

# Country progress report - Tunisia

Global AIDS Monitoring 2017





# Contents

|  |    |
|--|----|
| Overall - Fast-track targets   | 3  |
| Commitment 1 - Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020   | 5  |
| Commitment 2 - Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018   | 9  |
| Commitment 3 - Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners | 12 |
| Commitment 4 - Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020  | 15 |

|  |           |
|--|-----------|
| Commitment 5 - Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year | <b>17</b> |
| Commitment 6 - Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020  | <b>18</b> |
| Commitment 7 - Ensure that at least 30% of all service delivery is community-led by 2020   | <b>20</b> |
| Commitment 8 - Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers  | <b>21</b> |
| Commitment 9 - Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights  | <b>23</b> |
| Commitment 10 - Commit to taking AIDS out of isolation through people-centered systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C   | <b>24</b> |

# Overall

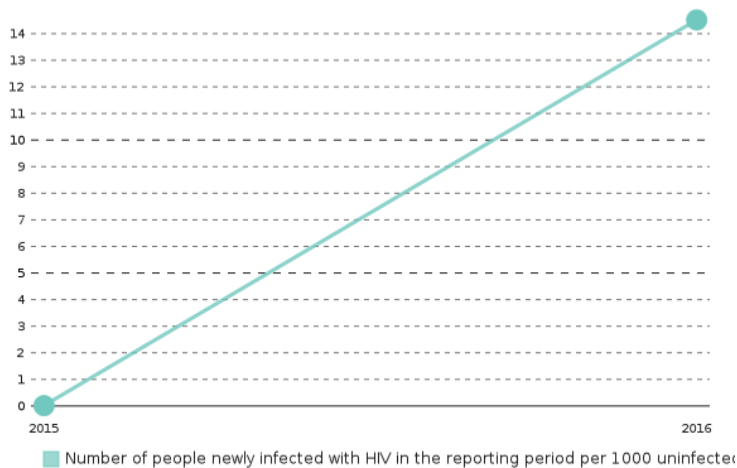
## Fast-track targets

### Progress summary

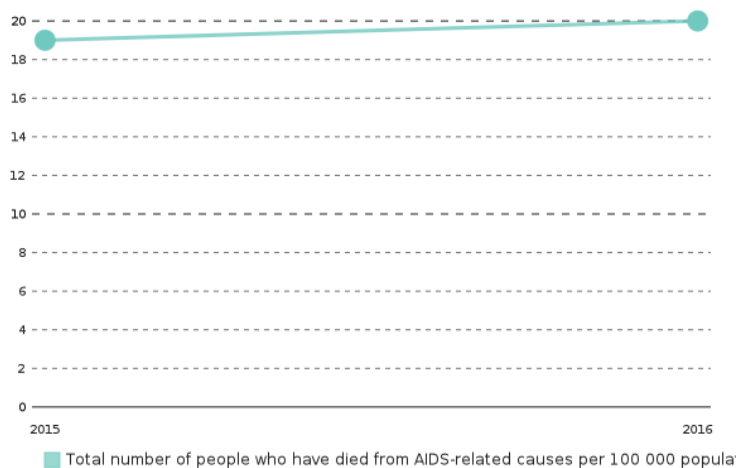
Depuis la déclaration du premier cas en 1985 et jusqu'au 31 décembre 2016, un nombre cumulé de 2357 cas de VIH/sida et un nombre cumulé de 633 décès dus au SIDA ont été rapportés à la DSSB. Le nombre de personnes vivant avec le VIH est de 1719 correspondant à une prévalence de 0,014%.

A ce stade de l'épidémie de VIH/SIDA en Tunisie, grâce à l'amélioration notable de la morbidité et de la mortalité liées au SIDA en rapport avec l'introduction et la généralisation de la trithérapie depuis 2000 et l'instauration du dépistage du VIH par l'ouverture de 25 CCDAG en 2009, nous comptons chaque année plus d'infection à VIH que de décès liés au SIDA avec comme conséquence une progression continue du nombre de PVVIH (Figure 2). La tendance vers un accroissement, année après année, du nombre de PVVIH devient préoccupante et constitue une menace sérieuse pour l'ensemble de la riposte en Tunisie.

