

Country progress report - Iran

Global AIDS Monitoring 2020



Overall

Progress summary

According to the latest Spectrum projections, Iran's HIV population in 2019 stood at 59314 (Range: 32,685-125,636) (862 children < 15 years, 42,952 men over 15 years, and 15,501 women over 15 years), with an estimated 4,089 (Range: 3,635-4,507) new infections occurring during the same period. Meanwhile the HIV National Case Registry System reported 22,054 registered PLHIV up to the end of 2019 (661 children < 15, 15,804 men and 5589 women). There have also been a cumulative 19,026 recorded deaths among PLHIV. This represents a significant increase of 3181 compared with 2018, due to an in-depth review of lost-to-follow-up (LTFU) patient records, including the decision to re-classify those who had been LTFU for more than 10 years as deceased.

HIV prevalence among the general population in Iran remains low, but it stands at 4.32 per cent among people who inject drugs in 2019. In spite of significant decrease in prevalence of HIV among people who inject drugs (PWID) since last biobehavioural surveillance (13.8%) still remains high. Measures taken since the early years of the present millennium have slowed progression of the epidemic among PWID. Nevertheless, PWID still account for the greatest share of new infections in Iran. It is therefore critical to sustain and scale up preventive harm reduction programmes quantitatively and qualitatively for this key group to reach the goal of zero new infections through injecting drug use.

On the other hand, sexual transmission of HIV in Iran is on the rise in recent years. Such that the proportion of recorded cases attributed to sexual transmission has been steadily growing, the prevalence of HIV among high risk behavior women affected by HIV has reached 2.1 per cent in 2015 and for high risk behavior men affected by HIV in two cities stood at 1.5% in 2019.

Other key populations also need to be considered. HIV prevalence among prisoners, which approached 2.1 per cent in 2009, stood at 0.8 per cent in 2016. A 2014 study of transgender people in Tehran, recruited by respondent-driven sampling, reported HIV prevalence at 1.9 per cent. Seventy-six per cent of TB patients received HIV testing in 2016 and HIV prevalence among them was 4.7 per cent. A study among beggars and another one among homeless people, both conducted in Tehran in 2010, reported HIV prevalence values of 1 and 1.7 per cent, respectively. HIV prevalence, ranging from zero to 4 per cent, has been reported among non-representative samples of street children.

HIV testing and treatment cascade

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

Progress summary

HIV testing and counselling is one of the strategies of National Strategic Plan. It is emphasized that HIV testing should be provided with confidentiality, informed consent, counselling, correct results, and correct services. Main target groups for HIV testing and counselling are: PWID and their sexual partners, high risk women affected by HIV and their sexual partners, people with high risk sexual behaviour (high risk men affected by HIV and transgender populations), sexual partners of those with a history of unsafe sexual behaviour, partners of known PLHIV, prisoners, pregnant women, TB and STI patients. The recommended approach for these groups is opt-out provider-initiated testing and counselling. Also, VCT is offered to all people who request it, through triangular clinics (VCT centers). HIV testing algorithm for case detection is based on first HIV rapid test/HIV immunoassay and two confirmatory immunoassay serial testing. Almost all HIV testing at facility level is provider-initiated, and the rest VCT. A relatively large number of HIV tests are provided by the private sector, but no exact figure is available at this time. Last year, the country performed more than 1,200,000 rapid HIV tests, and planned to increase this to two million tests. However, US sanctions have hindered procurement efforts.

The launch of a large community intervention for assisted, pharmacy-based HIV self-testing, targeting women with high-risk sexual behavior in several cities, was also put on hold because of the epidemic of COVID-19 in Iran.

The rapid increase over the past few years in the number of rapid HIV tests provided ceased in 2019 due to significant procurement bottlenecks imposed by US sanctions. In spite of the increased number of HIV tests provided, detection rates have not improved significantly. Despite the increase uptake of HIV testing among some key population, there is a need to increase coverage. A study among PWID in 2019 and another one among high risk women affected by HIV in 2015 showed 71% and 70% received HIV testing in the last 12 months, respectively. In 2015, 57% of prisoners had ever tested for HIV.

