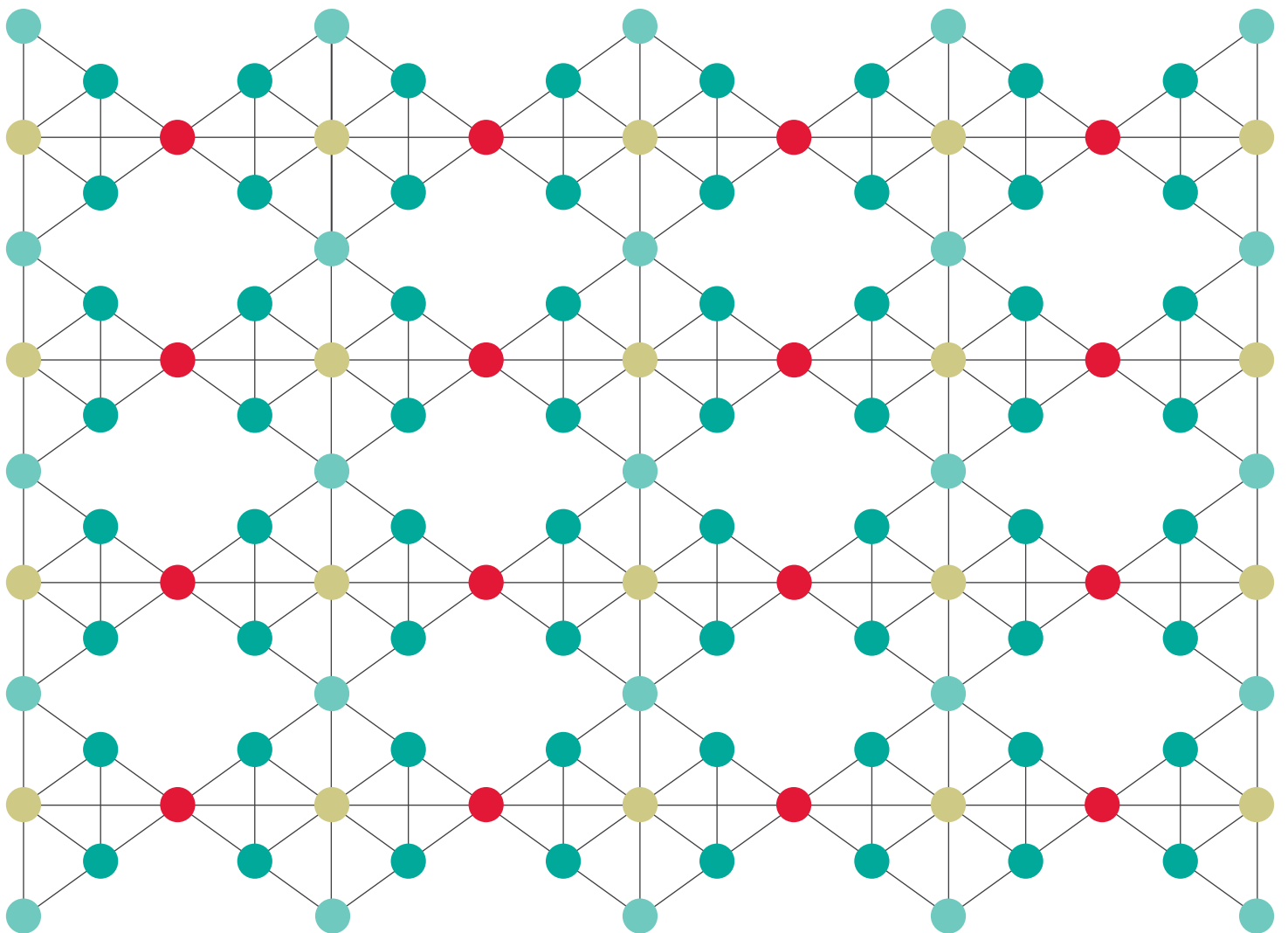


# Closing the gap

Refusing to tolerate a two-speed approach to ending AIDS  
and accelerating the response to HIV in western and central Africa





# Content

---

Summary	<b>3</b>
A region lagging behind	<b>4</b>
Scaling up treatment by 2018	<b>7</b>
The power of community in the Democratic Republic of the Congo	<b>9</b>
Rebuilding amid the aftermath of Ebola in Liberia	<b>11</b>
A powerful advocacy tool in Burkina Faso	<b>13</b>
Differentiated care in the Central African Republic	<b>15</b>
Looking ahead	<b>17</b>

# UNAIDS in focus

---

The UNAIDS in Focus series features snapshots of the Joint Programme's work enabling people living with and affected by HIV around the world to realize their human right to health.

