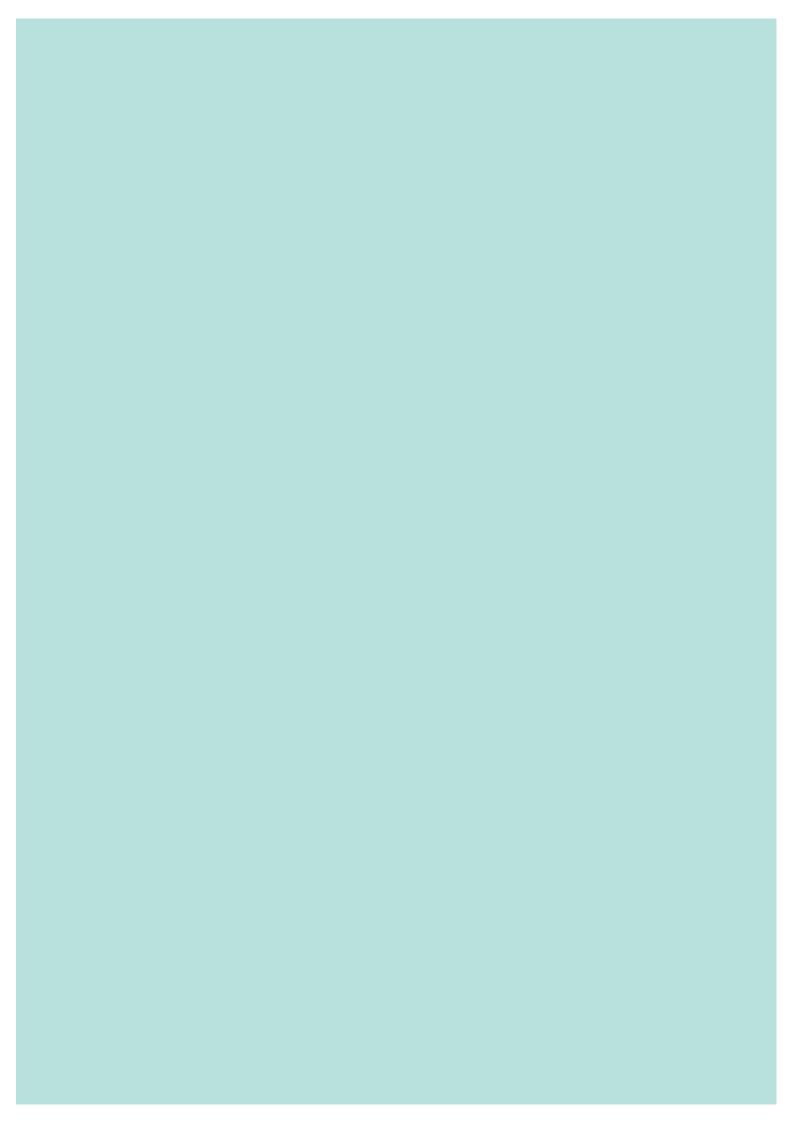
# Western and Central Africa

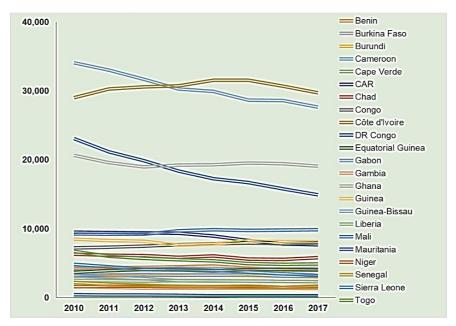
Regional report 2018



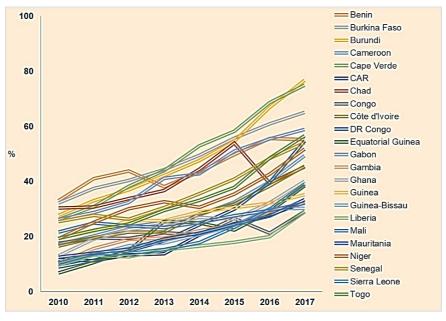
## Contents

ntroduction	2
Progress towards the Fast-Track targets	3
Joint Programme contributions	3
Challenges and bottlenecks	5
Key future actions	5
Expenditure information	7

#### Introduction



Rate of new HIV infections in Western and Central Africa



ART coverage in Western and Central Africa

#### **Progress towards the Fast-Track targets**

Indicators prioritized by the Regional Joint Team	Status	Remarks
Achieve at least 75% HIV treatment coverage.	• NOT ON TRACK	The percentage of people receiving ART rose from 30% in 2015 to 40% in 2017.
Achieve 70% viral suppression among people living with HIV in at least 7 Fast-Track countries.	• NOT ON TRACK	Viral suppression levels rose from 13% in 2015 to 29% in 2017.
Achieve at least 90% coverage for PMTCT.	• NOT ON TRACK	The percentage of pregnant women living with HIV who received ART in 2017 was 48%, unchanged from 2015.

#### **Joint Programme contributions**

The western and central Africa Joint UN Regional Team on AIDS intensified its work in 2018 to accelerate progress towards the 90–90–90 targets.