A study conducted to identify the reasons in early 2018. The study suggested low levels of skill among staff in testing facilities, which leads to uneven recording of test results, data duplication, poor client tracing, and targeting of HIV testing services towards lower risk groups as possible reasons. The research has identified some areas for improvement, such as a unified registration system for HIV testing; capacity development and knowledge networking among HTS providers; and introduction of differentiated HIV testing based on five pillars: (1) partner notification testing, (2) key population testing, (3) HIV testing in high-risk locations, (4) symptom-based HIV testing, and (5) intensifying PMTCT.

National AIDS Program (NAP) has also rolled out phone recall and peer adherence and retention support over the past couple of years and last year achieved a 10% improvement in linkage to care among PLHIV. Retention rates have improved relatively in recent years but need to improve further. Triangular clinics are the principal health facilities responsible for giving care and treatment to PLHIV. During the last 3 years some efforts have been made to diversify service delivery ("task shifting"), by increasing ART outlets and authorizing general physicians to dispense ART. During the last year, ART delivery through Methadone Maintenance Treatment and primary health care clinics was successfully piloted in two cities, with plans to scale up in 2020. ARV medicines are provided free of charge and FDCs are available. At the end of 2019, 14685 people were on ART, which means 66.6% ART coverage among registered PLHIV. Among those on ART who checked their viral load, 85 percent are virally suppressed. So recently coverage of ART has increased significantly but still falls short of the pace needed to achieve 90-90-90. It seems that specially coverage of ART among PWID living with HIV needs to be improved. In 2019, 44% PWID living with HIV received antiretroviral therapy in the past 12 months.

Prevention of mother-to-child transmission

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

Progress summary

The provision of ARV therapy for prevention of MTCT was introduced in 2006 as part of the national care and treatment guidelines. Originally related services were delivered as part of those intended for HIV positive women under the PLWH Care and Treatment Strategy, but with the establishment of Triangular clinics, the provision of reproductive health services and ARV therapy aimed at prevention of MTCT as well as care and treatment of children living with HIV were all included in the package of services delivered by these centers. Since 2014 option B+ has been recommended for all pregnant women irrespective of their clinical status or CD4 counts. In 2013 a plan to link AIDS programs to RH programs was developed with the aim of reducing MTCT. The plan was implemented in 166 high-risk zones in 14 provinces in Iran starting in March 2014. The plan envisions the following four areas: prevention of infections in women and young girls; family planning and reproductive health for women living with HIV, healthy childbirth for infected women, and new-borns follow-ups and care and treatment for infected women and new-borns. One of the core services planned is the delivery of HTCs to all pregnant women residents of these high-risk zones based on the PITC approach in 2017. Due to considerable results, since May 2018 the plan started to cover all the country and PMTC began to integrate to primary health care (PHC). More than 880,000 pregnant women were tested for HIV using rapid test during 2019 (more than 60 percent of total pregnant women in that year). In 2019, there were 273 pregnant women living with HIV, 268 (98.2%) of them were on ART. In the last year, after integrating HIV testing in PHC, NAP tried to link AIDS Registry System (software based) with Integrated Health System (SIB) software. At this time, HIV testing registered in SIB and we hope other aspects of care and treatment of women living with HIV will be registered in SIB in near future to improve cascade of HIV services. Many of pregnant women receive their antenatal care in the private sector. NAP is actively researching ways of improving public-private linkages in this area, with a view to eliminating MTCT in the medium term. In 2019, 145 neonates were born from HIV positive mothers, of them 101 (69.7%) received molecular HIV testing within two months of birth, and six (5.9%) was positive. Percent of mother to children transmission decreased from 28 percent to 16 percent in recent years which needs more improvement.

HIV prevention; Key populations

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

The national strategic plan combines a number of strategies to reduce the risk HIV sexual transmission, including IEC for different population groups, harm reduction among PWID, condom distribution, HIV pre-exposure prophylaxis (PrEP), STI diagnosis, care and treatment, and treatment of PLHIV.