### 3.1 HIV incidence, Tunisia (2015-2016)

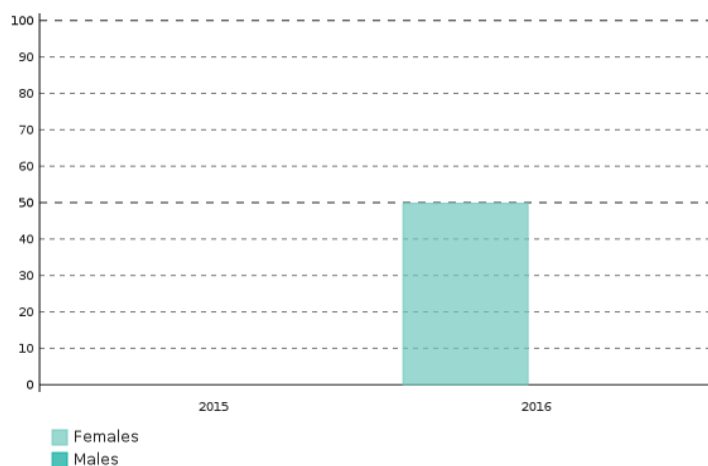


### 3.1 AIDS mortality, Tunisia (2015-2016)



### 4.1 Discriminatory attitudes towards people living with HIV, Tunisia (2015-2016)

Percentage of respondents (aged 15–49 years) who respond "No" to question "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"



# Commitment 1

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Progress summary**

Ces objectifs ne peuvent être atteints que par l'implémentation des interventions à haut impact en ciblant les populations clés et les lieux de concentration de ces populations par des activités de proximité et innovantes. La stratégie nationale du dépistage est à actualiser afin de permettre une couverture suffisante des populations clés.

## **Policy questions**

Is there a law, regulation or policy specifying that HIV testing:

