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Western and Central Africa

Regional report 2020

Contents

Progress towards the Fast-Track targets

Regional priorities/ targets *(by end of 2021)*	**Status**	**Results** *(by end of 2020)*
95% of people living with HIV who know their status have access to treatment and 90% are virally suppressed by end of 2021 through acceleration of the 90–90–90 targets, and focus is particularly on differentiated service delivery for HIV testing, expanded treatment access and retention (for adult and paediatric treatment).	WITHIN REACH	The 90–90–90 targets have not been achieved in the region, but progress is being made; in 2020, 77% of people living with HIV knew their status, 73% were receiving treatment, and 59% were virally suppressed. (Preliminary UNAIDS special analysis, 2021). In 2019/2020: ART coverage for adults reached 68% in Nigeria, 65% in Côte d'Ivoire, 72% in Burkina Faso, 52% in Cameroon, and 63% in Senegal (UNAIDS Country Report).
By the end of 2021, coverage of HIV comprehensive prevention programmes for key and vulnerable populations is increased by 20%, compared with 2019.	WITHIN REACH	Overall, reported coverage in member countries of the Global HIV Prevention Coalition was 45% for sex worker prevention programmes. No data were available for other key populations. Some progress has been in access to PrEP (e.g. PrEP in Nigeria has reached 3,000 people in 2019–2020, compared to 364 people in 2017) (UNAIDS Country Report).
By the end of 2021, stigma and discrimination, gender inequality and gender-based violence are reduced by 50%.	SLOW PROGRESS	More than 40% of adults expressed discriminatory attitudes towards people living with HIV in nine of 17 countries in the region with recent survey data (UNAIDS Data book 2020).
By end 2021, donor dependency is reduced to less than 50% of the total HIV budget in the region; there is increased efficiency in resource allocation and implementation of optimized service delivery models; mechanisms are in place to sustain the response.	WITHIN REACH	Main HIV response funding sources have been domestic spending (36% in 2019), United States Government bilateral contributions (35% in 2019), and the Global Fund (20% in 2019) (UNAIDS Global Report 2020).

Joint Programme contributions and results in 2020

Testing and Treatment—*technical support; coordination support (UNICEF, WFP, WHO, UNAIDS Secretariat)*

All countries in western and central Africa have implemented the 90–90–90 cascade tool. Priority countries (including Burkina Faso, Cameroon, Central African Republic, Chad, the Democratic Republic of Congo, Ghana and Nigeria,) were supported to implement the WHO consolidated guidelines on person-centred HIV patient monitoring and case surveillance. Testing, treatment and social support were increased for people living with HIV, although this was interrupted by the COVID-19 pandemic. For example, in Nigeria 73% people living with HIV knew their status and 89% of them were on ART in 2020, compared with 67% and 53%, respectively, in 2018. In Central African Republic, the corresponding results were 70% and 65% in 2020, compared with 55% and 36% in 2018. MMD and differentiated service delivery strategies have been strengthened to mitigate service disruptions due to COVID-19; three in four people living with HIV have received six-month MMD.

Fully 90% of countries reported progress in implementing the country roadmap from the 2019 High-Level Meeting on HIV eMTCT and universal coverage for paediatric HIV treatment by 2020, although targets are off-track for paediatric ARV coverage. Demand generation for PMTCT services in refugee-hosting regions increased with support from the Joint Team, which also funded the biological follow-up examinations for HIV-positive children. PMTCT services were provided to pregnant women in the Dar Salam camp health centre in Chad, and a sensitization campaign reached 1,800 women and enrolled 63 HIV-positive women in ART.

Across the region, 13 out of 24 countries (Burkina Faso, Cameroon, Chad, Congo, Democratic Republic of Congo, Equatorial Guinea, Guinea, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo) implemented point-of-care technology for early infant diagnosis at a variable scale. Substantial support was also provided to Burkina Faso, Chad, Congo, Equatorial Guinea, Mali and Nigeria, as well as Cape Verde, Central Africa Republic, Gabon and Ghana to adopt viral load monitoring.

Sixteen countries integrated family HIV testing at scale as an innovative HIV paediatric strategy to increase identification of undiagnosed children, using operational guidance co-developed by Joint Team staff and CSOs. Based on preliminary data from 12 countries implementing the family testing strategy, the programme identified and tested 99 173 children and adolescents, of who 2,283 (2.3%) children were HIV-positive and 99% of them were linked to ART.

As part of a comprehensive care package to increase adherence to treatment, nutrition support was provided to more than 39 400 malnourished ART/TB clients and members of

their households in five countries (Burundi, Cameroon, Central African Republic, Gambia and Guinea).