Condoms are provided free of charge to clients at triangular clinics, (drop in centers (DICs) and conjugal visit rooms in prisons. Condoms can also be purchased from pharmacies and other retail outlets. A wide variety of male condoms are available in the market.

At the end of 2019, a total of 80 centers provided HIV prevention services for high risk behavior women affected by HIV,(38 sponsored by the Ministry of Health and 42 by the State Welfare Organization). The NAP will also be rolling out 4 mobile units to provide HIV prevention services among high risk behavior women affected by HIV. More than 2,260,000 condoms were distributed and about 32000 high risk behavior women affected by HIV received prevention services. Although PrEP is now recommended for high risk behavior women affected by HIV by the latest national guidelines, coverage remains very low. Surveillance data paints a mixed picture of protective behaviours. Whilst 75% of high risk behavior women affected by HIV report having received free condoms during the preceding year, only 59% report using them during last sex.

In 2019, about 7,990,000 free needles-syringes were distributed among PWID. By December 2019, oral substitution therapy (OST) was being offered to PWIDs at more than 8000 centers supervised by medical sciences universities, State Welfare Organization or Prisons' Organization. A total of 750,000 drug users have received methadone maintenance treatment, including 25,000 PWID. **Among 187373 prisoners, 62743 received opioid substitution therapy.**

PWID receive HIV prevention services through 270 fixed and 10 mobile facilities as well as 621 outreach teams 2019. In spite of these activities, scaling interventions up is necessary. In

2019, only 35 percent of PWID reported using a condom the last time they had sex, 21 percent have been given free condoms and lubricant in the three months, 23 percent have received counselling on condom use and safe sex, and 73 percent who report injecting drugs in the past month used sterile injecting equipment the last time they injected drugs. In the same year, 54% PWID received free syringes and needles in the past three months.

By December 2019, more than 62000 inmates were receiving methadone maintenance treatment. According to biobehavioural survey among prisoner conducted in 2016, among those who had a history of sex, 26.5 percent used condom in their last sexual contact. The study showed that 34 percent stated that they had access to condoms in the prison.

HIV prevention services for transgender people were also rolled out in 2019, through 2 dedicated sites with 5 outreach teams, which have so far served 389 transgender persons.

National guidelines for HIV prevention services among high risk behavior men affected by HIV were also developed in 2019. This guideline contains HIV prevention services specifically developed for this population. High risk behavior men affected by HIV contributed significantly in development of this guideline. The guideline recommends HIV PrEP and 4 triangular clinics currently dispense PrEP. But coverage of these services is low and needs to be increased.

Gender; Stigma and discrimination

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

Whilst public perceptions have seemingly improved over time, stigma and discrimination against PLHIV remain an issue in Iran as elsewhere in the world. In a survey of 4868 persons aged 15-29 in 2013 in 13 provinces, 87.6 percent of respondents agreed with the statement: "HIV infected individuals should be supported and receive treatment." 66.3 percent agreed that "AIDS is not just the problem for injecting drug users and sexually promiscuous individuals (such as homosexuals and prostitutes)," whilst 66.2 percent agreed that "one must not shun or ostracize family members of an HIV-positive individual." The same study reports that 61.4 percent of respondents rejected the statement "the best way to prevent AIDS is to quarantine PLHIV" and 60.2 percent disagreed with the statement "HIV infected persons bring shame to themselves and their families." On the other hand, only 45.8 percent agreed with the statement "I am willing to dine at the same table with an HIV positive person" and 38.3 percent with the statement "I am willing to be the classmate or co-worker of an HIV positive person." The study concluded that 5.3 percent of respondents (260 persons) had a negative attitude toward PLHIV compared with 52.7 percent (2567 persons), whose attitude was deemed to be positive. The attitude of the remaining 41.9 percent was categorized as "neutral".

Biobehavioural surveillance among PWID in 2019 found that 49.7% of respondents had avoided seeking health care, HIV testing, HIV medical care, and/or HIV treatment during the preceding year because of perceived stigma and discrimination.

