

UNAIDS 2022

Western and Central Africa

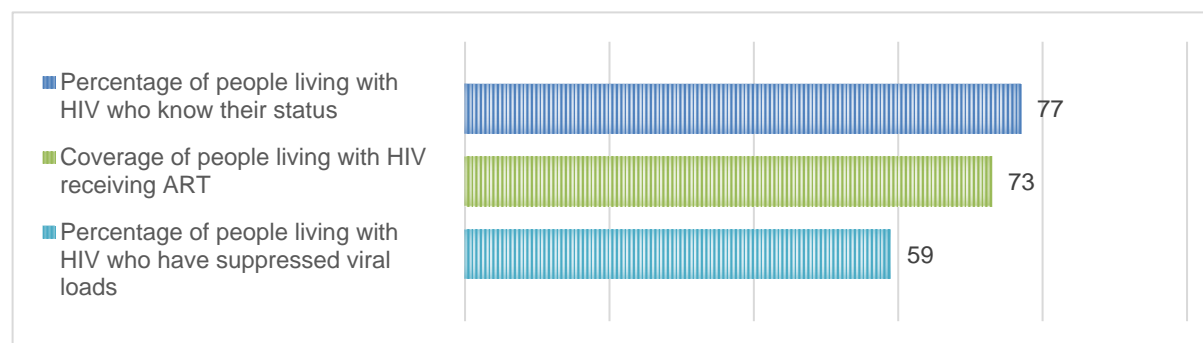
Regional report 2020-2021

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HIV testing and treatment cascade in the western and central Africa region (2020)

Regional and country-level data are available on [AIDSinfo](https://aidsinfo.org).



Source: Global AIDS Monitoring 2020

2021 reporting on selected 2016-2021 UBRAF indicators

Number of countries in the western and central Africa region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: **21**

2016–2021 UBRAF Indicators	2021
1.2: Countries adopting WHO HIV treatment guidelines	19
1.5b: Countries offering HIV-related services for populations affected by humanitarian emergencies	18 (refugees and asylum seekers)
	16 (internally displaced persons)
	15 (people affected by emergencies)
2.1: Countries implementing latest EMTCT guidance	18
3.1: Countries with combination prevention programmes in place (young people)	15
4.1: Countries with comprehensive packages of services for key populations defined and included in national strategies	18 (gay men and other men who have sex with men, and sex workers)
	16 (prisons and closed settings)
5.1: Countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	20
8.2: Countries with social protection strategies and systems in place that address HIV	18

Featured stories

- Summit concludes with a call for action to reinvent the response to the HIV pandemic and end AIDS in Western and Central Africa ([link](#))
- Funding the AIDS response and reforming health systems in western and central Africa ([link](#))
- Less than 60% of pregnant women living with HIV in western and central Africa have access to services to stop vertical transmission of HIV ([link](#))

Joint Programme contributions towards achievement of 2020–2021 regional priorities

Across western and central Africa, the Joint Programme strengthened and expanded national HIV responses, with a particular focus on addressing the needs of key populations. Actions included initiatives like the regional mapping of social protection programmes and assessment of their sensitivity to HIV, and evaluations of key population's knowledge and access to social protection schemes. Capacity building for population size estimations, needs assessments, the use of mapping tools, and data analysis contributed to increased knowledge and visibility of key populations as well as more evidence-informed and targeted programming for key populations across the region.

Thanks to the Joint Programme's advocacy and support, efforts redoubled to eliminate stigma and discrimination especially with seven countries joining the Global Partnership to eliminate Stigma and Discrimination and the roll out of the Stigma Index 2.0 led by networks of people living with HIV in twelve countries.

Economic empowerment and social entrepreneurship among key populations was supported through skills building and catalytic financing. Significant technical and financial support was provided to help countries recover from the socioeconomic and health impact of the COVID-19 pandemic and to ensure the continuity of HIV and essential health services. HIV-related stigma and discrimination were addressed by implementing awareness campaigns, community dialogues and evidence-informed advocacy led by people living with HIV.

Testing, treatment and elimination of mother-to-child transmission

As the region has been facing challenges with reaching the 90–90–90 testing and treatment targets, the Joint Programme provided technical support and catalytic funding to scale up differentiated HIV service delivery models across the region. This resulted in various initiatives, including a regional study on multimonth dispensing and community ARV distribution, the development of normative guidance on differentiated service delivery in Mali, and the inclusion of such service delivery approaches in the Central African Republic's 2021–2025 National HIV Strategy Plan. The efforts also helped mitigate the impacts of the COVID-19 pandemic and related lockdown measures, including HIV service disruptions. During the biennium, the regional Joint Team continued to provide technical support to strengthen national health services. In Ghana, this work included strengthening maternal and

child health and nutrition service delivery through the use of community-based health and nutrition services.