UNAIDS advocates for a holistic, multisectoral approach to AIDS, with a long history of working across sectors and building multistakeholder partnerships. As a joint programme, it uniquely leverages the capabilities and comparative advantages of each of its 11 United Nations (UN) cosponsoring organizations (Cosponsors), as well as those of civil society, governments and other partners.

This series of case studies captures compelling stories of how Cosponsors, the UNAIDS Secretariat and a wide range of partners join forces to overcome challenges and build solutions at the country, regional and global levels to address the needs and protect the rights of people living with, affected by and at risk of HIV. The case studies depict a wide array of interventions that make a difference, such as creating a coalition of lawyers to provide pro bono services to defend people living with HIV from discrimination, implementing a partnership in South-Eastern Africa to ensure the continuity of health services for communities suffering from drought, or supporting countries in western and southern Africa to scale up prevention and treatment coverage in countries lagging most behind in their response.

By using evidence-informed and people-centred approaches, UNAIDS acts as an advocate, convenor and broker to address obstacles at the global, regional and country levels (including legal environments and social determinants) that are hindering access to essential, quality and sustainable care, treatment, support and prevention services.

The UNAIDS in Focus series shows how the Joint Programme puts its mission into practice, delivering results for people everywhere in order to achieve zero new HIV infections, zero AIDS-related deaths and zero discrimination.

# Summary

---

In 2016, the western and central African region faced a disproportionately high level of AIDS-related deaths compared to its share of the global population. Although HIV prevalence was relatively low, very few people living with HIV had access to treatment. In a report with a worrying assessment, Médecins Sans Frontières (MSF) flagged that many countries in western and central Africa faced diminishing chances of reaching the UNAIDS 90–90–90 treatment targets by 2020. As a result, the catch-up plan for western and central Africa was launched to galvanize political attention and put these countries back on track.

The catch-up plan has prompted a wide range of interventions across the region. This case study provides an overview of the four elements of the catch-up plan: its efforts to promote country ownership, increase capacity for service delivery, improve procurement procedures and supply chain management and catalyse increases in funding. It features illustrative examples from the Democratic Republic of the Congo, Liberia, Burkina Faso and the Central African Republic.

This case study highlights how the catch-up plan has accelerated the AIDS response in western and central Africa. UNAIDS remains committed to working with all partners in the region to end the AIDS epidemic as a public health threat by 2030 and to ensure that no one is left behind.

# A region lagging behind

---

“The catch-up plan provides a pivotal opportunity to anchor governments’ and all partners’ efforts in clearly defined and inclusive country action plans that tackle the many obstacles people living with HIV face every day. We need to end the untenable suffering of people simply trying to access diagnosis and treatment: long queues, empty shelves, insurmountable fees and transport costs, and stigma and discrimination in health facilities.”

Dr Joanne Liu,  
MSF President

In 2016, it became clear that the global AIDS response was failing to reach millions of people in western and central Africa. Without a concerted effort to change the status quo, the region will face a diminishing chance of reaching the UNAIDS 90–90–90 treatment targets by 2020. In May 2016, Médecins Sans Frontières (MSF) released a report calling for action, and a month later, UNAIDS Executive Director Michel Sidibé echoed this sentiment at the United Nations General Assembly High-Level Meeting on Ending AIDS. Although the international community has made tremendous achievements, effectively breaking the trajectory of the AIDS epidemic, progress has been too uneven. Western and central Africa is being left behind.

Western and central Africa face unique challenges. Although the region has a low prevalence overall, with less than 3% of adults living with HIV, two thirds of adults do not have access to life-saving antiretroviral therapy (Figure).

