

UNAIDS 2023

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# Results in Western and Central Africa

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**2022 Regional report**

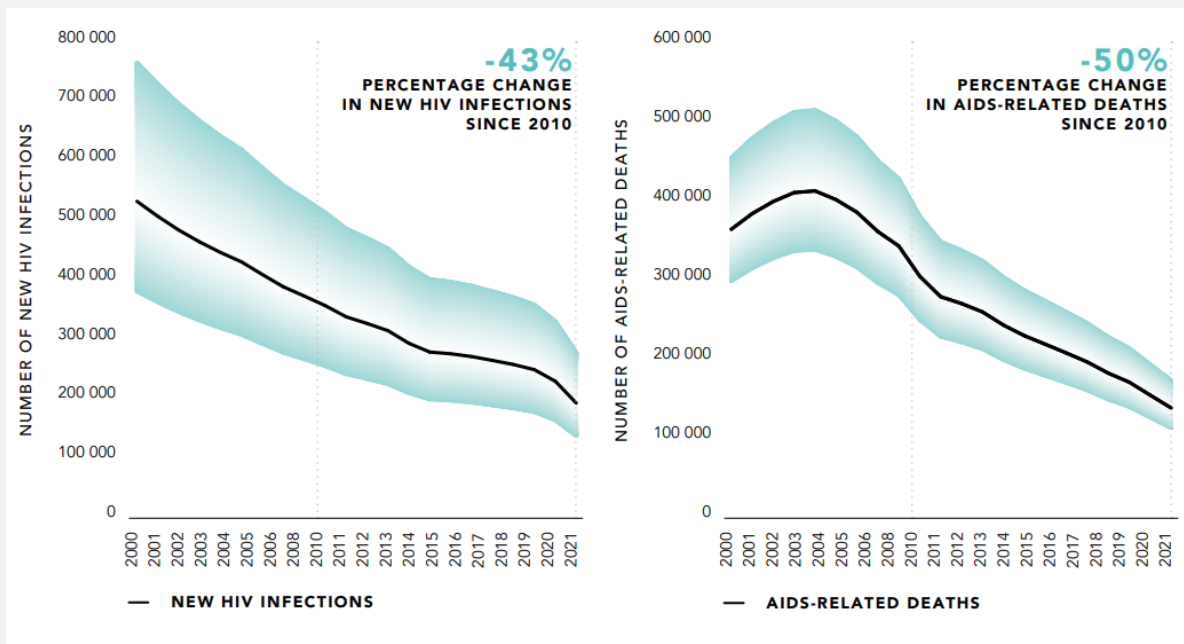


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# Results in western and central Africa

## Progress towards bending the curves and saving lives<sup>1</sup>

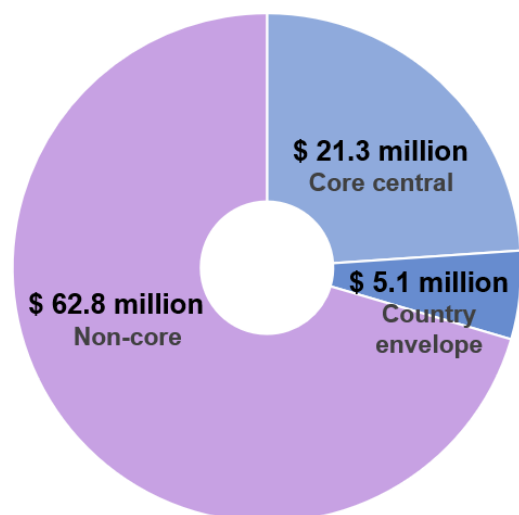


### Key results in the region thanks to support from the Joint Programme:

- 60% [48-70] of pregnant women living with HIV in the region receive ARV for PMTCT
- 78% [70-89] of all people living with HIV in the region are accessing antiretroviral therapy
- **22 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **20 countries** have stronger community-led HIV responses
- **19 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **14 countries** implemented gender-responsive HIV services free of gender-based discrimination and violence
- **10 countries** implemented measures advancing full and sustainable HIV financing

### 23 countries with Joint UN Plans on AIDS aligned to national priorities and the Global AIDS Strategy

**Western and central Africa: 2022 Core and non-core expenditures and encumbrances by funding source (in millions of US\$) - Cosponsors and Secretariat total of US\$ 89.2 million**



<sup>1</sup> Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>.