Prevention for young people and refugees—*policy dialogue; technical support; partnerships (UNESCO, UNAIDS Secretariat)*

A technical working group, including regional CSOs and youth-serving organizations, implemented a roadmap as part of a ministerial commitment which aims to improve access to quality comprehensive sexuality education and adolescent sexual and reproductive health services. A situation analysis was conducted covering 24 countries to generate evidence to inform the process. In partnership with a national NGO, a multimedia edutainment and gamification app ("Hello Ado") was launched to educate adolescents and young people on prevention of HIV, STIs, gender-based violence and sexual and reproductive health and rights. The app provides information on available local services and emergency support.

Youth clubs and six youth and peer educator support groups in refugee sites and remote communities were supported in Cameroon, while refugee and adolescent youths were at the centre of preventive activities and community mobilization in the Dar Salam and Kouankan camps. In Chad, for example, 7,720 young people and adolescents were sensitized and more than 6,000 condoms were distributed. Prevention activities in refugee communities in Mali focused on behaviour change communication; over 10 000 people were sensitized, 70 peer educators and community workers were trained, 3,000 persons were screened for HIV and 34 000 condoms distributed.

Gender inequality, gender-based violence, stigma and discrimination—*policy advice; advocacy; technical support (UNDP, WHO, World Bank, UNAIDS Secretariat)*

Capacity building for an effective education sector response to early and unwanted pregnancies, STIs including HIV, school-related gender-based violence and unequal gender norms continued in the region. In Cameroon, Democratic Republic of Congo, Ghana, Mali and Senegal, 13 271 teachers received training on comprehensive sexuality education and school-related gender-based violence, benefiting more than 2.1 million girls and boys.

A gender-based violence prevention and response project in the Democratic Republic of Congo has strengthened the work on prevention and integrated-services support for survivors at community level; all people reporting gender-based violence received PEP treatment (100% up from 13% in 2017), with over 7,900 direct project beneficiaries. Almost 200 peer educators and mentors were trained on sexual and reproductive health and more than 600 educational talks were facilitated for overcoming sexual and gender-based violence, in partnership with a network of CSOs working on gender equality. Over 6,500 people were reached, including 2,500 girls.

Four countries in the region (Central African Republic, Côte d'Ivoire, the Democratic Republic of Congo and Senegal) have joined the Global Partnership to end all forms of HIV-related discrimination in 2020—a review of the evidence, ongoing initiatives and gaps in terms of programming to address discrimination has been done in those countries. Annual action plans identifying impactful activities for Global Partnership stakeholders are being finalized after consultations with communities and civil society. Zero Discrimination Day in March 2020 was marked with a number of awareness-raising activities in these countries.

A regional workshop with six countries was convened in Abidjan, in partnership with the Global Network of People living with HIV, to train teams on Stigma Index 2.0 sampling methodology, data collection and participant recruitment. This will support planning for the national HIV response and project proposals, including the 2020–2022 Global Fund grant. Several Stigma Index 2.0 surveys were initiated or completed, including for Benin, Côte d'Ivoire, Mauritania and Sierra Leone.

A key populations strategy for HIV, TB, hepatitis and sexual and reproductive health rights was adopted at the July 2020 Annual Health Meeting of the Economic Community of West African States. The aim is to ensure respect for the human rights of key populations by addressing the social, economic and legal determinants of health, including discriminatory laws, stigma, discrimination and violence.

Integration and sustainability of the HIV response—*coordination; capacity building; technical support (UNHCR, UNFPA, WHO, UNAIDS Secretariat, IOM)*

Two series of webinars were delivered on HIV-sensitive social protection to raise awareness, build capacities and support experience-sharing throughout the region and francophone Africa. As a result, several countries are planning social protection assessments or HIV social protection profiling. Gambia and Sierra Leone are currently conducting such studies, and Mali and Nigeria are building on earlier results to integrate people living with HIV in national social protection programmes.

HIV response plans have been operationalized in humanitarian emergency responses. For example, health workers were trained in the Sahel, North and North Central regions of Burkina Faso in preventing and managing HIV and cases. Indirect beneficiaries of this support include refugees based in the Mentao and Goudebo camps and host communities. Support was also provided in parts of the Central African Republic and Burkina Faso to implement the Integrated Communication Plan for refugees, internally-displaced persons and host populations on HIV and sexual and gender-based violence. Côte d'Ivoire, Ghana, Guinea, Liberia and Togo received regional support to ensure continuity of prevention, testing and treatment services during the 2020 crisis in Côte d'Ivoire.

Twenty of 23 eligible countries in the region successfully submitted their three-year proposal to the Global Fund in 2020, which represents a major source of financing of HIV responses in the region (about 20% of total investments).

Contribution to the COVID-19 response *(UNHCR, UNICEF, WFP, ILO, WHO, World Bank, UNAIDS Secretariat)*

During the COVID-19 response, the regional Joint Team provided technical support to Country Offices across the region to adapt strategies to strengthen continuity of service delivery through CBOs. Funds from the Joint Programme and the Global Fund have been pivotal in COVID-19 responses, ensuring continuity of essential care, including for refugees in camps. For example, over 100 health personnel in Guinea benefited from training in various areas of the COVID-19 preparedness and response. These health facilities equally benefited from COVID-19 prevention materials, including personal protective equipment kits. Communication materials were also distributed to refugees and host communities during biweekly sensitization sessions.

