

Targeting MDG 6 in the I. R. of Iran in 2008

- with “the Prevention and Control of HIV/AIDS” Project



UNDP CO Iran, 2009

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Background

The first reported HIV infection in Iran was discovered in 1987 with the report of the first AIDS case in a blood product recipient. The situation rapidly changed when two prisons discovered a high level of HIV prevalence among the injecting drug users (IDU's). This outbreak led the country into a rapid progression phase, which has since slowed down. Today, as a result of the low prevalence rate of HIV among pregnant women (below 1%) in relation to IDU's, which is consistently over 5%, the country is considered to have a "concentrated" HIV epidemic¹.

Through the endorsement of the Declaration of Commitment and the Political Declaration (UNGASS), the government of the I. R. of Iran has declared its commitment to move towards Universal Access to Prevention, Treatment and Care and Support. Subsequently the country is now implementing its second national strategic plan which highlights 10 strategies to be followed during 2007 and 2010. These cover:

- Prevention programmes for most-at-risk and general population
- Treatment and care for PLHIV
- Strengthening of the health infrastructure
- Monitoring and evaluation of current programmes and projects

In addition to the governmental bodies, many civil society organisations and their members are active actors in the field of the HIV/AIDS response in Iran. Due to various political and cultural boundaries, the majority of these responses have focused mainly on "prevention and support" rather than "response and advocacy". There is also an increasing trend of community leaders, i.e. religious leaders, who are endorsing their roles and subsequently addressing issues such as prevention, stigma and discrimination at the local and grass-root level.

Project Design and Implementation

The project "Prevention and Control of HIV/AIDS in I.R. Iran through Public, Civil Society and Private Partnerships" was initiated in 2005 as the start of a partnership between the government of Iran, the Global Fund and the UNDP. As the principal recipient of the grant, under the Additional Safeguard Policy (ASP), UNDP facilitated the first phase of the project with the help of its national partners, which acted as sub-recipients of the grant. Due to the successful outcomes of the two year programme, the project secured funding for an additional three years starting in the middle of 2007 amounting to \$10 224 855. In addition to the HIV/AIDS grant of Round 2, UNDP's principal recipient role was extended for the Round 7 submission, and in September 2008 two Round 7 grant agreements were signed for Malaria and Tuberculosis (TB). As a result, the scope of the Program has increased to also address Malaria and TB in order to support Iran's response in controlling the growth of HIV prevalence and incidence.

Project Summary	
Title:	
The Prevention and Control of HIV/AIDS in I.R. Iran through Public, Civil Society and Private Partnerships – Phase 2	
Duration:	
1/5 – 2005 until 30/4 – 2010	
Partners:	
<ul style="list-style-type: none">• GFATM (Funding partner)UNDP (Principal recipient)• Centre for Disease Control (Ministry of Health and Education)• Health and Fitness Department (Ministry of Education)• Health and Treatment Department (Prison Organisation)	
Cost sharing inputs:	
GFATM	\$ 15 922 855
Total Project Budget:	\$ 15 922 855

¹ UNAIDS Factsheet

The overall objective for the project is to control the HIV prevalence rate among the general population and high risk groups and to support Iran's response in controlling the growth of HIV prevalence and incidence.

Objective 1: Strengthening Assessment, Surveillance and Monitoring

In order to improve the public responses to the HIV epidemic, the project has supported the initiative of the government in a study that will help collect data on the concentration of risk, changes occurring over time, prioritisation of required interventions, the application of advocacy material and continuous monitoring of the impact of prevention and care responses. This study is carried out in the form of the "Bio-Behavioural Surveillance Survey" and is implemented with the help of the centres and facilities located on 13 sites across 11 provinces. The main target group of the survey are IDU's.

Objective 2: Promotion of HIV Information and Education

In order to promote advocacy among policy members, 143 policy makers and key persons have been engaged in related workshops conducted for advocacy and capacity building during the project. In addition the activities have engaged medical universities, by arranging training courses and seminars which will help educate university students about HIV/AIDS. Other activities under this objective have targeted teachers, youth and adolescents as well as at risk groups (people having unsafe practices) have been executed by direct or peer-educations. These peer-education courses will then help train many student simultaneously. In addition activities have also been prepared to ensure a greater involvement of mass-media in the promotion of HIV information and education. These activities are in line with the set objectives of the national strategic plan.