**a) Is solely performed based on voluntary and informed consent**

Yes

**b) Is mandatory before marriage**

No

**c) Is mandatory to obtain a work or residence permit**

No

**d) Is mandatory for certain groups**

No

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

≤500 cells/mm<sup>3</sup>; Implemented countrywide

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

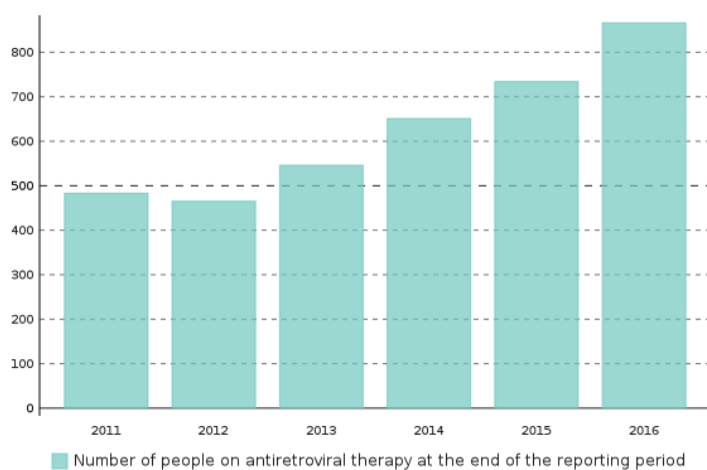
**a) For adults and adolescents**

Yes, fully implemented

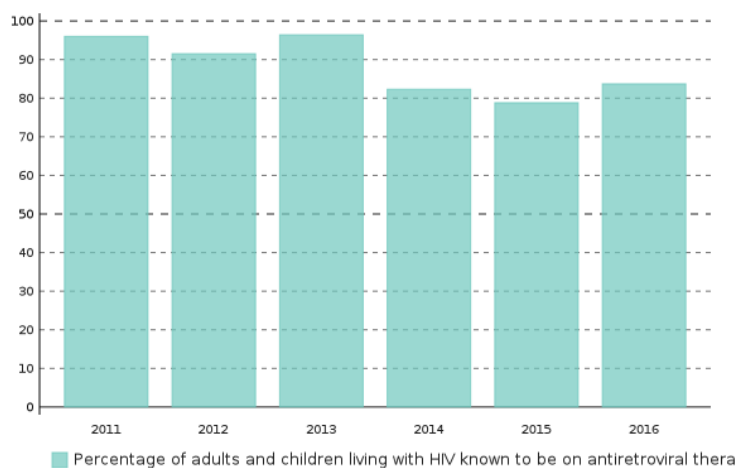
**b) For children**

Yes, fully implemented

## **1.2 People living with HIV on antiretroviral therapy, Tunisia (2011-2016)**

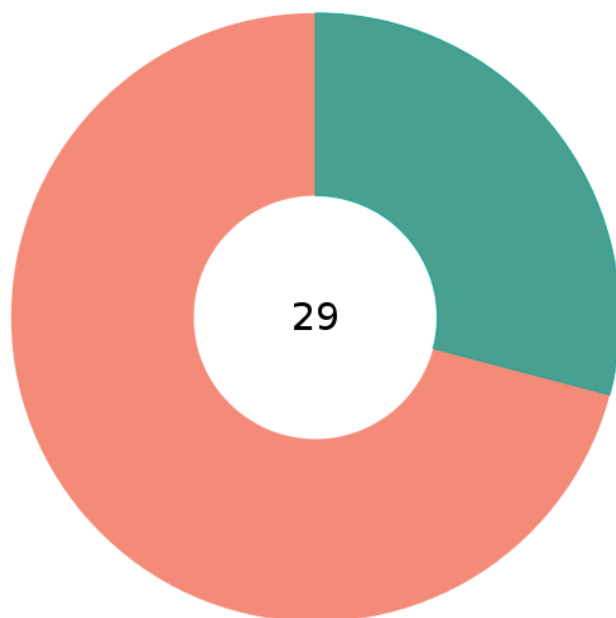


## **1.3 Retention on antiretroviral therapy at 12 months, Tunisia (2011-2016)**



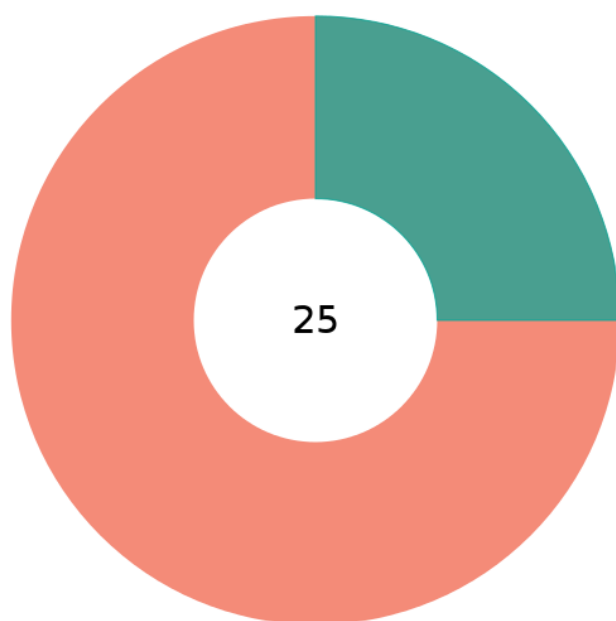


### 1.5 Late HIV diagnosis, Tunisia (2016)



■ Percentage of people living with HIV with the initial CD4 cell count <200 cells/l

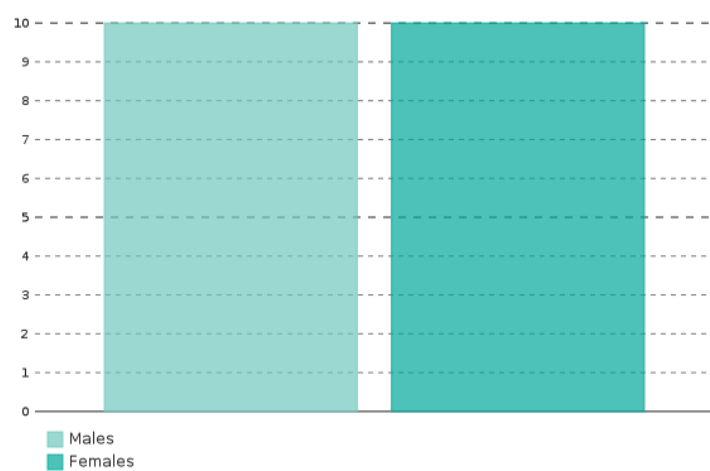
### 1.6 Antiretroviral medicine stock-outs, Tunisia (2016)



■ Percentage of treatment sites that had a stock-out of one or more required ar

## 1.7 AIDS mortality, Tunisia (2016)

Number of people dying from AIDS-related causes in 2016



# Commitment 2

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Progress summary**

Étendre la couverture par les services de prévention de la transmission du VIH de la mère à l'enfant. En Tunisie, la PTME couvre actuellement 7 gouvernorats, l'extension vers 7 autres gouvernorats est en cours. Reste à étendre la stratégie aux 10 gouvernorats restant.

