UNAIDS 2026

Results in Western and Central Africa

2025 Performance Monitoring Report

In 2025, the Joint Programme in Western and Central Africa improved people's health outcomes by reducing new HIV infections, expanding access to treatment and care, and helping people living with HIV stay alive and healthy despite funding shifts and complex operating environments. It strengthened national and community systems, scaled up high-impact prevention tools, accelerated progress on paediatric HIV and vertical transmission elimination, and deepened multisectoral partnerships. At the same time, communities, civil society, youth networks and key populations' leaders gained visibility, capacity and voice, while countries advanced financing reforms, humanitarian integration and sustainability planning. These efforts reflect a region building readiness for next-generation HIV innovations while reinforcing people-centred, rights-based approaches.

A major milestone achieved was the regional readiness for lenacapavir, supported through two high level webinars with over 120 participants, covering deployment realities, WHO guidance, planning tools, monitoring and evaluation and supply chain considerations. In particular, with the Joint Programme's support, Nigeria undertook extensive operational preparation for lenacapavir rollout, positioning itself as a regional early adopter. A national implementation plan was developed under the National AIDS, Viral Hepatitis, and STIs Control Programme (NASCP) with strong political and partner support, and the country's approach to "planning and structuring" deployment was shared as a regional case study to guide other countries. Preparation focused on rapid policy adaptation, development of implementation guidance and training curricula, and cross-sector engagement with communities and partners. Readiness assessments in over 70 facilities across 10 states identified gaps in service delivery, supply chains and monitoring systems, while parallel efforts advanced demand generation, community consultation, and integration of lenacapavir into the national PrEP choice framework.

UNICEF, WHO and the Secretariat continued to drive progress on pediatric HIV through the Global Alliance to End Paediatric AIDS Hub, with four countries (Cameroon, Côte d'Ivoire, the Democratic Republic of Congo and Nigeria) implementing targeted interventions, including early diagnosis, prevention of vertical transmission of HIV, congenital syphilis screening and triple elimination approaches. Meanwhile, UNICEF, WFP and WHO provided the guidance and tools, working with partners to integrate HIV and nutrition services across six countries, improving adherence, clinical monitoring and food security linkages among people living with HIV, with redesigned nutrition programmes in Cameroon, Guinea, Mali and Sierra Leone. WFP, with partners, led targeted nutrition assessment, counselling, and support resulting in measurable improvements in HIV treatment adherence. Additionally, in Central African Republic, UNICEF and the Secretariat with partners, integrated 40 traditional birth attendants into maternal health services, reaching 5000 pregnant and breastfeeding women and enhancing community-facility linkages.

Supported by UNESCO and partners, twenty-five countries validated harmonised accountability indicators for adolescent and youth health in Togo,

strengthening multisectoral coordination on sexual and reproductive health (SRH), HIV, mental health and gender-based violence (GBV). The region is better positioned to institutionalise health and well-being within education planning, policymaking, mobilise political commitment and financing, and strengthen cross-sectoral collaboration through the participation of 11 countries in the global launch of the Health and Wellbeing in Education Sector Planning initiative. Digital youth outreach expanded dramatically through UNESCO's Hello Ado, generating 12 million views on social media and reaching 130 000 active users across 20 countries.

The Joint Programme prioritized the strengthening of HIV related legislative and policy environment and human rights engagement deepened. For instance, in the Democratic Republic of Congo, the Secretariat secured commitments to end hate speech against sexual and gender minorities and promote inclusive dialogue, through a landmark engagement with religious leaders. Momentum among civil society increased, with 28 organisations submitting a memorandum to the National Human Rights Commission urging the State to uphold constitutional protection and eliminate discrimination in HIV services. The memo further called on religious and customary authorities to curb hate speech. Additionally, a Parliamentarian Forum supported by UNDP and the Secretariat further exposed parliamentarians to human rights violations faced by intersex persons, prompting commitments to champion related protective legislation. Similar efforts in Benin sensitized 72 Parliamentarians and 72 social facilitators, including religious and traditional leaders, on the HIV epidemic and the rights of people living with HIV and key populations, reaching a total of 530 people. With technical support from UNDP and the Secretariat, Benin adopted a note and recommendation to integrate a GBV monitoring and evaluation mechanism. The new HIV law was submitted to the National Assembly for adoption. This reform directly aims to reduce legal barriers to service access for people living with HIV and key populations.

Joint focus on HIV sustainability and financing improved. HIV sustainability roadmaps progressed in 13 countries, with Benin, Ghana and Togo validating Part A, while expanded National AIDS Spending Assessments increased visibility of HIV expenditures and strengthened co financing and long-term planning, through the Secretariat's leadership. In Morocco, an investment case demonstrated the potential for averting over 4500 deaths and generating US$532 million in economic gains, forming the foundation for evidence-based planning. Furthermore, Algeria progressed national social contracting through costing and Social Return on Investment (SROI) analysis, alongside procurement of 23 000 HIV test kits by UNDP to address shortages. The Joint Programme utilized the evidence to help shape a multi-country grant for key population services and safety interventions. In addition, UNDP and the Secretariat's advocacy and data from a costing study led to the allocation of a new budget line specifically to support social contracting in Tunisia. Together, these advances reinforce a more sustainable, evidence-informed and nationally owned HIV response across the region.

2025 Expenditures and Encumbrances in Western and Central Africa against allocated funds (in US$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
26 390 830	25 660 045	46 487 200	41 722 894	72 878 030	67 382 939

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