Regional exchange meetings and trainings were held to build capacity for implementing differentiated services, strengthening laboratory systems and introducing innovative testing strategies. Missions to improve treatment outcomes were undertaken in 10 countries, including nine countries that benefited from efforts to increase PMTCT and paediatric treatment. Assistance from the Joint Regional Team led to creation of the Civil Society Institute for Health and HIV.

Treatment adherence across the region was improved through food support managed WFP. Vulnerability studies on nutritional status and food insecurity among people living with HIV were undertaken in Burkina Faso and Ghana. National nutrition guidelines were developed in 3 countries and more than 1100 health workers and community agents were trained in 9 countries to support the integration of nutritional assessments, counselling and support in HIV care.

UNHCR facilitated the inclusion of refugees' health assistance in national health and health insurance systems in 5 countries, including fully funding the enrolment of 10 000 Cameroonian refugees in the national health insurance scheme. UNHCR also worked with UNFPA and Médecins Sans Frontières to conduct a needs assessment on health systems

strengthening in refugee settings, and it undertook protection monitoring to ensure refugee's continuous access to essential services, including HIV programmes.

Addressing the HIV-related needs of adolescents and young people was a priority for the Joint Regional Team. With support from UNESCO and UNFPA, representatives from health and education ministries in 22 countries in the region agreed on a roadmap to guide the development of a high-level accountability framework for comprehensive sexuality education and sexual and reproductive health services for adolescents and young people. Training was provided to 150 national programme directors from health, education and youth ministries in 23 countries on implementing the Global Strategy on Women's, Children's and Adolescents' Health (2016–2030).

The Joint Regional Team directed efforts at strengthening HIV prevention, treatment and care among key populations. The West Africa Health Organization, UNAIDS and USAID commissioned a review of implementation of the 2015 Dakar Declaration, which calls for strengthened strategic information, health and community systems, and for reduced stigma and discrimination to improve HIV responses for key populations.

The West Africa Health Organization, UNDP and ENDA Santé brought together national AIDS coordinators from countries in the Economic Community of West African States and representatives of civil society to agree on a process for developing a regional strategy on HIV/TB and sexual and reproductive health and rights for key populations.

Working with the Joint Regional Team, Ending AIDS in West Africa (a five-year USAID-funded cooperative arrangement), organized an inclusive regional meeting to share lessons and promising practices for key population programming. Participants drafted country action plans to improve the quality, efficiency and scale of HIV programmes for key populations. A model drug law for West Africa was launched in Dakar to guide policymakers.

The Joint Regional Team supported an assessment of comprehensive condom programming in 23 countries in the region and developed a roadmap to strengthen condom programming. Fast-Track countries received guidance on strengthening the procurement and supply chain management of reproductive health commodities at a UNFPA regional workshop. The Regional Team also provided 21 countries with quality assurance for joint country plans and the 2018 country envelopes.

In western and central Africa, the Joint UN Teams on AIDS supported the achievement of specific people-centred targets related to testing, treatment, eMTCT, as well as the strengthening of civil society engagement.

#### Challenges and bottlenecks

Challenges and issues affecting the HIV response in western and central Africa included:

- Diminishing funding to implement nutritional assessments, counselling and support for people living with HIV;
- Incomplete integration of HIV in humanitarian preparedness and contingency planning in several countries, and difficulties achieving continuous service access for forcibly displaced persons;
- Inadequate uptake of innovations to achieve the 90–90-90 targets, including sub-optimal knowledge and implementation of differentiated service delivery (partly due to reluctance in the formal health sector and difficulties engaging civil participation);
- Enduring barriers associated with stigma and discrimination, including the persistent effects of poverty, inequality, violence, harmful norms (e.g. early or forced marriages), punitive laws and age-of-consent rules;
- Weak integration of sexual and reproductive health and HIV services at country level and inadequate use of the 10-step approach to implement a comprehensive condom programme; and
- Inadequate priority given to HIV in the region, especially in emergency situations.

#### **Key future actions**

Efforts will focus on prioritizing nutritional support as a key element of HIV care, increasing the capacity of Joint UN Teams to employ the HIV toolkit for humanitarian situations (with specific attention to address HIV in the context of emergencies in Cameroon and Nigeria), and assisting countries to introduce HIV-sensitive social protection schemes. The Joint Regional Team will conduct a stocktaking exercise and document good practices for accelerating progress towards the 90–90–90 targets.

A new generation of Fast-Track plans (the Accelerated Plan for 2019–2020) will be developed, taking account of knowledge gained from the catch-up plans, formal trainings and workshops. Efforts will intensify to build the capacity of civil society to engage in and lead the regional HIV response.

The Joint Regional Team will promote efforts to strengthen the collection and use of granular strategic information. The Team will advocate for ministerial-level commitment to the provision of comprehensive sexuality education and sexual and reproductive health services. It will also push for full implementation of ALL IN! and similar initiatives to improve HIV responses for adolescents and young people. Support will be provided to finalize the development of a smartphone application with service geomapping capabilities, for adolescents and young people.

The regional platform for key populations will be revived and a regional strategy for key populations will be developed. The Regional Team will support a comprehensive package for Universal Health Coverage and HIV in the region.