## **Policy questions**

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

Yes

Target(s) for the mother-to-child transmission rate and year: 90

Year: 2017

Elimination target(s) (such as the number of cases/population) and Year:

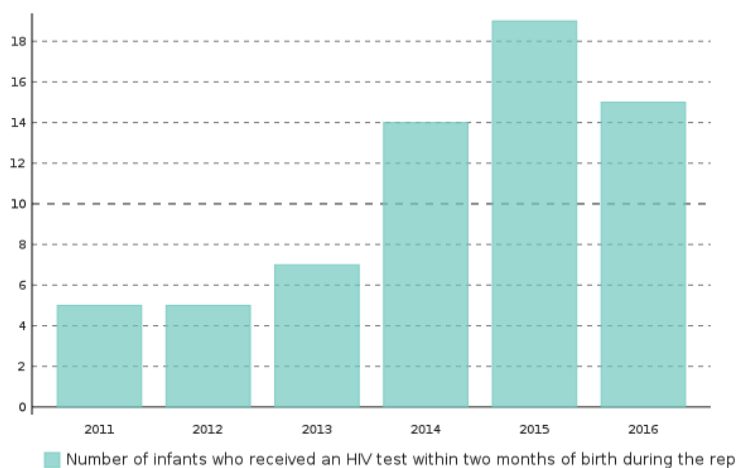
Year:

**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

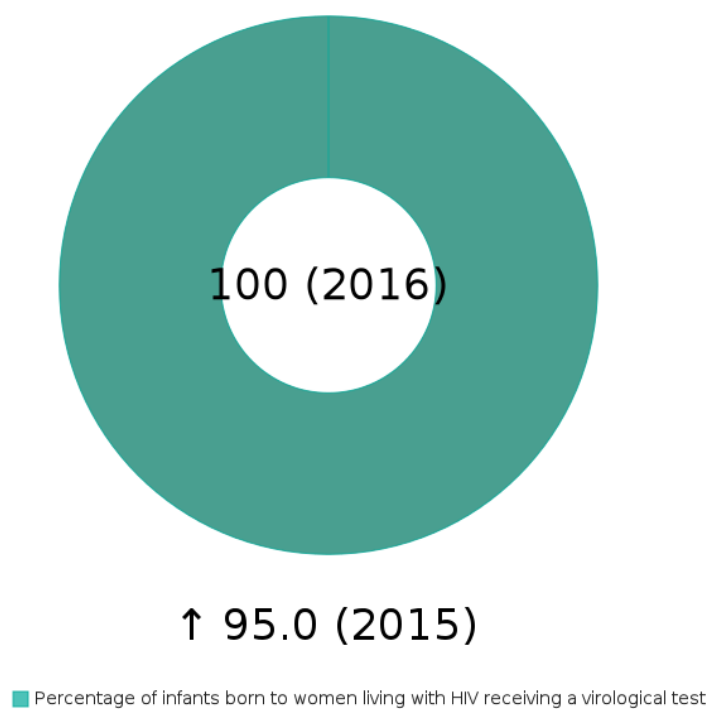
Yes, with an age cut-off to treat all of <1 years

Implemented in many (>50%) treatment sites

## 2.1 Early infant diagnosis, Tunisia (2011-2016)



## 2.1 Early infant diagnosis, Tunisia (2015-2016)



### 2.3 Preventing the mother-to-child transmission of HIV, Tunisia (2011-2016)



# Commitment 3

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

La prévention combinée est assurée par des éducateurs pairs au sein de leurs communautés (HSH, UDI et TS)

## **Policy questions: Key populations**

### **Criminalization and/or prosecution of key populations**

#### **Transgender people**

Criminalized

#### **Sex workers**

Selling and buying sexual services is criminalized

#### **Men who have sex with men**

Yes, imprisonment (up to 14 years)