---

## 90–90–90 treatment targets

By 2020, 90% of all people living with HIV will know their HIV status.

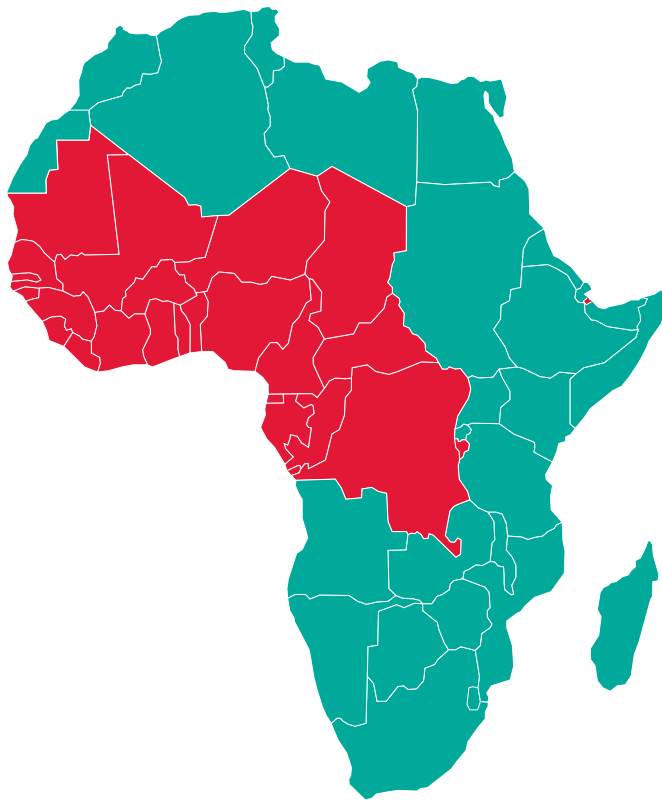
By 2020, 90% of people living with HIV who know their status are accessing treatment.

By 2020, 90% of the people receiving treatment have suppressed viral loads.

---

---

**Figure 1.** The HIV epidemic in western and central Africa in 2016



4.9 million people live with HIV

58 % of those who needed antiretroviral therapy have no access to treatment

More than 180 000 AIDS-related deaths, and 280 000 new HIV infections, a year

Source: AIDSinfo

**Figure 2.** The weight of western and central Africa in the global epidemic in 2016



The AIDS response has historically focused on the countries with the highest prevalence, and yet almost half of all people living with HIV reside in areas where adult HIV prevalence is less than 5%. The people living with HIV in these countries risk being overlooked by governments and partners who do not consider HIV a priority. This troubling dynamic has become especially acute in western and central Africa. The region accounts for 30% of the people dying from AIDS-related causes worldwide despite its comparatively low HIV prevalence.



# Scaling up treatment by 2018

---

As a response to the treatment crisis in the region, countries in western and central Africa, in collaboration with the international community, initiated a series of interventions to ensure that the region catches up with the rest of Africa. In tandem with France, Luxembourg and WHO, and in close collaboration with PEPFAR and the Global Fund, efforts have been made to focus international attention and to work with countries to address bottlenecks and scale up treatment. To this end, the catch-up plan aims to achieve the following targets by June 2018.

---

## Targets of the catch-up plan

At least 850 000 people already diagnosed as living with HIV but not yet enrolled in care, including 60 000 children, are receiving sustained high-quality antiretroviral therapy by the end of 2018.

An additional 250 000 people living with HIV but unaware of their status, including 60 000 children, are tested, know their HIV-positive status and are linked to sustained high-quality antiretroviral therapy by mid-2018.

An additional 100 000 pregnant women living with HIV are diagnosed and provided with antiretroviral therapy for themselves and their baby by the end of 2018.

---

Since each country requires a tailored response, country-specific strategic plans are drafted to supplement existing strategies. In doing this, UNAIDS works to ensure that all relevant stakeholders are engaged and that national strategies hear and reflect the voices of people living with HIV, key populations and civil society. Reflecting the common structural challenges in the region, however, each of the tailor-made plans is united by four broad focus areas: promoting country ownership, tangibly increasing capacity in service delivery, improving procurement procedures and supply chain management and catalyzing increases in funding.

