less than 10% of people living with HIV and key populations experience stigma and discrimination
- No countries have punitive laws and policies.

The *WHO 2022–2030 European Regional Action Plans* contain the following ***five priority actions*** on HIV/AIDS for countries, which are directly linked to the objectives and priority strategies of the National HIV/AIDS Programme 2022-2026 *(NHAP 2022-2026)* – as indicated below:

1. ***Collect and use strategic information for focused action and equity across the continuum of care:*** see NHAP 2022-2026 Priority Strategies 4.1: *"Strengthening HIV-related surveillance and information systems"; and 4.2: "Operational research and special studies".*
2. ***Prevent the transmission of HIV with a particular focus on key populations:*** See NHAP 2022-2026 Objective 1: *"Strengthening uptake, comprehensiveness and quality of HIV prevention services, with a focus on key and more vulnerable populations".*
3. ***Strategically increase testing and ensure early diagnosis of HIV infections:*** See NHAP 2022-2026 Priority Strategy 2.1: *"Increasing the percentage of people living with HIV who know their status".*

4. ***Provide rapid linkage to effective care for HIV and common co-morbidities:*** See NHAP 2022-2026 Priority Strategy 2.2: *"Increasing a) the percentage of people who know their HIV-positive status who are on ART; and b) Increasing the percentage of people on ART who are virally suppressed".*
5. ***Sustain the gains in financing and planning:*** See NHAP 2022-2026 Priority Strategy 3.2: *"Development of supportive legal and financial frameworks for a sustainable national response to HIV/AIDS".*

2.1.2 Alignment with national disease strategies

Alignment with the *National Strategic Plan for Tuberculosis Elimination in the Republic of Armenia for 2021–2025*

The *National HIV/AIDS Programme 2022-2026* and the *National Strategic Plan for Tuberculosis Elimination in the Republic of Armenia for 2021–2025* have both been developed from the same perspective of strengthening the integration of HIV and TB services, and a focus on people-centred services, with a focus on the most at risk and vulnerable populations, such as labour migrants, PWID and people in prisons. E.g., for prison populations, this includes the development of a joint pre- and post-release strategy for HIV, TB and hepatitis C. Both the HIV and TB programme include specific strategies for testing and treatment among labour migrants.

Both programmes are based on the right to affordable preventive and treatment services for all, and the recognition of human rights and equality. This includes a focus on ***decentralisation and integration*** at the service-delivery level. E.g., both programmes aim to increasingly integrate services for HIV and TB prevention, testing and treatment, as evidenced by the inclusion of HIV and TB components in the (extended) service packages for key populations; as well as planning for joint coordination and management of TB, HIV and viral hepatitis services; and implementation of integrated technologies for testing TB, HIV and HCV.

A specific area of collaboration relates to the ***treatment of TB/HIV coinfections***. This includes ensuring TB-preventive treatment among HIV positive individuals; and joint planning of medical facilities providing TB, HIV and hepatitis C services, as well as increasing integration of M&E systems and regular analysis of the programmatic data.

Both programmes explicitly include strategies to ***strengthen community-based services and community-led action***. This includes strengthening the involvement and role of CSOs and CBOs, especially in community outreach; as well as strategies to strengthen social contracting mechanisms and sustainability of CSO services.

Furthermore, both programmes include strategies to ***strengthen coordination, collaboration and integration between HIV and TB services***. E.g. the TB programme includes the development of a Joint TB, HIV and viral hepatitis National Strategic Plan for 2026-2030.
Another area for cooperation is integration of capacity building of government and CSO staff on HIV, TB and other infectious diseases.

Alignment with the *National Programme on Prevention and Control of Parenteral Viral Hepatitis 2019-2023*

The *National HIV/AIDS Programme 2022-2026* has been developed in full agreement with the goal and objectives of the *National Programme on Prevention and Control of Parenteral Viral Hepatitis 2019-2023,* which was endorsed by the Ministry of Health *Order N 1387-L* of 27 May 2019 *(Ministry of Health, 2019).* The goal of the national viral hepatitis programme 2019-2023 is to reduce morbidity and mortality due to chronic hepatitis B and C in the Republic of Armenia: the National HIV/AIDS Programme 2022-2026 contributes to this by integrating interventions for testing and treatment of hepatitis C (and to a lesser degree for hepatitis B) in the programmes and services for key populations, and in particular for PWID.