#### **Is drug use or possession for personal use an offence in your country?**

Drug use or consumption is a specific offence in law

## Legal protections for key populations

### Transgender people

No

### Sex workers

No

### Men who have sex with men

-

### People who inject drugs

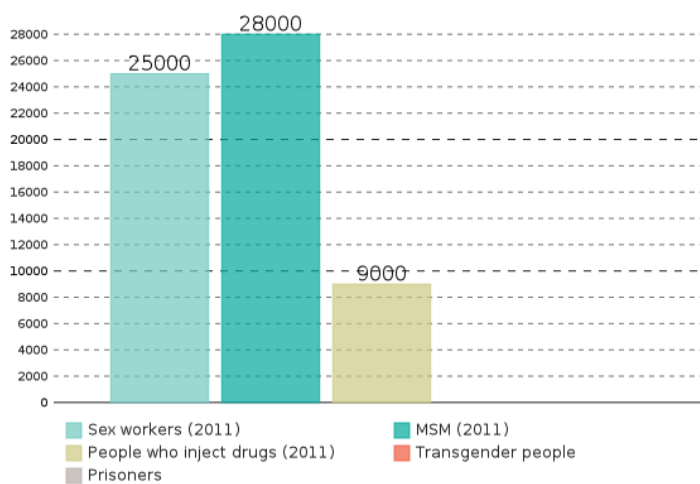
No

## Policy questions: PrEP

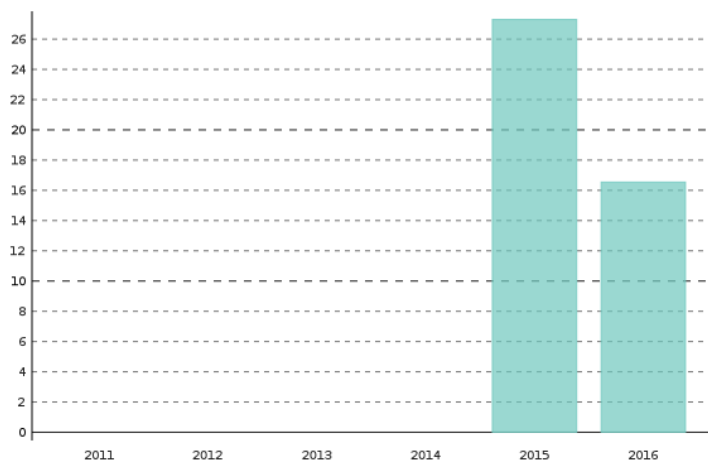
Is pre-exposure prophylaxis (PrEP) available in your country?

No

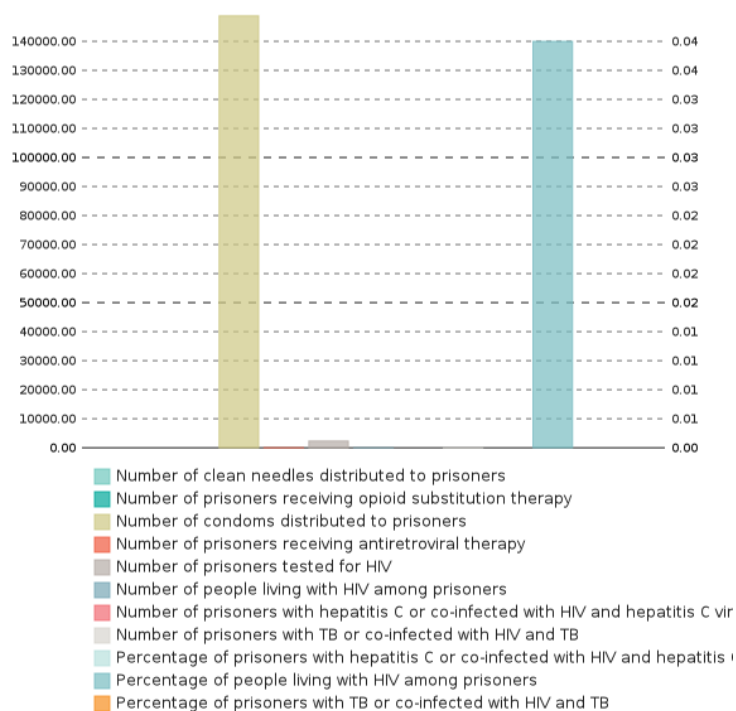
## 3.2 Estimates of the size of key populations, Tunisia



### 3.9 Needles and syringes distributed per person who injects drugs, Tunisia (2011-2016)



### 3.13 HIV prevention programmes in prisons, Tunisia (2016)





# Commitment 4

## **Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

### **Progress summary**

Une évaluation de la riposte basée sur le genre a été réalisée en 2014. Elle a permis de relever des recommandations dont l'implémentation est en cours

