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2014 regional summary report

West and Central Africa

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INTRODUCTION

This report provides a summary of the key UNAIDS achievements in 2014 in the West and Central Africa (WCA) region, grouped by the three strategic directions of the UNAIDS 2011–2015 strategy. It lists major challenges and key future interventions and outlines the way the regional Joint Team operates. It can be read as a standalone report; although it is principally designed to complement other UNAIDS reporting at the country and global level.

ACHIEVEMENTS

Strategic direction 1: revolutionize HIV prevention

In 2014, UNAIDS raised awareness of the risk of HIV sexual transmission in WCA, using evidence-based materials and advocacy with governments to improve HIV prevention policy, planning and programming, especially for young women and girls.

As part of this work, 1024 teachers were trained on HIV prevention and sexual transmission in the region, am activity that potentially will benefit more than 42 000 students. Training was carried out using a revised set of self-training tools for teachers, employing information and communication technology (ICT) and focusing on participative approaches and the development of specific life skills (such as condom use and refusal of unwanted sex) in order to increase the impact of school-based behaviour change programmes.

More than 420 core trainers and supervisors were trained to use similar ICT-based modules in formal and non-formal education settings in Cameroon, Chad, the Congo and Gabon.

As a result of voluntary HIV counselling and testing into the workplace introduced through the UNAIDS VCT@WORK initiative led by the International Labour Organization (ILO), over 65 000 workers and their families in WCA have become aware of their HIV status and have accessed health-care services.

A total of 28 000 new paediatric HIV infections were averted in 2013, the fastest drop since 2009. The role of the first ladies of Chad, Côte d'Ivoire and Gabon as champions for the elimination of mother-to-child transmission (with UNAIDS support) made an important contribution to this. The work was complemented by an increased involvement of professional societies (such as gynaecologists and midwives) to accelerate the elimination of mother-to-child transmission and integration of services in the region.

With UNAIDS support, task shifting policy for antiretroviral therapy was promoted in Chad and Côte d'Ivoire, and the change to prevention of mother-to-child transmission policy option B+ was promoted in four additional countries in the region (Burkina Faso, Gabon, Mali and Niger).

A 13% increase in coverage of paediatric antiretroviral therapy (87 006 in 2013, compared to 76 825 in 2012) also was recorded in the region after UNAIDS input on increasing capacity for data-driven programming that supported the integration of services for stopping new HIV infections in children and keeping mothers alive into existing reproductive, maternal, newborn and child health (RMNCH) services (and accelerating their uptake).

Following advocacy efforts from the United Nations Office on Drugs and Crime (UNODC) and the UNAIDS Secretariat, a comprehensive package for harm reduction, HIV prevention and treatment for injecting drug users and prisoners was included in Nigeria's policies and programmes. Additional UNAIDS support facilitated an enhanced partnership between law enforcement and civil society organizations with regard to drug use and HIV in the region. UNODC worked with Nigeria's National Drug Law Enforcement Agency (NDLEA) and National AIDS Control Agency (NACA) to include people who use drugs and prison inmates as priority populations. This helped in planning the roll-out of treatment services, including opioid substitution therapy for people who use drugs in Nigeria, and UNODC supported the formulation of Nigeria's National Drug Master Plan 2015–2019.

Harm reduction networks were strengthened through engagement with civil society organizations and National AIDS Control Agencies in the region, and UNAIDS facilitated the formation of a harm reduction network of people who use drugs in Nigeria. UNODC and the UNAIDS Secretariat also partnered with the National Agency for the Control of AIDS (NACA) to build the capacity of people who inject drugs and create a networking platform for engaging with that key population in order to form a coordinated response in Nigeria. This partnership consisted of one national and eight state-level consultative workshops, each of which included an average participation of 20 people who inject drugs.

The United Nations Population Fund (UNFPA) and the UNAIDS Secretariat provided tools and technical support to help country offices in the region work with youth-led organizations and networks of young people living with HIV. Outcomes of this work included mapping regional youth-led organizations and networks of young people living with HIV, as well as developing a checklist to assess the quality of youth organizations.

Strategic direction 2: catalyse the next phase of treatment, care and support

Following dissemination of the 2013 WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing infection in the WCA region, the antiretroviral therapy guidelines of 19 countries were revised. This represents every country in the region, except Cabo Verde, Equatorial Guinea, Gabon, the Gambia, Liberia and Sierra Leone. The WHO guidelines for paediatric HIV care and treatment also were adopted and implemented in 13 countries. In their concept notes for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Cameroon, Chad, the Democratic Republic of the Congo, Ghana, Nigeria and Togo integrated strategies for the Treatment 2015 initiative with regards to testing, decentralization, task shifting and quality services. Six additional countries (the Congo, Gabon, Mauritania, Niger, Senegal and Sierra Leone)

were supported to implement the test and treat strategy.