Thus, the National HIV/AIDS programme 2022-2026 will also contribute to the specific objectives of the National Viral Hepatitis programme 2019-2023, including: 1) the improvement of a viral hepatitis prevention system (Objective 1); 2) the improvement of the process of detection of viral hepatitis (Objective 2); 3) the arrangement of effective treatment of viral hepatitis (Objective 3); 4) ensuring awareness of the risk factors for parenteral viral hepatitis among different groups of population (Objective 4); 5) reduction of nosocomial transmission of parenteral viral hepatitis (Objective 5); and 6) Primary prevention of hepatitis B in risk groups and healthy populations (Objective 6).

2.2 Goal and specific objectives of the National Programme on HIV/AIDS Prevention, 2022-2026

The overall goal of the National Programme on HIV/AIDS Prevention in the Republic of Armenia is to provide an effective response to HIV for the period of 2022-2026, and to set the right conditions for ending AIDS by 2030.

Table 12 below gives an overview of the ***four priority areas and their associated specific objectives, as well as the priority strategies to achieve each objective***. The next sections provide details on the issues and challenges related to each specific objective, as well as the proposed activities and expected results that will address these challenges.

Table 12: Priority areas, specific objectives and priority strategies of the National Programme on HIV/AIDS Prevention 2022-2026

Priority areas and Specific objectives:	Priority strategies:
1. PREVENTION: To strengthen uptake, comprehensiveness and quality of HIV-prevention services with a focus on key and other priority populations	1.1 Strengthening uptake, comprehensiveness and quality of HIV prevention and harm reduction services for ***people who inject drugs***
	1.2 Strengthening uptake, comprehensiveness and quality of HIV prevention services for ***sex workers and their clients***
	1.3 Strengthening uptake, comprehensiveness and quality of HIV prevention services for ***MSM***
	1.4 Strengthening uptake, comprehensiveness and quality of HIV prevention services for ***transgender (TG) people***
	1.5 Scaling up access to ***pre-exposure prophylaxis*** (PrEP) for key populations
	1.6 Strengthening uptake, comprehensiveness and quality of HIV prevention services for ***people in prisons*** and closed settings
	1.7 Strengthening uptake of provider-initiated HIV testing (PIT) of all ***pregnant women***, and PMTCT measures for those infected with HIV – with a view to eliminating mother-to-child transmission ***(EMTCT)***
	1.8 Strengthening uptake, comprehensiveness and quality of HIV prevention services and programmes for the ***general population and other more vulnerable populations,*** including labour migrants
	1.9 ***100% Screening of donated blood, blood products*** and organs
2. TESTING AND TREATMENT: To strengthen the uptake, comprehensiveness and quality of HIV testing, treatment and care services – with a view to reaching the 95-95-95 test-treatment goals	2.1 Increasing the percentage of people living with HIV ***who know their status***
	2.2 a) Increasing the percentage of people who know their HIV-positive status ***who are on antiretroviral therapy;*** and b) Increasing the percentage of people on ART who are ***virally suppressed***
	2.3 Strengthening the uptake, comprehensiveness and quality of ***HIV/AIDS care services*** for people living with HIV
3. SUSTAINABILITY: To strengthen sustainability of the national response to HIV/AIDS;	3.1 ***Strengthening institutional and organisational capacity of CSOs*** working with key populations to ensure integrated, community-led HIV responses for a transformative and sustainable HIV response

reduce stigma and discrimination; and promote human rights and gender equality	3.2 ***Development of supportive legal and financial frameworks*** for a sustainable national response to HIV/AIDS – with a special focus on HIV prevention among key populations
	3.3 Ensuring ***Supportive policy frameworks and community environments*** for HIV prevention, care and treatment among key populations and PLHIV
4. STRATEGIC INFORMATION: To strengthen the availability and use of strategic information for evidence-based decision-making	4.1 ***Strengthening HIV-related surveillance and information systems*** (routine data collection, reporting, data storage and analysis)
	4.2 ***Operational research and special studies***