**Figure 3.** The Catch Up Plan 4 pillars



# The power of community in DRC

---

The situation in the Democratic Republic of the Congo (DRC) exemplifies many of the challenges facing the AIDS response in western and central Africa. For over a decade, the Democratic Republic of the Congo faced one of the most destructive conflicts in recent history. The International Rescue Committee estimates that

3.3 million people died from 1998 to 2002, and an additional 2.1 million deaths due to persisting violence have occurred after the formal end of the war (2002- 2007). According to the World Bank and the UN Human Development Index,

it is considered as one of the most fragile states in the world. The country has therefore confronted considerable challenges in building sustainable health-care infrastructure and has struggled to provide treatment to an increasing number of people living with HIV. According to the Council on Foreign Relations, most regions have stabilized, but several areas continue to face violence from rebel groups, and sexual violence against women and girls is widespread.

In the Democratic Republic of the Congo, HIV-related stigma is high and few health facilities offer antiretroviral therapy, resulting in low access to treatment and challenges in long-term treatment adherence. By mid-2017, only 195 000 of the more than 370 000 people living with HIV were receiving treatment.

In addition, 13 000 people acquired HIV and 19 000 people died from AIDS- related causes in 2016.

UNAIDS and its partners are working to bring the attention of the international community to countries like the Democratic Republic of the Congo and to offer support in radically increasing the number of people accessing treatment.

Adopting differentiated care models is key to this effort.

---

## Differentiated care

People living with HIV come from all walks of life and therefore have very different expectations, needs and constraints. Differentiated care is a client-centred approach that simplifies and adapts HIV services across the cascade of care. Providing differentiated service delivery recognizes the diversity of people living with HIV and that not everyone feels comfortable in formal health-care settings. By multiplying and adapting the different ways in which people can access both testing and treatment - their need for interaction with health care providers depending on the stability of their health status -, differentiated care models aim to give priority to the needs of people living with HIV.

---

## **Expanding treatment through community-based care**

Global evidence illustrates that community health-care models are a powerful force for increasing access to essential health services, especially for marginalized people and key populations, which face high barriers to care. UNAIDS advocates community health programming as a cornerstone of sustainable treatment models.

In 2010, MSF piloted community distribution points for antiretroviral medicine in Kinshasa as a novel means of treating many people living with HIV without overburdening clinics and hospitals. These distribution points are called PODIs (points de distribution communautaires). Adults living with HIV come in every three months to have their weight monitored and receive treatment. Once a year, a health facility follows up progress with viral load testing. This approach has numerous benefits. For instance, easy access to treatment means more autonomy and fewer days wasted in hospital waiting rooms. Crucially, services are also delivered in complete confidentiality. Overall, PODIs promise a more efficient division of labour that benefits both service providers and people living with HIV.

MSF's trial in Kinshasa generated promising results, with just three PODIs allowing more than 2300 people living with HIV to start their treatment. These projects boasted high retention rates, with 98% still taking medication after six months and 95% after 12 months.

In drafting the catch-up plan for the Democratic Republic of the Congo, UNAIDS and its partners sought to capitalize on these promising results. By brokering government investment, UNAIDS has been able to support the creation of 10 new PODIs and a projected additional 20 before 2018. By replicating and scaling up MSF's successful pilot programme, 2.8 million people have already been tested, and tens of thousands can begin reliable treatment.

Apart from supporting innovative treatment methods, UNAIDS also coordinated the training of 7000 health-care providers and civil society members to actively search for people who had been previously diagnosed as HIV-positive and were on the list of people pre-antiretroviral therapy. Once identified, these individuals were given immediate access to antiretroviral therapy and treatment for opportunistic infections.

## **Mobilizing funds**

Although international funding for the AIDS response has remained flat globally, UNAIDS has used its political influence to unite multiple partners and encourage the mobilization of additional domestic resources. By identifying gaps and offering donors a clear and politically endorsed strategy to address these shortcomings, adequate funding commitments have been made to support the country's strategy through 2020.