An assessment of the HIV legal environment was carried out last year, with a particular focus on the enablers of stigma and discrimination directed towards PLHIV and key populations in healthcare settings. Its findings are being translated into amendments of the relevant laws and regulations as well as IEC programmes for health care providers. A anti-discrimination directive has also been drafted by the Ministry of Health based on the same assessment, and will be issued to all medical universities (i.e. public health authorities) to end HIV-related discrimination in healthcare settings. This will be accompanied by training workshops on stigma & discrimination for healthcare providers in 2020. Further, the Stigma Index II study, which began in 2019, is being implemented by PLHIV with the support of Iranian Research Center of HIV/AIDS, UNAIDS, GNP+ and UNDP/GFATM started in 2019. According to previous round of the same study (Stigma Index I in 2010) PLHIV have limited access to occupation, educational and health services, and. 62.2% of participants experienced external stigma and 98.62% subjects reported internal stigma. Finally, to ensure the national response mainstreams stigma and discrimination across all results areas, it has been decided that NSP5 will contain a legal / ethics framework.

Knowledge of HIV and access to sexual reproductive health services

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

Educational activities for young people and the general public have included limited measures in schools, universities (incl. family health classes), military barracks, factories, guilds, hospitals, other health facilities, prisons, addiction treatment centers, cultural centers, some television programmes, as well as compulsory pre-marriage HIV/AIDS/STI classes and peer education activities. Other measures in this domain have included telephone hotlines, two websites, public information notices in airports, underground and railway stations, bus stops and terminals, major urban thoroughfares, home audio-visual products, advocacy campaigns involving artists and sportspeople, and HIV-themed street carnivals and theatre in Tehran and other cities.

In the 2016 DHS, the proportion of women aged 15-49 who correctly responded to the prompted questions that measure essential facts about HIV prevention was 58.6, 56.9, 66.2, 37.2, 63.5 and 55.0 percent, respectively. The corresponding correct response rates among men in the same survey were 49.3, 52.1, 42.5, 26.0, 51.4 and 41.9 percent, respectively.

In 2016, seven “Adolescents Well Being Clubs” started to work in six cities. They provide services to adolescents and youth aged 10-19 years. Three of the centers catered for young women and girls, and four for young men, prioritizing adolescents who exhibit or are at high risk of so-called delinquent behaviour, although adolescents outside this group are also served. Each center also operates at least two peer (age \geq 19) outreach teams. The clubs provide IEC, HIV prevention and testing services, life skills education, social work and counselling services, and have served about 10,000 adolescents since their launch. Clients are followed up until they find employment and achieve economic self-sufficiency. The model has been presented for duplication to other NAP partners, such as the Ministry of Sports and Youth, the Ministry of Higher Education, and the Iranian Red Crescent Organization.

Social protection

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

Progress summary

One of the most important components of the National Strategic Plan has been the empowerment and support of PLHIV, including insurance coverage, provision of shelter, occupational training and employment, as well as income support for eligible candidates. These measures aim to improve the quality of life of PLHIV as well as reduce the risk of onward HIV transmission.

To this end, Positive Clubs were established within the national programme with the aim of providing psychosocial support to all PLHIV, ensuring their dignity and free of all discrimination. Positive Clubs are safe environments, located in selected districts close to VCT facilities and administered by the non-governmental sector, which provide positive prevention services and psychosocial support for people living with and affected by HIV. Last year a joint operational protocol was developed and a workshop was also implemented to improve activities. Iranian positive clubs won Red Ribbon Awards for outstanding community leadership on AIDS in 2012, 2014 and 2016.

Community-led service delivery

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

Progress summary

The involvement of community-based organizations in service provision has been a key element of the national response ever since the first National Strategic Plan was developed in the early 2000s. Harm reduction programmes for PWID were planned, launched, and scaled up with the help of non-governmental organizations. At present, all 470 facilities for PWID, all 80 for high risk behaviour women affected by HIV and all 621 outreach teams working over the country are administered by NGOs. These centers are supported and controlled for quality by either the Ministry of Health (through the nearest medical university) or the State Welfare Organization. The OST programme in Iran has also been expanded with the direct and widespread involvement of the private sector, to the extent that, by the end of 2018, more than 98 percent of the approximately 8500 OST centers supervised by either the Ministry of Health or the Welfare Organization were administered by the private sector.