### **Policy questions**

**Does your country have a national plan or strategy to address gender-based violence\* and violence against women that includes HIV**

No

**Does your country have legislation on domestic violence\*?**

No

**Does your country have any of the following to protect key populations and people living with HIV from violence?**

General criminal laws prohibiting violence

Programmes to address workplace violence

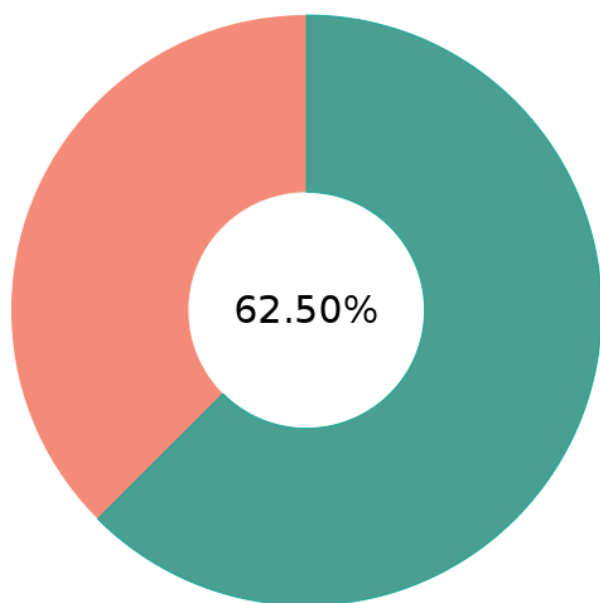
Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

Yes, policies exists and are consistently implemented

**Percentage of Global AIDS Monitoring indicators with data disaggregated by gender**



5 / 8

# Commitment 5

**Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

Les jeunes âgés de 15 à 24 ans sont considérés comme population vulnérable à l'infection par le VIH/sida. Ils sont ciblés par les activités d'éducation et de sensibilisation en milieu scolaire et extra-scolaire. Des cours de santé sexuelle sont programmés dans le cursus scolaire en 9ème année de base et 4ème année secondaire.

## **Policy questions**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education\*, according to international standards\*, in:**

**a) Primary school**

Yes

**b) Secondary school**

Yes

**c) Teacher training**

Yes

# Commitment 6

**Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

## **Progress summary**

En Tunisie, les PVVIH bénéficie de la gratuité des soins, du transport et d'une indemnité mensuelle pour les personnes nécessiteuses.

## **Policy questions**

Yes

**a) Does it refer to HIV?**

Yes

**b) Does it recognize people living with HIV as key beneficiaries?**

Yes

**c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

Yes

**d) Does it recognize adolescent girls and young women as key beneficiaries?**

Yes

**e) Does it recognize people affected by HIV (children and families) as key beneficiaries?**

Yes

**f) Does it address the issue of unpaid care work in the context of HIV?**

Yes

**Do any of the following barriers limit access to social protection\* programmes in your country**

Lack of information available on the programmes  
Complicated procedures  
Fear of stigma and discrimination  
Laws or policies that present obstacles to access  
People living with HIV, key populations and/or people affected by HIV are covered by another programme  
\_Le VIH n'est pas considéré comme une maladie chronique dans la liste des 21 maladies de la CNAM, Les orphelins du VIH / Sida, quand ils sont de la même famille, ne bénéficient que d'un seul mandat mensuel. Un handicapé et un vivant avec le VIH/Sida de la même famille, bénéficient d'un seul mandat mensuel. Les MSM Séropositifs des régions souffrent encore de la stigmatisation, discrimination, surtout dans la région du Cap Bon, dont le nombre devient de plus en plus important

# Commitment 7

**Ensure that at least 30% of all service delivery is community-led by 2020**

## **Progress summary**

Les activités de prévention et surtout les activités de proximité des populations clés sont assurées par les ONG.