Extensive advocacy in the region by UNAIDS as part of the global HIV treatment retargeting process—including involvement by national AIDS commissions, ministries of health, civil society networks and members of the Joint United Nations Regional Team on AIDS (JURTA)—resulted in adoption of the ambitious 90-90-90 treatment targets by 13 countries: Burkina Faso, the Central African Republic, Chad, the Congo, Côte d'Ivoire, the Democratic Republic of the Congo, Guinea, Liberia, Mauritania, Niger, Nigeria, Senegal and Sierra Leone.

The Joint Programme's partnership with the African Society for Laboratory Medicine and Institute Pasteur de Dakar was strengthened in 2014 to improve access to diagnostics for HIV testing and treatment. Strengthened partnerships also led to capacity building of laboratory staff and stronger laboratory networks in Cameroon, Chad, Côte d'Ivoire, the Democratic Republic of the Congo and Nigeria.

Joint Programme inputs into the submission of joint TB and HIV concept notes for the Global Fund by high-burden TB and HIV coinfection countries helped to lay the foundation for—and ultimately build—improved TB and HIV integration.

Several UNAIDS activities improved young people's capacity for leadership, strategy development and effective participation in order to improve and raise awareness of youth-friendly HIV prevention, care and treatment services and sexual reproductive health issues. For example, the Association of Young Positive Youths living with HIV/AIDS in Nigeria was strengthened to merge their activities with the ACT 2015 youth coalition. UNFPA and the UNAIDS Secretariat produced a guide on working with youth organizations and networks of young people living with HIV. In collaboration with United Nations partners, USAID hosted a stakeholder workshop in Accra, Ghana, on working with key populations in WCA. Young and key population groups emphasized the needs of tailored services and the importance of protection for adolescent and young key populations within the legal environment.

Several UNAIDS Secretariat initiatives used popular media to encourage young people to commit to HIV prevention, including through the use of football. For example, then-President Goodluck Jonathan of Nigeria signed the Protect the Goal ball along with Nigerian football stars, and Côte d'Ivoire and AS Roma football player Gervinho was recruited as a UNAIDS Goodwill Ambassador.

The World Bank worked with USAID to identify gaps in interventions targeting sex workers in Cameroon and Côte d'Ivoire, to help develop strategies targeting key populations in Global Fund concept notes for 14 countries.

Strategic direction 3: advance human rights and gender equality for the HIV response

In 2014, the UNAIDS Secretariat focused efforts on the completion of the People living with HIV Stigma Index in countries throughout WCA. Findings of the Index studies were used to inform the development and review of key documents, such as national strategic plans and Global Fund concept notes. Guidance was provided to networks of people living with HIV, and advocacy was carried out with national AIDS councils at the 5th Economic Community of West African States (ECOWAS) Multisectoral Committee Meeting on the HIV Response in Abidjan, Côte d'Ivoire, in July 2014. This work contributed to the Index being completed in five additional countries: Chad, Ghana, Liberia, Sierra Leone and Togo. Studies also are ongoing or being prepared in eight other countries: Burkina Faso, Burundi, the Central African Republic, the Congo, Côte d'Ivoire, Guinea, Mali and Niger.

Throughout 2014, UNAIDS and its partners contributed (either individually or collectively through JURTA) to strengthen mitigation of HIV risks amongst vulnerable construction workers, miners and sex workers. This was done by supporting country governments and civil society to use environmental and social impact assessment regulations and practices as a way of releasing funding from UNDP capital projects to supply HIV prevention, care and treatment for key populations in Burkina Faso, Cameroon and Ghana.

UNAIDS also played a significant role promoting human rights and gender equality in the response to HIV. This included strengthening legal, policy and strategic environments in the region, as well as building the capacity of key stakeholders in the judiciary and legislative branches. This resulted in increased protection and access to HIV services for the most vulnerable. For example, interactions with bar associations and the sensitization of lawyers on HIV issues led to the strengthening of legal assistance programs in Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, the Gambia and Senegal. In four pilot countries (the Gambia, Ghana, Nigeria, Senegal), UNAIDS worked to ensure legal representation and access to justice for key populations, and it also worked with the police and local governments to design safe havens and to enable access to treatment for marginalized groups in these countries.

In eight countries (Burkina Faso, Burundi, Cameroon, Chad, the Democratic Republic of the Congo, Gabon, Nigeria and Senegal), UNAIDS supported increased gender awareness, and the findings of gender assessments were used for HIV national strategic plan reviews and the development of Global Fund concept notes. In Nigeria, the capacity of nongovernmental organizations and government was built to more effectively address gender-based violence (GBV). This was reflected in the development and implementation of the AIDS National Action Plan, which seeks to enhance gender equality and the protection of vulnerable groups. In Cameroon and Côte d'Ivoire, structures providing support for victims of GBV were strengthened with UNAIDS input. More broadly, UNAIDS helped build a partnership to end GBV throughout the region, involving men, boys, governments, media professionals, community leaders and women's networks.

