

UNAIDS 2025

Results in Western and Central Africa

2024 Regional Report

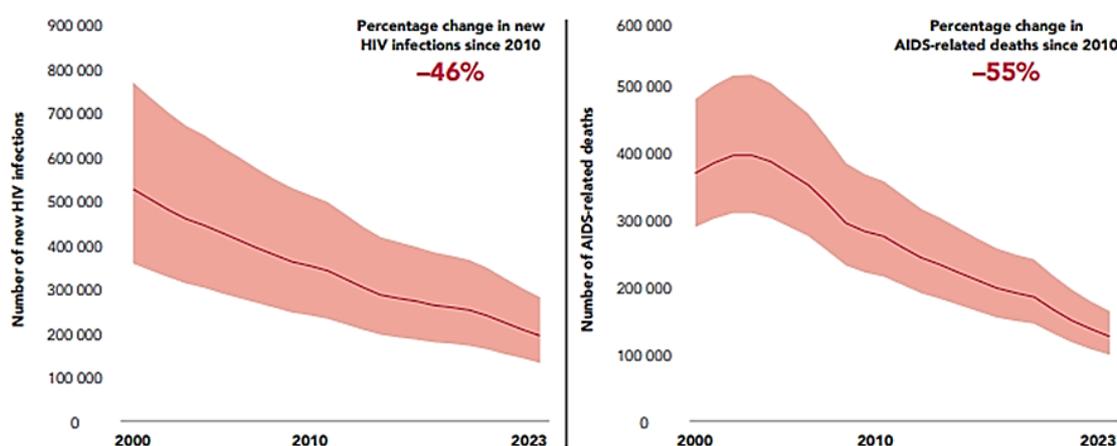
Western and central Africa

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

Total expenditures and encumbrances¹ of the Joint Programme (Cosponsors and Secretariat) in 2024: **US\$ 83.4 million**

Progress towards saving lives

Number of new HIV infections and AIDS-related deaths, western and central Africa, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Selected UBRAF indicators progress in 2024

- **24** countries received support to scale up combination HIV prevention programmes.
- **21** countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- **23** countries received support for the incorporation and expansion of community-led HIV responses.
- **18** countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- **16** countries received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.
- **14** countries have developed and report implementation of measures advancing full and sustainable HIV financing.
- **13** countries implement interventions/services for key populations in humanitarian settings.

¹ For more information on budget implementation breakdown, please see the Executive Summary of the 2024 Performance Monitoring Report.

Key results

- *Targeted HIV prevention programmes for closing the HIV prevention gap in high-burden countries across the region and best practices for more inclusive HIV interventions.*
- *Increased access to HIV testing, particularly for exposed children, adolescents and pregnant women.*
- *Over 9.5 million youth across the region benefited from comprehensive sexuality education through the "Our Rights, Our Lives, Our Future" programme.*
- *Increased integration of HIV services under broader health schemes and seven countries better equipped for social contracting of HIV services.*
- *Women living with and affected by HIV accessed economic empowerment opportunities to mitigate the impact of AIDS.*

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.

In 2024, the western and central Africa region made notable achievements in expanding HIV prevention, treatment and care services. With support from the Joint Programme, HIV prevention roadmaps were refined in six high-burden countries to close the HIV prevention gap, in alignment with the Global HIV Prevention Coalition's priorities. Interventions focused on youth-friendly HIV services, sexual and reproductive health integration, and gender-transformative interventions to reduce new HIV infections among young people and key populations. National programmes in Burkina Faso and the Central African Republic were equipped with practical tools and strategies to strengthen gender-sensitive and rights-based HIV interventions through South-South knowledge exchanges (UNFPA, Secretariat). HIV prevention support in the region was further boosted by a capacity-building programme for young people engaged in sexual and reproductive health across the African continent (UNESCO, UNFPA and Secretariat).

Access to HIV testing expanded particularly for exposed children, adolescents and pregnant women, including through family HIV index testing and capacity-building on WHO testing guidelines. Point-of-care platforms for early infant diagnosis were rolled out in 10 high-priority countries (UNICEF, WHO and Secretariat).

Through the Joint Programme's partnership with the Global Fund and Expertise France, the triple elimination of vertical transmission of HIV, hepatitis B and syphilis and early infant detection, was an important focus of support to countries. In this context, triple elimination capacities of personnel from 16 countries in this region and in North Africa were strengthened. As part of the Regional Hub of the Global Alliance to End AIDS in Children, this capacity-building included cross-learning on early infant diagnosis, with a particular focus on community-based services (UNICEF, WHO, Secretariat). In Nigeria, the National Network of Women Living with HIV documented the impact of the Mentor Mothers Initiative. The review highlighted successes in using peer mentorship to ensure adherence to ART among pregnant women living with HIV (UN Women).

Strategic partnership with the Civil Society Institute for Health led to new strategic information through the mapping of civil society organizations providing services to adolescents and youth in the region and a needs assessment of civil society engagement in triple elimination and integration in six western and central African countries. Capacities of 120 representatives from civil society organizations in six countries were enhanced on triple elimination and national civil society dialogues on paediatric AIDS were held across three high-burden countries (Secretariat). In the Middle East and North African/Eastern Mediterranean region, there was progress towards the triple elimination of vertical transmission of HIV, hepatitis B and syphilis through the development of a targeted action plan and capacity-building for delivering interventions to reduce vertical transmission for health care personnel of HIV, hepatitis and maternal and child health programmes (UNICEF and WHO).