The Joint Programme commissioned a regional mapping exercise in 12 countries on existing social protection programmes to understand their sensitivity to HIV issues and evaluate knowledge and access among vulnerable people and living with or affected HIV. A total of 1299 people (46% of them women and 216 of them from key populations) participated in the survey. More than half of the participants did not know whether a social security system existed in their countries, 80% did not have any health insurance, 77% were unaware of any existing social safety net programmes, and 80% did not know whether they were included in existing social protection schemes. The assessment highlighted the need to intensify advocacy with governments and capacity building of community partners, disaggregated data collection, and dialogues to remove barriers and make social protection schemes more inclusive. A regional capacity-building workshop provided opportunities for 240 national stakeholders to share their experiences and informed development of a compendium of social protection resources and materials.

In 2020, the Joint Programme piloted a rapid cash transfer and community engagement programme in Burkina Faso, Cameroon, Côte d'Ivoire and Niger to mitigate the socioeconomic impact of COVID-19 pandemic among vulnerable people living with HIV and key populations and to ensure their access to HIV services, including treatment. A total of 3,987 vulnerable households of people living or affected by HIV received cash transfer of US\$ 87–133 for food, health-care, housing and other expenses. A synthesis report and four country case studies were finalized through a real-time and participatory documentation process. They identified key lessons, policy implications and recommendations for more inclusive and HIV-sensitive national social protection.

Combination HIV prevention among key and vulnerable populations

The Joint Programme supported implementation of the Education Plus Initiative to empower adolescent girls and young women in western and central Africa through education, tailored health packages and gender equality—reducing their risk to HIV infection. In 2021, the Joint Programme formed partnerships for Education Plus with national stakeholders in Benin, Cameroon, Gabon, Lesotho and Sierra Leone, while Ghana expressed a desire to join the effort in 2022.

Critical contributions were also made towards the Ministerial Commitment for Educated, Healthy and Thriving Adolescents and Young People, including finalizing a situation report of adolescents and young people, developing 24 country briefs, and organizing 14 national and a regional consultation around the commitment. Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Nigeria and Senegal received technical assistance to fully integrate at least three core indicators of the education sector HIV response in their school censuses. Support was also provided to complete assessments of legal frameworks and education policies relating to CSE in Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Nigeria and Togo.

To strengthen HIV programming for key populations, the regional Joint Team collaborated with RECCAP—a subregional project implemented by the NGO Enda Santé—and Johns Hopkins University to train 30 people from Côte d'Ivoire, Guinea, Guinea-Bissau and Senegal on population size estimations, mapping tools, HIV service and needs assessment, data

analysis, and reporting. A consultation on rethinking key population programmes, held in Côte d'Ivoire, brought together civil society representatives from 18 countries. It discussed successes and shortcomings of current programmes for key populations and developed a strategic plan for action.

The West Africa Drug Policy Network and the International Drug Policy Consortium were supported for the development and dissemination of the 2018 West Africa Model Drug Law, which promotes the expansion of harm reduction and other key programmes for people who use drugs. The Joint Programme also supported the development and dissemination of a short guide for local NGOs on applying the drug model in their work.

In December 2020, the Solidarity Fund for Key Population Social Entrepreneurship was launched to support social entrepreneurs and microbusiness owned by key populations who face hardship during the COVID-19 pandemic. The Fund was piloted in five countries, including Ghana, where the catalytic subsidies spawned an innovative vegetable greenhouse farm that generates income and nutritional supplements for young people living with HIV. Vulnerable women were trained in sewing and assisted to establish a clothing design shop. Several people from the LGBTI community were able to initiate start-ups or build back community ventures in baking, tailoring, cooking, interior décor and make-up artistry.

HIV services for people affected by humanitarian emergencies or living in fragile states

The region is severely affected by humanitarian crises arising from political instability and a general context of insecurity. This requires that HIV responses be adapted to the needs of the most-affected populations, by using a comprehensive and integrated approach. In collaboration with partners, including national counterparts, civil society and networks of people living with HIV, the regional Joint Team is supporting efforts to monitor the movements of people within the region and assessing their needs, raise awareness on HIV and the specific risks for refugees and internally displaced populations, and deliver HIV testing and services to all who need them. Key achievements in 2020–2021 included: (i) increased availability of coordination tools and mechanisms at regional level, including through the Community Economic Resilience Fund; and (ii) strengthened capacity at regional and country levels to respond to emergencies through the Inter-Agency Standing Committee training package.

Efforts were also made to provide HIV services, including HIV testing and treatment in conflict areas, for instance in Burkina Faso, with the development of an emergency plan of action in partnership with local communities.

Addressing stigma and discrimination, and promoting gender equality and the empowerment of women

Misconceptions and controversies regarding the human rights of key populations, implementation of SRHR programmes and delivery of CSE continue to impede national HIV responses. Stigma also remains one of the biggest barriers preventing people living with HIV from accessing health services. In response, the regional Joint Team contributed to effectively support efforts to eliminate stigma and discrimination by coordinating and leading regional advocacy and communication campaigns.

Seven countries in the region joined the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination to harness the combined power of governments, civil society, academia, bilateral and multilateral donors and the UN to end HIV-related stigma and discrimination. For example, through this partnership, awareness campaigns and community dialogues in Senegal sought to rally communities against stigma and discrimination, and an antidiscrimination advocacy strategy was developed to support the activism of networks of people living with HIV. A patients' charter, accessible via a toll-free number, was also established to facilitate the reporting of cases of discrimination in health-care facilities in the Central African Republic.