In western and central Africa, the country envelope resources were allocated mainly for activities related to testing and treatment (43.1%), eMTCT (17.5%), young people (16.1%) and key populations (8.7%).

### **Expenditure information**

Table 1
Expenditure and encumbrances in western and central Africa in 2018, by organization (US\$)

Organization	Core (globally allocated) (US\$)	Core (country envelope) (US\$)	Non-core (US\$)	Grand total (US\$)
UNHCR	449 400	166 885	6 085 794	6 702 079
UNICEF	454 095	1 409 232	28 897 178	30 760 505
WFP	102 653	190 061	4 871 902	5 164 616
UNDP	168 000	292 807	1 924 455	2 385 262
UNDP GF	-	-	13 209 517	13 209 517
UNFPA	716 101	920 200	7 947 790	9 584 091
UNODC	35 802	49 881	-	85 683
UN WOMEN	497 314	138 638	1 967 520	2 603 471
ILO	301 920	142 911	814 412	1 259 243
UNESCO	108 200	202 737	1 974 409	2 285 345
WHO	383 001	935 304	5 338 437	6 656 742
World Bank	361 750	-	1 338 374	1 700 124
Secretariat	18 162 049	-	821 532	18 983 581
GRAND TOTAL	21 740 283	4 448 656	75 191 321	101 380 260

Table 2
Expenditure and encumbrances in western and central Africa in 2018, by country (US\$)

Country	Core (globally allocated) (US\$)	Core (country envelope) (US\$)	Non-core (US\$)	Grand total (US\$)
Benin	533 748	128 518	808 698	1 470 964
Burkina Faso	604 892	119 227	1 654 965	2 379 084
Burundi	482 772	129 727	7 821 284	8 433 784
Cameroon	1 609 632	302 476	4 394 335	6 306 443
Cape Verde	-	-	53 202	53 202
Central African Republic	1 031 195	194 500	1 387 723	2 613 417
Chad	888 208	271 397	6 401 098	7 560 704
Congo, Republic of	442 171	141 447	437 067	1 020 685
Cote d'Ivoire	1 256 452	238 634	4 412 001	5 907 087
Democratic Republic of Congo	2 045 351	243 980	7 664 251	9 953 581
Equatorial Guinea	270 405	139 679	745 749	1 155 833
Gabon	496 036	123 175	137 053	756 264
Gambia	86 867	-	79 516	166 383
Ghana	824 459	237 629	519 801	1 581 890
Guinea (Conakry)	503 047	194 008	3 472 992	4 170 046
Liberia	510 274	88 730	978 612	1 577 616
Mali	876 535	296 446	7 319 790	8 492 771
Mauritania	158 841	-	1 130 221	1 289 062
Niger	468 938	49 402	1 112 746	1 631 085
Nigeria	2 797 176	918 962	8 199 735	11 915 873
Republic of Guinea-Bissau	886	106 385	449 566	556 837
Sao Tome & Principe	-	-	23 979	23 979
Senegal	244 913	123 595	577 030	945 538
Sierra Leone	461 225	258 414	2 607 908	3 327 546
Togo	564 149	142 325	661 092	1 367 566
WCA regional	4 582 111	-	12 140 909	16 723 020
GRAND TOTAL	21 740 283	4 448 656	75 191 321	101 380 260

Table 3
Core and non-core expenditure and encumbrances in western and central Africa in 2018, by Strategy Result Area (US\$)

Strategy Result Area	Core* (US\$)	Non-core (US\$)	Total (US\$)
SRA 1 – HIV testing and treatment	1 156 512	26 747 083	27 903 595
SRA 2 – eMTCT	77 655	9 184 502	9 262 158
SRA 3 – HIV prevention and young people	619 823	10 624 493	11 244 317
SRA 4 – HIV prevention and key populations	124 439	2 899 648	3 024 086
SRA 5 – Gender inequalities and gender-based violence	516 101	5 478 700	5 994 801
SRA 6 – Stigma, discrimination and human rights	201 915	4 496 500	4 698 415
SRA 7 – Investment and efficiency	252 227	1 854 490	2 106 717
SRA 8 – HIV and health services integration	629 562	13 084 371	13 713 934
TOTAL	3 578 234	74 369 788	77 948 022

<sup>\*</sup> This does not include expenditures against country envelope funds.

Table 4
Core and non-core expenditure and encumbrances in western and central Africa in 2018, by Secretariat function (US\$)

Secretariat function	Core (US\$)	Non-core (US\$)	Total (US\$)
S1 – Leadership advocacy and communication	5 198 465	116 745	5 315 210
S2 – Partnerships mobilization and innovation	695 187	213 078	908 265
S3 – Strategic information	2 406 383	392 422	2 798 806
S4 – Coordination convening and country implementation support	8 113 667	98 638	8 212 305
S5 – Governance and mutual accountability	1 748 346	649	1 748 995
TOTAL	18 162 049	821 532	18 983 581

#### **UNAIDS**

20 Avenue Appia CH-1211 Geneva 27 Switzerland

+41 22 791 3666

unaids.org