Objective 3: Reducing HIV risk and vulnerability

One of the first actions taken to reduce HIV risk and vulnerability in the I. R. of Iran was to ensure safe and reliable blood transfusions services to the public. This was done through the purchase of technologically advanced lab equipments that are vital in order to strengthen the viral load detection needed to ensure safe blood transfusions.

Another action taken was the establishment of Voluntary Counselling and Testing (VCT) Centres, Drop-in-Centres, After-Care Centres as well as Triangular clinics (counselling and care centres for HIV/AIDS, STIs and drug abuse). Due to the characteristics of the epidemic within the country the project emphasised the urgent need of these clinics within prisons. With the assistance of the Prison Organisation, the project equipped 60 centres and supported 31 other clinics with the procurement of computers and other required materials². This was done through the funding acquired by the Global Fund.

In order to reach the IDU's further, the project decided to fund Methadone Maintenance Therapy to be distributed with the help of the Prison Organisations and the Centre of Disease Control (CDC). The project has also initiated a Needle Exchange Protocol, which will allow the distribution of syringes and harm reduction services in prisons across the country.

² Annual Report of Prisons Organisation, 2008

Objective 4: Improving access and quality of HIV/AIDS treatment and care

The main activity under treatment care and support has been the continuous support of the project to the Positive Club Initiative. The initiative, which is a collaboration with CDC and UNAIDS, will help establish organisations that will form psycho social support to PLHIV's. In order to facilitate their long-term sustainability, the project has also taken action to develop protocols that are useful in the management process of the club.

Objective 5: Capacity Building and Supporting Services

Beside developed plans and performed interventions regarding capacity building in management and implementation of the national programme and this project, efforts have also been made in addressing the issue of gender equality within health services. In order to integrate gender equality concern into the project, one activity has been to build a broad consensus and commitment to gender equality by building on the perspectives and capacities of UNDP staff, government counterparts and project partners. This process has been started by scheduling and carrying out two gender sensitisation and gender mainstreaming workshops for project teams to occur in July and October 2008. These workshops were to be facilitated by members of the UNDP Gender Trainer team with the help of an international expert of gender issues.

Project Results

The project is linked to the Millennium Development Goals (MDGs) 6 and has led to a noticeable change in policy and statistical indicators of HIV/AIDS in the I. R. of Iran. Although Iran is characterised by a strong commitment to cultural and religious values, as a result of the project, there is now an ever increasing dialogue between partners concerning issues such as legal matters related to sex workers; the rights of persons living with HIV/AIDS; harm reduction approaches and messages addressed to young people. As a general strategy the country is increasingly applying a more coordinated response by involving not only the Ministry of Health but also representatives of the Prison Organisations (PO), the police and religious leaders, in order to apply a more holistic and sustainable approach. The sensitisation of the governmental bodies to the issue of HIV/AIDS has opened up doors to policy changes which subsequently has allowed much of the projects activities to be carried out successfully.



The results of the first BSS survey conducted in the country, during the first phase of the project, have been used in the planning of future interventions and surveys to be included or part of the project and the national strategic plan. Based on the experiences gained the planning of and the implementation of the second round of the BSS have included a significant amount of technology transfer which subsequently has helped strengthen the national capacity in managing the whole process. These results have been achieved with the help and support of medical universities and other main stakeholders engaged in HIV/AIDS control in the country as well as other counterparts such as Kyoto University, Japan. This international partner has helped in the modelling and verification of results. This national and international cooperation has resulted in the above mentioned strengthened national capacity.

Without a doubt this project has to some extent had an efficient role in controlling HIV/AIDS prevalence within the country. Currently the latest trend indicates that the progression slope among IDU's has

decreased³. Unfortunately there is no information available about the coverage of the current HIV prevention programmes for the most-at-risk-population (including IDU's, sex workers and men who have sex with men) or the general population. There is however an estimate that around 20%⁴ of all IDU's and sex workers have conducted voluntary testing. In addition 75%⁵ of IDU's indicated that for their last injection they used a sterile needle. The data also indicated a low rate of condom use among IDU's (less than 30%) and sex workers (less than 50%)⁶. According to the National AIDS Programme (NAP), around 70%⁷ of registered cases and 60% of estimated cases have been recognized to have a history related to injecting drug use. It is therefore not surprising that the majority of women in Iran living with HIV are statistically indicated to be spouses of IDU's⁸.