The Joint Programme has been instrumental in supporting countries in developing their Global Fund applications to mitigate the effects of COVID-19 on access to services, including in Burundi and the Democratic Republic of Congo.

Under the regional Joint Team initiative, a technical working group was set up to build the knowledge and capacities of UN colleagues and partners on HIV-sensitive social protection at country level. Virtual workshops on HIV-sensitive social protection in the context of COVID-19 strengthened stakeholder capacity for over 300 participants from UN agencies, government and CSOs. Mali, Nigeria and Sierra Leone conducted a social protection assessment using UNAIDS tool which focuses greater attention on issues faced by people living with HIV and key populations.

In partnership with CSOs, a pilot cash transfer initiative was launched in July 2020 to mitigate the socioeconomic impact of COVID-19 among vulnerable people living with HIV and key populations in Burkina Faso, Cameroon, Côte d'Ivoire and Niger. The initiative reached about 5,000 vulnerable people living with HIV and key populations and their households (with 25 000 estimated secondary beneficiaries).

Contribution to the integrated SDG agenda *(UNDP, UN Women, WHO, UNAIDS Secretariat)*

During COVID-19 crisis in 2020, extensive interaction with WHO took place in the region; 90% of countries report working closely with the UN Core Team and WHO to strengthen health systems, monitoring data sharing related to COVID-19.

Gabon and Ghana advanced an Education Plus plan of action to contribute towards quality education. With secondary education as an entry point, this joint UN initiative aims to accelerate actions and investments to prevent HIV, with a focus on violence-free environments, access to comprehensive sexuality education, and increasing the economic empowerment of young women.

Challenges and bottlenecks

Challenges are still faced in implementing activities and meeting targets, due to insecurity linked to armed conflicts in Burkina Faso, Cameroon, Central Africa Republic, Chad and Mali. This had led the displacement of populations from intervention areas and the adoption of emergency health measures required for humanitarian crises, arising from both conflict and the COVID-19 pandemic. There is a need to adapt the monitoring of people receiving ART, including refugees and nomadic populations, to their mobility, remote locations and need to travel in search of livelihoods.

While the majority of countries have integrated differentiated services into their national policies and the COVID-19 pandemic has accelerated support for implementation, the shift towards people-centred service delivery modalities for testing, treatment and support remains a challenge.

Work is required on behavioural change in young people. Prevention and support activities are not yet fully effective, and they require the establishment of counselling and education centres for youth and the support of community radio projects.

Because of pervasive hostile legal and social environments, people in key populations are often wary of standard testing and treatment services. But programmes targeting them are also insufficient to meet the need. Across the region, funding received for programmes targeting key populations accounted for only 2.4% of overall HIV funding between 2016–2018. Systemic barriers of HIV stigma and user fees in health services seriously limit progress.

Financial and political capital investment by partners (and related commitments from national partners and governments) in the HIV response are declining due to competing priorities, particularly in the security-challenged countries of the region, and this is being aggravated by the economic and health impact of the COVID-19 pandemic.

Key future actions

Support will be provided to roll out training in countries on how to mainstream HIV programmes in the context of COVID-19 and humanitarian emergencies, to minimize service interruptions in the event of future crises. Countries will receive support to implement comprehensive prevention and testing, as well as treatment and care packages that include nutrition support for planned HIV responses and in emergencies.

Joint actions will be taken to expand the list of health, protection and legal services in selected cities in Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Gabon, Mali and Senegal, and to promote the "Hello Ado" application among young people. Support will be provided to conduct regional capacity-building activities on school-related gender-based violence and comprehensive sexuality education for young people with disabilities.

Maternal HIV transmission and point-of-care early-infant-diagnosis will receive concerted focus and input, through more advocacy and support to develop an action plan to strategize PMTCT.

Efforts will be increased to promote the inclusion of people living with HIV in national social protection strategies, social registries and safety net programmes. Regional mapping will be organized on social protection and HIV, and advocacy/learning workshops, and support will be provided to countries to conduct social protection assessments.

Joint Programme support (policy advice, technical assistance, catalytic funding) will continue to be provided to four initial pilot countries of the Global Partnership and to two new countries joining the Partnership in 2021 to implement activities to end HIV-related stigma and discrimination, focused on the three settings where they can make the greatest difference. The Joint Programme will continue supporting selected countries to undertake National AIDS Spending Assessments, efficiency reviews or investment frameworks, or transition and sustainability planning (through PEPFAR-supported sustainability index and dashboard, and responsibility framework) to support resilient and sustainable HIV responses.

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