*In the west and central Africa region, the Joint Programme accelerated progress towards the 95–95–95 testing and treatment targets through strategic collaborations with regional and national partners. HIV prevention, testing and treatment services became better at reaching vulnerable and key populations, including refugees and female sex workers. Integration of PMTCT and reproductive, maternal, newborn, child and adolescent health services boosted access to HIV services among pregnant women and children. Community-led programming and monitoring continued to generate evidence and strengthen access to quality HIV and social protection services among vulnerable and key populations, with support from the Joint Programme. Throughout the region, community leaders, peer educators, legal professionals, government officials and people at high risk of HIV infection, including young people, were empowered to promote sexual and reproductive health and rights as well as address gender inequalities, human rights violations and gender-based violence. 2022 marked the entry into force of the recommendations of the Dakar High Level Summit held in 2021, translating political commitments at country level and further advancing national HIV responses.*



**UBRAF Outcome 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.**

Support from the Joint Programme enabled the wider adoption of innovative approaches to provide HIV prevention services to populations in need. For example, in Côte d'Ivoire, digital HIV prevention initiatives, including the "Hello Ado" app, reached close to 1.9 million adolescents and young people, and 37 163 HIV self-testing kits were distributed to this group (UNICEF). A visual communication package on HIV prevention and access to SRH and HIV services was developed and successfully rolled out in Liberia and Nigeria to support peer-to-peer communication on behaviour change among adolescents and young people (UNAIDS Secretariat).

A youth programme enhanced HIV prevention and testing, SRH and referral services among adolescents and young people in Cameroon through the use of integrated platforms: health facilities, education institutes, community platforms and social media (UNICEF). In addition, a total of 26 635 adolescents and young people in Cameroon were sensitized on HIV and SRH services in schools and through youth networks and platforms (UNFPA).

During the 2022 International Adolescent Health Week, over 5.5 million adolescents and young people in Nigeria were sensitized on HIV and SRH via in-person and virtual initiatives, with support from the Joint Programme. Additionally, 14 024 adolescents and young people took the HIV risk assessment test of whom 11 184 were found to be at high risk of HIV infection and were offered HIV testing. More than one million condoms were also distributed during these events (UNICEF).

Guidance (in French, Portuguese, Spanish and English) was disseminated to 23 countries in the region to support people living with disabilities to access integrated SRH services (UNFPA).

In the Democratic Republic of Congo, 211 746 refugees and people from host communities improved their knowledge of HIV prevention, testing, treatment and SRH services via community sensitization sessions (UNHCR). In Nigeria, more than 20 female sex worker support groups were established, and female sex workers were trained as peer educators to improve access to quality HIV, SRH and referral services among this group (UNFPA).

In Togo, PrEP programmes were rolled out at selected pilot sites, and 580 people, including serodiscordant couples, sex workers and people who inject drugs, were initiated on PrEP by the end of 2022. In Sierra Leone, over 7,000 people from key populations have accessed PrEP services cumulatively since its roll out (WHO, UNAIDS Secretariat). In Nigeria, the Drug Harm Reduction Advocacy Network informs harm reduction services and increased the meaningful involvement in decision-making of people who use drugs (UNODC, UNAIDS Secretariat).

Countries in western and central Africa are implementing the "treat-all" strategy, although there are still important gaps in access to HIV testing and treatment services, especially among groups at high risk and for children who are left behind. In Nigeria, over 12 million people were tested for HIV and those who tested HIV positive were referred to treatment services. This was done with support from the Joint Programme and collaborations with national partners, including networks of people living with HIV. Community-led family testing initiatives are expanding in Côte d'Ivoire, the Democratic Republic of Congo and Liberia, thanks to partnerships with people living with HIV support groups. Implementation of self-testing and index testing strategies also improved HIV testing coverage across Togo, including through a campaign that reached 7,788 children (WHO, UNAIDS Secretariat).

Expansion of paediatric and community-led differentiated service delivery improved access to, and uptake of PMTCT and paediatric HIV services in 14 countries in the region (UNICEF, WHO). For example, in Burkina Faso and Chad, an index testing and treatment programme was rolled out and 21 297 internally displaced women were sensitized on these services (UNHCR, UNAIDS Secretariat).