## **Policy questions**

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?**

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

**Number of condoms and lubricants distributed by NGOs in the previous year**

**a) Male condoms:**

-

**b) Female condoms:**

-

**c) Lubricants:**

-

# Commitment 8

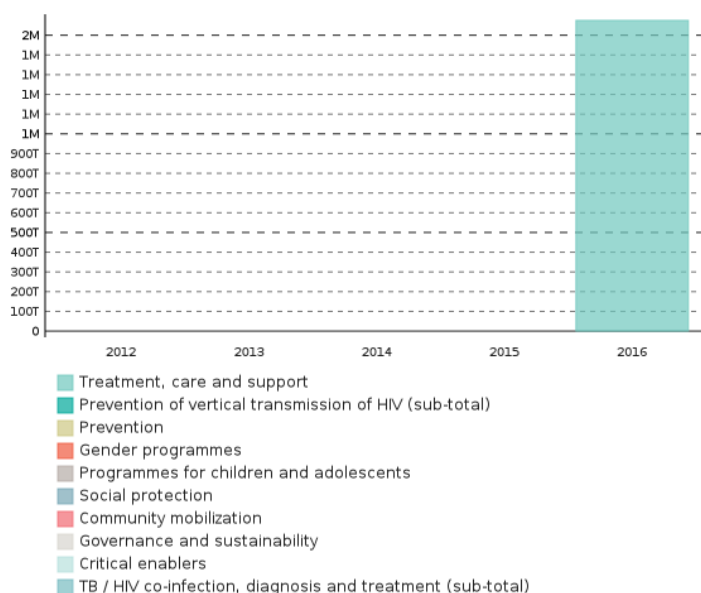
**Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers**

## Progress summary

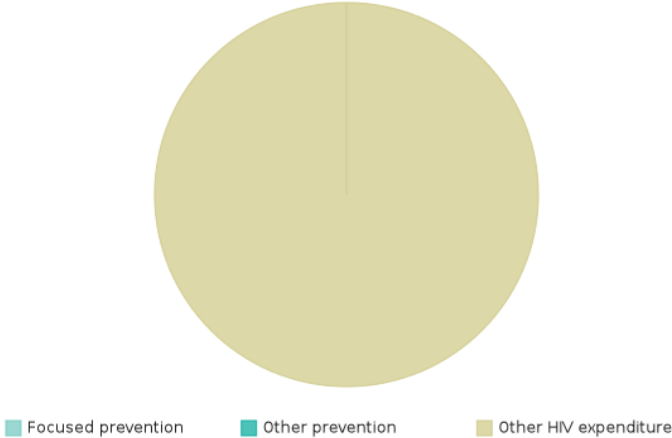
En Tunisie, presque 75% des dépenses de la riposte au VIH/sida sont assurées par le budget de l'état. Un appui du Fonds Mondial de lutte contre le sida, la Tuberculose et le paludisme couvre essentiellement les activités de prévention.

En dépit de la situation économique difficile, on relève la persévérance de l'état à continuer à soutenir la riposte nationale avec le même niveau d'engagement et d'investissement.

## 8.1 Domestic and international HIV expenditure by programme categories and financing sources, Tunisia (2012-2016)



**Share of effective prevention out of total, Tunisia (2016)**





# Commitment 9

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Progress summary**

Des sessions de renforcement des capacités des PVVIH sont programmées pour renforcer leur estime de soi et connaissances sur les droits humains.

## **Policy questions**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at scale, at the sub-national level

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

No

**Does your country have any of the following accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings?**

Complaints procedure

Procedures or systems to protect and respect patient privacy or confidentiality

**Does your country have any of the following barriers to accessing accountability mechanisms present?**

Mechanisms do not function

# Commitment 10

**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

## **Progress summary**

La co-infection par le VHC, le VHB et la Tuberculose sont diagnostiquées dès la découverte de l'infection par le VIH. La prise en charge de la co-infection est assurée au niveau du service assurant les soins du VIH.

## **Policy questions**

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a. The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

No

**b. The national strategic plan governing the AIDS response**

No

**c. National HIV-treatment guidelines**

No

**What coinfection policies are in place in the country for adults, adolescents and children?**

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

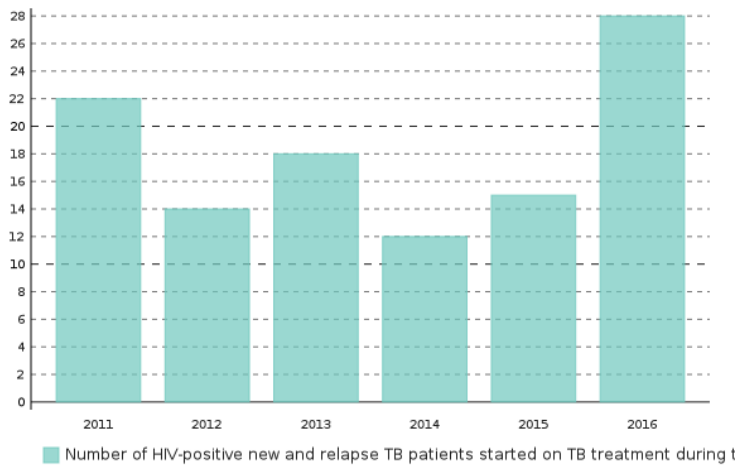
Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