Monitoring of progress towards the targets of the [West and Central Africa Commitment for Educated, Healthy, and Empowered Adolescents and Young People](#) is set to improve across the region via a regional accountability platform that provides technical support for the inclusion of HIV indicators (UNFPA, UNESCO, WHO and Secretariat). Over 9.5 million learners in 11 countries were reached with comprehensive sexuality education through technical support and capacity-building on the “Our Rights, Our Lives, Our Future” programme. Additionally, the “Hello Ado” mobile application for adolescents and young people across francophone Africa provided critical information on sexual and reproductive health, gender-based violence, and comprehensive sexuality education and garnered 24 million impressions across various social networks.

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

The rights of key populations, women and girls and people living with HIV remain a high priority for Joint Programme’s support. The African Regional Judges Forum brought together more than 45 judges from 18 countries, six representatives from key population networks and 30 members from civil society organizations to reflect on achievements and lessons learned and to discuss future directions for advancing non-discrimination and more equal and inclusive access to HIV services for marginalized populations. A regional programme #WeBelongAfrica, marking the 10th anniversary of Resolution 275 (a landmark decision of the African Commission on Human and Peoples’ Rights that affirms the rights of LGBTQI+ persons in Africa), provided technical support to key populations, conducted a multi-country study to assess the progress in countries in adopting and implementing the recommendations. For example, representatives from Botswana, Gabon, Mauritius, Mozambique, Namibia and Seychelles shared their experiences in repealing laws criminalizing consensual same-sex relationships between adults (UNDP). Legal literacy and rights-based training for women living with HIV in Côte d’Ivoire and Senegal advanced access to justice (UN Women).

The South-South Learning Network led by the Global Prevention Coalition, built knowledge of participants to the UNDP Spectrum tool for planning HIV decriminalization interventions. A regional meeting focused on creating an enabling environment for LGBTQI+ communities and human rights defenders to respond to emergent needs, including documenting human rights violations and building advocacy strategies. The direct results included the identification of country-specific challenges, development of strategies to counter push back on human rights in the context of HIV, enhanced capacity for documenting HIV-related human rights violations, and strengthened alliances among regional LGBTQI+ organizations in the context of reducing HIV transmission. The longer-term expected change is to elevate the documentation of HIV-related human rights violations from the national level to continental and global levels, thereby enhancing the advocacy for HIV-related programmes for LGBTQI+ persons across different regions (UNDP and Secretariat).

Technical assistance to Liberia’s AIDS coordinating body resulted in gender-responsive planning. As a result, Liberia’s National AIDS Commission established a gender desk to guide gender-responsive implementation of the national HIV programme (UN Women). In Nigeria, the Greater Women Initiative for Health and Rights advocated for the inclusion of sex workers in violence reporting mechanisms, given the high risk of violence and HIV. The organization influenced the drafting of the Gender and Equal Opportunities Bill and held institutions accountable under the Violence Against Persons (Prohibition) Law (UN Women).

The Joint Programme provided support through legal and policy advice to communities facing human rights crises in the context of HIV. This included guidance and support to monitor and respond to proposed anti-LGBTQI+ legislative measures in Ghana. The African Intersex Movement was empowered to draft submissions to report on human rights abuse (UNDP and OHCHR). Awareness and capacity increased for mpox prevention and impact mitigation on sex worker and other vulnerable communities (UNDP and Secretariat). In Nigeria, peer learning and advocacy toolkits, board training, and community engagement empowered over 2,000 women living with HIV across 12 states to participate in national dialogues on stigma, violence

and mental health (UN Women). In the Central African Republic, religious leaders, local authorities and community leaders jointly raised awareness on violence against women and highlighted its direct links to HIV prevention (UN Women).

Structuring and increased capacity of eight country community partners in Benin, Côte d'Ivoire, Senegal, Sierra Leone and Togo to act as service and technical assistance providers, maximizing civil society contributions to the HIV response across the region (Secretariat). Through the Secretariat's facilitation, guidance and technical support, the design, coordination, implementation and sustainability of community-led monitoring efforts for improved decision-making improved at local and national levels in western and central Africa. Community-led monitoring activities benefited from dedicated technical support from the Secretariat, resulting in the development of a regional community-led monitoring roadmap and country action plans in 13 countries in western and central Africa. These exercises have been informing Global Fund-supported community-led monitoring activities for service quality improvement.

Community-led monitoring was also boosted through the establishment and capacity-building of the regional association of adolescents and young people living with HIV. Additionally, a dialogue platform, created in partnership with the regional network, provided experience-sharing, peer-to-peer capacity-building and expertise from senior advisors (UNICEF and Secretariat).

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.

The region took strides towards a sustainable HIV response. Thanks to the Joint Programme's guidance and support, the integration of HIV services under broader health systems, which is key for more sustainable HIV response, was accelerated. For example, in Burkina Faso people living with HIV are increasingly enrolled in mutual health insurance schemes which provide them with access to care for opportunistic infections and other health issues. In Cameroon, enrolment rate in the universal health coverage package increased from 10% at the end of 2023 to 22% in June 2024 through the capacity-building of 88 community health workers for seven refugee sites, making them multi-skilled to provide HIV prevention, care and services.

Other Joint Programme efforts focused on sustaining essential HIV and health services in humanitarian settings such as in Chad, where the number of health centres in refugee sites implementing prevention of vertical transmission of HIV interventions rose from 32 to 41 sites (UNHCR and WFP). Economic empowerment of women living with and affected by HIV in Burundi, Liberia, Mali and Nigeria strengthened their resilience, autonomy and leadership (UN Women).

To support countries in the Arab States that are expected to transition from the Global Fund in the next 5–10 years, a regional capacity-building consultation on social contracting for NGOs organized in collaboration with MENA Coalition Plus and the Global Fund benefitted seven countries (UNDP and Secretariat).

Institutional capacity development on the legal process and policy aspects of registering new medicines, medical devices and food products was supported to facilitate faster access to these commodities in low- and middle-income countries (UNDP).

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