HIV-related social exclusion, often involving violence, continues to imperil people living with or affected by HIV and key populations. Experience underscores the need to sensitize communities to change societal attitudes, empower vulnerable and key populations, and create enabling environments for equitable health and support services. The Stigma Index 2.0 was rolled out under the leadership of networks of people living with HIV in over 12 countries to gather evidence of stigma and discrimination among people living with HIV and propose specific corrective actions.

Several countries were supported to undertake gender assessments to identify opportunities, gaps and challenges in mainstreaming gender equality and empowerment of women in the HIV response, and to provide a set of recommendations for improved HIV policies and programmes. For example, the Central African Republic combined a gender assessment with the adoption of a collective plan to address gender inequality in its national response.

Regional support for the GBV prevention and response project in the Democratic Republic of the Congo continued to improve access to community-based integrated HIV and GBV prevention, care and support services. Reports indicate that as of April 2021, of all reported cases 100% of eligible GBV survivors received timely post-exposure prophylaxis services, up from only 13% in 2017. In 2021, an estimated 450 900 people benefited from the project, up from slightly fewer than 8000 in 2020.

Investment and efficiency

With the aim of sustaining political support for the HIV response in western and central Africa, a three-day high-level regional AIDS summit was held in Dakar end 2021, under the patronage of the President of the Republic of Senegal. More than 660 people from 30 countries joined the event, including ministers, national AIDS council directors, civil society representatives, and key technical and financial partners in the regional HIV response. The summit focused on the importance of engaging with communities, strengthening health systems to implement differential service delivery approaches, developing and financing inclusive social protection mechanisms, and reaching people left behind. The summit concluded with the Dakar Call to Reinvent the Response to the HIV Pandemic and a set of commitments to finance the HIV response in the region.

In 2020–2021, the regional Joint Team supported implementation of the World Bank's COVID-19 Preparedness and Response Project in 22 countries. The programme seeks to prevent, detect and respond to the COVID-19 pandemic and strengthen national systems and public health emergency preparedness. These initiatives include implementation of urgent social, financial and safety net programmes for affected households of vulnerable

populations, including COVID-19 patients, people living with HIV, and their families. They also focused on ensuring the continuity of HIV and other essential health services during the pandemic.

Through multistakeholder engagement and innovative partnership approaches, five new national multidisease civil society coordination platforms were established in Cabo Verde, Guinea-Bissau, Niger, Sierra Leone and Togo. They are expected to facilitate collaboration, expand capacity and ensure the meaningful participation of civil society actors in HIV and health programmes at the national level.

Contribution to the integrated SDG agenda

In the Democratic Republic of the Congo, the Joint Programme supported implementation of the Human Development Systems Strengthening project to improve education and health management systems. In 2020–2021, some 3300 health and education workers were trained in information management systems—an increase from 549 in 2019. Of the 1.4 million beneficiaries of the project, 49% are female. Support was also provided to complete six studies on education and health to ensure sector-wide ministries have access to high-quality analytical information for decision-making and systems development—contributing to SDGs 3, 4, 10, and 16.

More than 90 participants from 10 countries in the region participated in a regional civil social capacity building workshop on HIV-sensitive social protection in 2021. While the workshop provided guidance on how to implement people-centred social protection programmes, it also highlighted the value of civil society actors in leading advocacy, policy dialogue and oversight of social protection efforts in the region. Various webinar discussions enabled more than 150 participants from over 20 countries to improve their awareness, share experience and strengthen their capacity on implementation of social protection programmes—in line with SDGs 3, 10 and 17.

DEMOCRATIC REPUBLIC OF THE CONGO – Leaving no one behind in humanitarian settings

Responding to the extended and complex humanitarian emergency in the Democratic Republic of the Congo, the Joint Programme prioritized efforts to ensure continuous access and adherence to HIV services in humanitarian settings. A study by the Joint Team in two humanitarian provinces, Kasai Central and Kasai Oriental provinces, revealed important food and nutrition vulnerability: 17% prevalence of acute malnutrition was recorded among people living with HIV aged 18 years and older, 32% among children and adolescents living with HIV aged 5–18 years, and 35% among pregnant and breastfeeding women in households with people living with HIV.

In partnership with the Open Air Campaigners and the Union of Congolese people living with HIV, nutrition assistance programmes led by the Joint Team reached 6,000 malnourished people living with HIV and coinfected with TB in 15 health zones in Kasai Central and Kasai Oriental. This included nutritional care, awareness-raising, voluntary HIV testing and community follow-up and support initiatives to ensure access to HIV services and adherence to treatment among people living with HIV.

The Joint Programme also provided support to integrate HIV testing services in antenatal care for refugee pregnant women and increase the number of point-of-care sites to strengthen early infant and adult diagnosis. An HIV counselling and testing programme was implemented in refugee camps, enabling 4141 pregnant women to learn their HIV status and linking 29 women who tested positive for HIV to ART. Thirty-six children who were born with HIV were also started on ART. However, the gaps and inequalities are stark and much more needs to be done.

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