In addition to Cameroon, the Democratic Republic of the Congo and Nigeria, Côte d'Ivoire reaffirmed its commitment to scale up EMTCT and paediatric HIV services by joining the newly created Global Alliance to end AIDS in children, and by developing an action plan (UNICEF, WHO, UNAIDS Secretariat). In 2022, Joint Programme enhanced the capacities of 260 midwives to apply the latest ART protocol for adolescents and children,

while 6,494 pregnant women were tested for HIV, including through community-based HIV testing (UNICEF).

In Sierra Leone, the latest operational plan for EMTCT of HIV and standard operating procedures led to improved integration of EMTCT and reproductive, maternal, newborn, child and adolescent health services. In Liberia, integration of the latter services with EMTCT services increased access among pregnant women, while Burundi further reinforced its EMTCT coverage by integrating HIV testing and antenatal care services (UNICEF). In Cameroon, more than 7,000 pregnant women were tested for HIV during their antenatal care visits and health-care providers were trained on the delivery of integrated EMTCT and reproductive, maternal, newborn, child and adolescent health services among mothers and their infants in 11 refugee camps (UNHCR).

**UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.**

A collaboration with the Civil Society Institute for HIV and Health in West and Central Africa, which convenes 149 civil society organizations from 21 countries, improved the capacity of civil society organizations, including networks of people living with HIV and key populations, for effective coordination of community-led responses in the region. More than one third of countries in the region now have a national civil society platform supported by the Institute. For example, in 2022, the provision of harmonized guidance and tools, capacity-building and horizontal learning opportunities improved civil society organizations' abilities to undertake resource mobilization and community-led monitoring. This improved the delivery of HIV services in several countries, including Burundi, Cameroon, the Democratic Republic of Congo, Mali and Nigeria (UNAIDS Secretariat).

A synthesis report on legal framework assessments led to improved strategic evidence for the protection of the human rights of people living with HIV in five countries, which resulted from collaborations with civil society organizations in those countries. In the Democratic Republic of Congo, under the Global Fund's Breaking Down Barriers initiative, a five-year strategic plan now guides community-led programmes that are aimed at reducing human rights violations among vulnerable and key populations and at removing barriers to HIV, TB and malaria services. In addition, Togo developed a three-year gender and human rights action plan, and the Central African Republic revised its HIV law and Family Code with improvements for protecting the rights of women and people living with HIV. Sustained technical support from the Joint Programme enabled those changes (UNDP, UNAIDS Secretariat).

Following the results of the Stigma Index 2.0 on violence against disabled women living with HIV, the Nigerian People Living with HIV Network accelerated advocacy for a law addressing gender-based violence. Similarly, the Stigma Index findings in Burkina Faso are spurring advocacy to amend a law that criminalizes HIV transmission and nondisclosure. In Côte d'Ivoire, the study findings led to the scale-up of education and psychosocial support programmes to reduce stigma and discrimination against people living with or affected by HIV. Findings from the Stigma Index 2.0 also informed advocacy

campaigns in Benin, Burkina Faso, Côte d'Ivoire, Ghana, Nigeria and Togo (UNAIDS Secretariat).

Faith-based organizations contributed to reduce HIV-related stigma and gender-based violence in Cameroon, Côte d'Ivoire and Nigeria through various initiatives that were included in national HIV strategies. HIV risk self-assessments among adolescent girls and young women informed the scale up of tailored HIV prevention, care and treatment programme among this group in Côte d'Ivoire, the Democratic Republic of Congo, Ghana and Nigeria (UNAIDS Secretariat).

The #UPROOT scorecard generated strong evidence to advance HIV and SRHR programmes and drive youth leadership in Burundi, Ghana and Nigeria, building on a partnership with the Program for Assertive Community Treatment and the Global Network of Young People Living With HIV (Y+ Global). In Nigeria, more than 2,150 teachers and teacher educators are now better equipped to deliver life, health and HIV education for adolescent and young people, and almost 150 000 adolescents and young people have better skills for adopting safe behaviours and pursuing healthy and productive lives (UNESCO).

**UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.**

To reduce persistent high dependence on external funding, national, regional and global partnerships were consolidated with support from the Joint Programme, securing domestic and external investments for increased sustainability of the HIV response in the region. During the Praia Process in Cabo Verde, more than 200 delegates from 23 countries proposed innovative designs and funding mechanisms for a new generation of high-impact HIV programmes for key populations in western and central Africa. Recommendations informed Global Fund grant country proposals, including an increased focus on key populations. In addition, new HIV estimates and the Global AIDS Monitoring reports reinforced strategic evidence to further support resource mobilization efforts. Across the region, 17 countries now have HIV estimates at decentralized level for improved decision-making, thanks to strengthened national information systems (UNAIDS Secretariat).

To maximize the impact of Global Fund Cycle 7 in 15 countries in western and central Africa, the Joint Programme convened a hybrid technical guidance workshop in Senegal in December. The meeting was instrumental in ensuring evidence-based funding requests that follow the latest guidance and integrate innovations on HIV, community-led responses, human rights and gender, as well as integrated and resilient systems for health (WHO, UNAIDS Secretariat).

In Togo, an HIV and social protection assessment identified 16 institutions currently providing social protection programmes (including 18 related schemes that are accessible to people living with HIV or TB). This informed a social protection national policy that was developed in collaboration with key and vulnerable populations. Similar social protection



assessments were conducted in Benin, the Central African Republic and Côte d'Ivoire (ILO).

The region still faces unstable political, security and humanitarian situations, reinforced by food insecurity, epidemics (including COVID-19) and the effects of climate change. All this has affected access to and, in some cases, led to serious disruptions of HIV services. The Joint Programme's expertise and strong partnerships with civil society and other humanitarian actors focused on sustaining access to HIV services in diverse humanitarian settings, along with efforts to reach key populations with integrated services (UNHCR, UNICEF, WFP, UNFPA). In the Central African Republic, close to 80 000 people from vulnerable populations, including adolescent and young people, pregnant women and displaced and marginalized people, accessed tailored HIV screening, nutrition and treatment referral services, while 10 000 people living with HIV received nutrition support (WFP). In partnership with the Red Cross, 73 719 condoms were distributed in three refugee camps and host communities in Liberia, targeting vulnerable and key populations, including young women. In Cameroon, 47 538 refugees increased their awareness on HIV and other STIs (UNHCR).

Across the region, more than 136 000 people living with or affected by HIV received food, nutrition and livelihood assistance in 2022. In Cameroon, the Central African Republic and Guinea, almost 23 000 malnourished people living with HIV on treatment received specialized nutrition and food, and 50 000 family members obtained food assistance. This helped improve household food security, treatment adherence and health outcomes. Assessments of food and nutrition vulnerability of people living with HIV informed advocacy and programming in the Central African Republic and in north-eastern Nigeria (WFP).

Small-scale pilot cash transfer programmes targeting people living with HIV were launched in Chad, Mali and the Niger to improve treatment adherence and retention (WFP). In Benin, Cameroon, Guinea and Ghana, 20 835 vulnerable people living with HIV made use of skills-building training, equipment and seed funding to establish income-generating activities, and technical support was provided to newly established farmer's groups and cooperatives. [Lessons learned from joint cash transfer programmes for people living with HIV and key populations in the context of COVID-19](#) were published to support future programming in Burkina Faso, Cameroon, Côte d'Ivoire and the Niger (WFP, UNAIDS Secretariat). Twelve countries finalized a regional mapping of HIV and social protection, which guides a joint UN project aimed at scaling up social protection schemes for people living with HIV in the region (UNICEF, WFP, ILO, UNAIDS Secretariat).

## Lessons learned

Engagement of youth is essential to sustain the HIV response in the region, as demonstrated in several countries. The introduction of community-led monitoring of HIV programmes across the region has strengthened equity and access to quality services, strategic evidence and community-led advocacy. It has also helped bring about policy changes and improve sustainability in the HIV response.

Recognizing that the SDGs (including SDG 3) cannot be achieved if humanitarian and crisis-affected populations are left behind, the Joint Programme prioritized and operationalized inclusive, rights-based, gender-sensitive and community empowerment approaches to address their specific needs. This included taking swift, coordinated, multisectoral and evidence-based action to enable refugees, forcibly displaced and crisis-affected persons to access health services, food and nutrition assistance, protection and economic empowerment. Meanwhile, strengthening health systems and advocating for visibility, inclusion, protection and increased resources for these populations contributed to saving lives and improving well-being among people living with, affected by or at risk of HIV.

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