Positive Clubs are wholly administered by PLHIV and provide psychosocial services. Much of the awareness raising activity targeting young people and the general population under commitments 4 and 5 is also carried out with the help of community-based organizations.

5th National HIV Strategic Plan is being developed, and the National AIDS Control Programme plans to involve PLHIV, key populations and NGOs in every stage of its development.

HIV expenditure

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

Progress summary

Domestic financing accounts for the overwhelming majority of the NSP budget in Iran. US sanctions have severely limited the financial resources available to the National HIV Program, significantly hampering the national response and, if they persist, necessitating the “rationalization” or re-prioritizing of current activities. Although Iran conducts National Health Accounts on an annual basis, the NHA does not include an HIV sub-account. As such, the only feasible means of tracking HIV resources flow in Iran is currently the National AIDS Spending Assessment (NASA), which has been conducted once in full (in 2014, on 2012 data) and once as a “mini-NASA” (major ASCs only, in 2016, on 2014 data). Both exercises were not without limitation, the most important being the inability of service providers to report actual expenditure. The National AIDS Programme will therefore be considering a more reliable approach in coming years.

Empowerment and access to justice

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

It has become clear to programme stakeholders over the years, and especially during implementation of the current National Strategic Plan, that inadequate knowledge of the law can impede service delivery to people living with and affected by HIV as well as key populations. Even though no law exist that deprives PLHIV from their civic rights, as has already been stated under Commitment 3, PLHIV nevertheless do face certain forms of discrimination. In response to this, the National HIV Treatment & Care Committee in March 2017 endorsed a decision to develop guidance on “HIV and the Law”, which will familiarize PLHIV, key populations and service providers with their legal rights.

Another point is the existence of certain gaps or impediments in law with regards to key populations, minors, and partner notification, which given the latest WHO recommendations should be modified to simplify service delivery. Development of the guidance on HIV and the Law includes a review of national laws, identifying gaps to be filled or instances to be revised. A programme would then be formulated to addressed them. For example, in the case of PWID, in spite of revisions over the past two decades to drug control laws, which have facilitated the provision of services, a number of programme partners still identify provisions within the law that need to be revised.

There have been reports of some facilities and/or their clients experiencing legal problems during their day-to-day activities. Last year, it was decided to provide legal assistance to these centers and their clients, beginning with “Adolescents Well Being Clubs”. In the near future each club will have access to a legal adviser. After evaluating the result of this project, it will be scaled up if it is successful.

AIDS out of isolation

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

Screening for active TB is mandated for HIV positive patients at every visit. PPD skin testing is also required for all HIV positive patients with no history of active or latent TB. Recently, IGRA has been added as an alternative for diagnosis of latent TB. The recommended time of ART initiation depends on CD4 count but not after first phase of TB treatment. National HIV clinical guidelines specifically recommend routine vaccination for diphtheria/tetanus, Influenza, HBV, pneumococcus and MMR for those with a CD4 count above 200. These guidelines also recommend routine test for HBV serology and recommend using an ART regimen that covers HBV in these patients. Testing for HCV Ab is also recommended.

194 HIV-positive new and relapsed TB patients started on TB treatment received ART concomitantly (either before TB treatment initiation or after that) in 2019. In the same period among those newly enrolled in care (2381 PLWH), 741 (31%) received INH prophylaxis. Of these newly initiated ART in 2019, 1808 were tested for HCV Ab. HCV RNA checked for 206 and 172 were treated with direct antiviral agents. A program launched in 2016 to eliminate HCV elimination has now completed its pilot phase. Among 5201 women living with HIV, 2149 (41%) have ever had a screening test for cervical cancer using VIA, Pap smear and/or HPV test. Among them 755 tested in the last year.