In the area of humanitarian support, UNAIDS helped incorporate HIV and gender in

strategies and response plans in the Central African Republic, and it worked to ensure that refugees have continued access to prevention and treatment services.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

Important data gaps, including limited data quality and minimal gender and age disaggregation, limit the capacity of UNAIDS to prioritize actions in the region.

Despite significant improvements in health systems, they remain weak, and political attention to public health is frail. This was confirmed by the Ebola epidemic in Guinea, Liberia and Sierra Leone: within a year, roughly 10 000 people had died, and the epidemic was far from being under control at the end of 2014. The impact on the AIDS response was huge: in Sierra Leone, around 60% of people living with HIV stopped their antiretroviral therapy. The Ebola epidemic also disrupted regional activities and coordination due to temporary travel restrictions, reallocation of funds and staff, and the cancellation and postponement of meetings and activities.

Funding gaps and bottlenecks persist at the policy and programmatic levels. This prevents the effective roll out of services for stopping new HIV infections in children and keeping mothers alive, as well as adult HIV care and treatment services.

Conflict and insecurity in countries in the WCA region cause enormous harm to public health and the AIDS response, disrupting access to treatment. Even when security and access to treatment is restored, there are concerns about treatment resistance. More efforts are needed to equip communities to respond to AIDS, strengthen health systems and integrate HIV prevention and treatment services into humanitarian responses to ensure continuation of essential HIV services.

GBV and restrictive social norms for women and girls remain pervasive. Women and girls are more vulnerable than men and boys to HIV; a lack of decision-making power, weak or poorly adapted sexual health services, and the limited engagement of men and boys all are high risk factors. Widespread stigma and discrimination, including self-stigmatization, also persist, and they remain major barriers to accessing HIV services.

Since more than 40% of new infections occur among young people worldwide—and 60% of the population in WCA is under 25 years old—the region urgently needs to reassess the influence of (and response to) taboos around the sexual health of adolescents and young people. Access to sexual and reproductive health services for young people, including sexuality education, must be stepped up.

There is limited motivation from governments to prioritize harm reduction programmes for injecting drug users due to the widespread belief that harm reduction strategies actually increase drug use. Civil society could play a more important role to promote this, but capacities and activism were limited; for example, despite the size of the region, there were

no regional harm reduction or sex workers networks in 2014.

Several countries have laws that criminalize same-sex relations. There are sometimes harsh public homophobic reactions and significant resistance to related law reform.

KEY FUTURE INTERVENTIONS

Key future interventions for UNAIDS in 2015 will include:

- focusing action and technical support on priority countries in order to Fast-Track the AIDS response in the region, gather and use strategic information (including at the sub-national level), and support Global Fund grant-making and programme implementation;
- continuing advocacy and implementation of the Fast-Track Cities and HIV initiatives in 15 key municipalities;
- building on high-level advocacy, strategic alliances, service integration and technological innovations to accelerate high-impact actions for eliminating mother-to-child transmission in high-burden countries;
- assessing adaptation and implementation of the 2013 WHO Consolidated guidelines on antiretroviral therapy and developing reports on progress towards achieving universal access;
- advocating at the highest levels for HIV prevention and sexuality education (particularly among adolescents and girls), and promoting better understanding of the barriers to service access in order to address them;
- supporting evidence-based approaches for harm reduction interventions for injecting drug users and prison inmates;
- engaging civil society organizations further, and building their capacities and leadership skills for increased participation in decision-making;
- promoting that the specific needs of women and girls be integrated into national AIDS responses, and that men and boys' engagement for gender equality are reinforced;
- increasing GBV prevention and management through the provision of support services to survivors, including in humanitarian settings;
- promoting utilization of evidence-based practices for the strengthened implementation of food and nutrition support to HIV- and TB-affected individuals, household members or care providers; and
- strengthening legal, policy, strategy and regulatory environments for HIV and health, including access to justice and the enforcement of positive laws.

THE UNAIDS REGIONAL COORDINATION MECHANISM

In order to increase coordinated and coherent support to AIDS responses in WCA, JURTA was expanded to non-United Nations stakeholders in 2012. In 2014, it was composed of 32 member organizations. In addition to the 12 Joint Programme members, it included:

- other UN entities (the Office of the High Commissioner for Human Rights (OHCHR), Office for the Coordination of Humanitarian Affairs (OCHA) and the International Organization for Migration (IOM));
- regional organizations (ECOWAS, the West African Health Organization (WAHO) and the Economic Community of Central African States (ECCAS));
- bilateral organizations (USAID, French 5% initiative);
- medical and pharmaceutical networks (Solthis, Esther, Association Africaine des Centrales d'Achat de Médicaments (ACAME)); and
- civil society organizations (such as the African Council of AIDS Service Organizations (AfriCASO) or AIDS Alliance).

JURTA operates through thematic working groups to collectively deliver on regional priorities, including procurement and supply management, young people and key populations, HIV in emergency situations, and the elimination of mother-to-child transmission. Human rights, gender and community mobilization are transversal aspects of JURTA's work.

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