PEPFAR has strongly supported the catch-up plan. Its commitment will contribute to achieving 62% of the targets of the catch-up plan, and it allocated US\$ 71 million to implement the PEPFAR country operational plan for 2017. UNAIDS has also worked closely with the Global Fund, which allocated up to US\$ 230 million for 2018–2020 to cover the forecasted gap. This stabilized financial context provides an enabling environment for accelerating progress on HIV prevention and treatment.

Breakthroughs in the Democratic Republic of the Congo demonstrate what working in partnership can accomplish. By March 2017, 34 500 more people were receiving treatment, putting the country on track to reach the June 2018 target of 80 000 more people receiving treatment, 55% of the people living with HIV.

# Rebuilding amid the aftermath of Ebola in Liberia

---

Liberia was hit especially hard by the Ebola outbreak of 2015. The disease not only caused an estimated 4810 people to die (CDC) but also took a heavy toll on the country's health-care system. As reported by organizations such as the CDC, responses to a wide array of diseases, such as tuberculosis (TB), malaria and HIV, were disrupted, with HIV testing and services for preventing mother-to-child transmission hit especially hard. Although some facilities stayed open, fear of Ebola transmission halted all HIV testing, and accessing the remaining services was a challenge given the restrictions on movement.

In 2016, more than 67% of people in Liberia living with HIV did not know their status, and 81% were not accessing treatment. Nevertheless, the government and international community were determined not to lose track of their commitment to achieving the 90-90-90 targets by 2020 and embraced the challenge of rebuilding.

During the Ebola crisis, the infrastructure required for an efficient and effective distribution system had disintegrated. For instance, many hospital vehicles were used to support the Ebola response and were subsequently abandoned or destroyed based on fear of infection. Institutional mechanisms and oversight into the available resources in the country had largely fallen apart. The situation was exacerbated further by preventable, yet highly destructive, incidents of fire and robbery at storage sites.

The resulting stock-outs of antiretroviral medicine and other medicine led to low confidence in the health system among people living with HIV, whose adherence to treatment was reduced, and low motivation among staff members to test more people. The limited availability of HIV test kits made applying the World Health Organization (WHO) "treat all" recommendation unfeasible. Meanwhile, unreliable access to basic services, hindered by issues such as erratic electricity supply, posed sizeable logistical challenges.

---

## Isaac's story: the last mile

In 2016, the situation in Grand Bassa County was critical, with only 7% of people living with HIV aware of their status and just 6% receiving treatment. Because of the lack of infrastructure one county district supervisor, Isaac, regularly has to wade through a river for five hours, transporting supplies by hand, to bring essential medicines such as vaccines and antiretroviral medicines. Such deficiencies in the health-care system are decisive factors in the region's struggling AIDS response. The rainy season presents major challenges for the last-mile delivery of supplies in most of Liberia's counties.

---

“I have full confidence that the catch-up plan for western and central Africa, and the joint efforts and solidarity among countries and the international community, will take us to our objectives and contribute to ending the AIDS epidemic by 2030.”

Ellen Johnson Sirleaf,  
former President of Liberia

The first task for Liberia’s government was to resume HIV treatment across the country. The catch-up initiative offered a welcome opportunity to realign the AIDS response with the new reality on the ground. With the technical support of WHO and UNAIDS, the government conducted a needs assessment to identify gaps and tailor its response to HIV. A plan was developed under the leadership of the National AIDS Council and Ministry of Health in collaboration with the

United Nations, development partners, faith-based organizations and civil society organizations. The plan focused on supply chain management; developing community care and differentiated models of care; and improving access to treatment.

Globally, UNAIDS advocates for a location- and population-based approach to ensure an effective and Fast-Track response. In Liberia, this was translated into an approach that supported the acceleration of the country’s response in three counties with a high burden of HIV infection: Montserrado, Margibi and Grand Bassa. These counties together account for more than 70% of the HIV burden in Liberia and have treatment coverage below 30% and very few opportunities for viral load testing. Today, Liberia’s Minister of Health, supported by the Global Fund, has made reliably supplying these counties with the necessary medication a top priority. Subsequently, operational plans have shifted to the county level, in which a differentiated approach is used to target key areas and populations. County health teams are now leading and coordinating the response with the support of civil society.