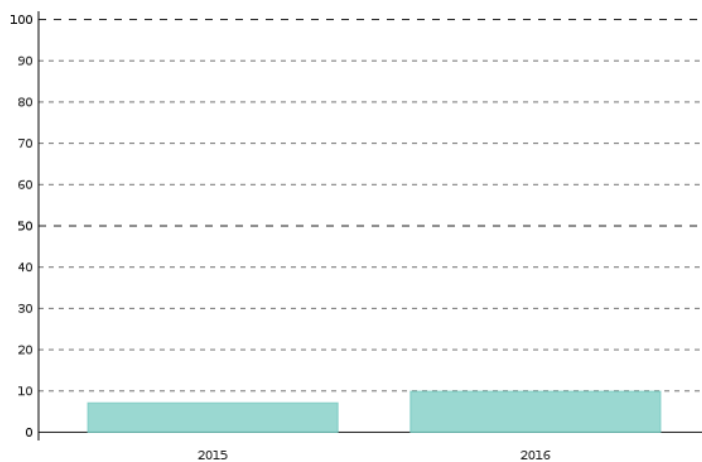
Co-trimoxazole prophylaxis

Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics

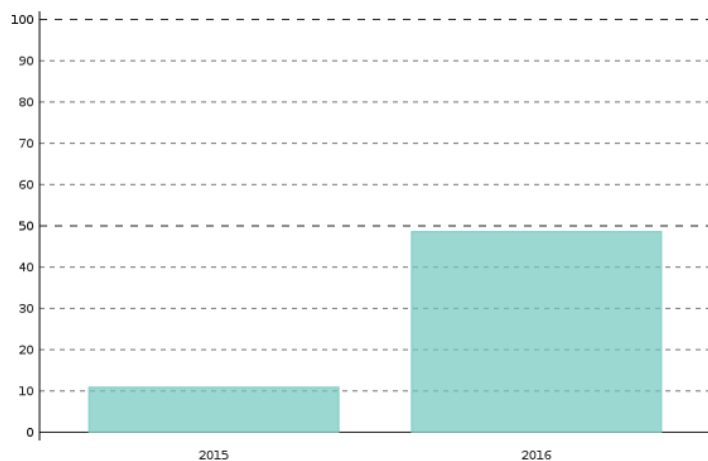
### 10.1 Co-managing TB and HIV treatment, Tunisia (2011-2016)



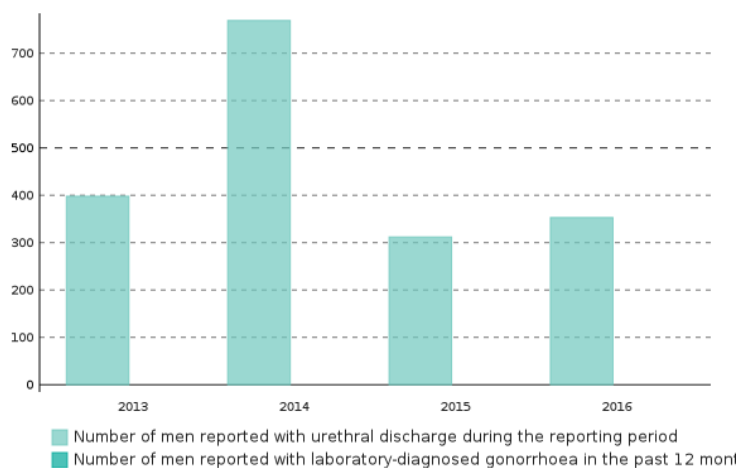
### 10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Tunisia (2015-2016)



### 10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Tunisia (2015-2016)



### 10.4/10.5 Sexually transmitted infections, Tunisia (2013-2016)



### 10.6/10.8 Hepatitis B and C testing, Tunisia (2015-2016)



### 10.7/10.9 HIV and Hepatitis B/C, Tunisia (2015-2016)