The Gender Sensitization and Mainstreaming workshop, carried out in June and October 2008, was attended by participants, including CCM members and technical officers of CDC in Iran representing the departments directly dealing with HIV/AIDS, TB and Malaria. The workshop, which was facilitated by international expert Kalyani Menon-Sen, was experiential and learner-centred. Thus it created a space and opportunity in which participants could review issues and definition as well as methods and approaches to situation analysis, planning and practices in which one can streamline gender equality in health programmes.

The positive club initiative was another unique success related to this project. The initiative is considered to be an efficient activity in promoting treatment, care and support for PLHIVs. Positive clubs are virtual communities that are expected to be lead by NGOs working on HIV/AIDS country wide. Each lead NGO will help coordinate activists, PLHIVs and affected people and other NGOs active in this field in order to form this community. The Mashad Positive Club, which is coordinated by the NGO Hamyaraneh Mosbat, is one out of seven such positive clubs supported through the project. Stigma was one of the main concerns of the project, which has been addressed through the sensitization of religious leaders to the rights of PLHIVs such as the Mashad Positive Club. This NGO, which has been in partnership with UNDP and UNAIDS since 2007, was one of five organisations globally to be given special recognition for this type of innovative approach to advocacy and supporting PLHIVs at the Red Ribbon Award in August 2008.



In an effort to provide access to counselling and support to at-risk and high-risk groups, prisoners and their families 12 hotline centres have been⁹ established in cooperation with the Prisons Organisation in prisons across the country and 13 additional hotline centres for the general population are being supported with the help of medical universities. These hotlines, operated by counsellors and psychologists, give the callers access to both recorded material and counselling service.

During the World AIDS Day on December 1st 2008, Dr. Lankarani, Minister of Health in the I. R. of Iran, highlighted in his presentation the ever increasing concern regarding the importance of sexual

³ UNAIDS Fact Sheet

⁴ Second UNGASS report

⁵ Second UNGASS report

⁶ Second UNGASS report

⁷ UNAIDS Fact Sheet

⁸ UNAIDS Fact Sheet

⁹ Annual Report of Prisons Organisation, 2008, p. 18

transmission of HIV among the population and the need to highlight women within the national response. UNDP and CCM planned and coordinated to have a unique booth to present the GFATM project on HIV/AIDS in a national exhibition which was held in Tehran University in connection with the celebrations of World AIDS Day. The booth displayed first and foremost the projects, secondly the projects objectives and activities and finally the overall achievements. This pro-active activity is an example of a successful cooperation which was conducted in a participatory fashion between CCM, CDC, Ministry of Education, the Prisons Organisation, the Welfare Organisation, UNAIDS and UNDP.

Monitoring and Evaluation

The project has followed UNDP's standard procedure for review, reporting, monitoring and evaluation. Indicators measuring processes, outputs and outcomes were included in the Results and Resources Framework of the project and include both quantitative and qualitative indicators. In addition participatory monitoring processes were undertaken where they were found appropriate.

Review

An annual programme review of the project has been carried out annually in order to monitor progress and assist in the planning of the activities, by assessing the achievements of results against proposed intended results.

Monitoring and reporting

In addition, UNDP, as the principal recipient of the GFATM grant, has reported to CCM every month and to GFATM quarterly. The sub recipients of the grant have also reported to CCM and UNDP on a monthly basis. In order to monitor programme activities, the project has in a systematic manner visited stakeholders and engaged in on-going consultations.

This framework was built to first and foremost monitor programme result which includes effectiveness, secondly to identify areas which have been successful or which might need assistance and thirdly to facilitate information sharing.

Evaluation

A mid-term programme review was conducted by an external team to assess the progress of outputs and outcomes and to identify areas for strategic, budgetary and programmatic adjustments if necessary. Parallel to this, ongoing monitoring and self-evaluation were carried out on a regular basis to constantly improve performance. The external evaluation is currently in the concluding mode.

As the project is linked to the government's official programme, it is sustainable beyond the support of the GFATM and UNDP. According to the latest UNGASS report, Iran has spent more than \$30 million of its national budget on their HIV/AIDS programme. The project is currently contributing to the development and implementation of the national plan based on the second national strategic plan (NSP). Furthermore, by using monitoring evaluation system strengthening (MSS) tool, provided by the GFATM, the national status and capacity in monitoring and evaluation in the areas of programming, data-collection and management has been evaluated and related gaps have been identified. Consequently, an action plan for fulfilling these identified gaps have been developed based on the suggestion of national counter parts, which will be implemented with the contribution of UNDP and the GFATM project.

For more information on our projects and activities please feel free to contact us on info.ir@undp.org