Under government leadership, UNAIDS, WHO and the Global Fund are working together to ensure that Liberia’s counties with a high burden of HIV infection have a robust pipeline of medicine and supplies. The country has shown ambition to build on this progress and go further, as illustrated by its decision to raise its 2018 treatment coverage target from 30% to 50%. By aligning strategies and funding, UNAIDS and the Global Fund have been able to efficiently use the available resources and make a tangible difference.

The improvements in supply chain management will not only benefit the AIDS response. Improved infrastructure will enable a wide range of other treatments such as antibiotics, TB and malaria medication and test kits to be made readily available. Liberia’s health system cannot be rebuilt overnight; this requires significant investment beyond the Global Fund, but substantial progress shows that the country, supported by UNAIDS, is committed to reaching the 90–90–90 treatment targets everywhere, and that doing so will positively affect people living with HIV and more broadly public health in general.

# A powerful advocacy tool in Burkina Faso

---

At the end of 2016, despite a decline in new HIV infections, progress was insufficient in Burkina Faso. Although the government had adopted an ambitious national strategy, implementation was slow and more than 38 000 people living with HIV were not accessing treatment. The reason was that antiretroviral therapy was only offered to people with a CD4 count of less than 500 cells/mm<sup>3</sup>: people with an already substantially weakened immune system.

In Burkina Faso, UNAIDS has been able to use the catch-up plan as a potent advocacy tool. Leveraging its vision, targets and strategies has enabled political support to be built and domestic and international funding efforts for the country to be re-energized. The renewed sense of urgency in the region provided the necessary impetus to bring the government, United Nations agencies and partners and civil society together to carry out collaborative analysis of the region's needs and devise a way forward.

UNAIDS kick-started a highly participatory process to evaluate the country's progress and remaining gaps. The establishment of a technical working group, followed by inclusive consultations with all stakeholders, led to the development of a catch-up strategy under the auspices of the National AIDS Council. The new plan sought to draw upon a wide range of expertise by inviting contributions from United Nations agencies such as WHO, UNDP and UNICEF, community-based organizations, networks of people living with HIV and representatives of key populations.

The government embraced the opportunity to take action and paid attention to feedback and suggestions. Changes and innovations that significantly influence treatment coverage were then implemented. The needs of the many diagnosed people living with HIV who still cannot access treatment are now being addressed by rolling out the WHO "treat all" recommendation across the country. As a result, 90% of the people who have tested HIV-positive, including the 25 000 awaiting treatment, are expected to be receiving antiretroviral therapy by the end of 2018.

Similarly, the catch-up plan for western and central Africa catalyzed nationwide training programmes to increase the number of health-care professionals involved in the AIDS response. The government committed to overcome the hurdle created by allowing only physicians and nurses to administer antiretroviral therapy. The government is also working towards ensuring that every village in the country has at least two community health-care workers.

Supportive of the clear framework provided by the catch-up plan, international donors doubled down on their commitments and financial support. An additional US\$ 14 million was pledged to the country's AIDS response during a fundraising round-table in June 2017. In particular, the Global Fund has committed additional funds, 20% more than the initial grant.

In Burkina Faso, the catch-up plan has exemplified the benefits of the UNAIDS joint working model. The highly participatory drafting process ensured wide support from all sectors of society. Further, the commitment of the government to extend the catch-up plan strategy beyond its 2018 framework powerfully testifies to the plan's political potency.



# Differentiated care in the Central African Republic

---

“We are facing a serious issue of very low coverage of antiretroviral therapy in western and central Africa, leading to unacceptable loss of lives. Gone are the days when HIV was considered a death sentence. Individuals receiving treatment can lead healthy and productive lives. The catch-up plan demands that each and every individual in the region be given this chance.”

Matshidiso Moeti,  
WHO Regional Director for Africa

In 2013, violence between Séléka and anti-balaka militias led the Central African Republic to be classified a level 3 humanitarian crisis by the United Nations.

According to several reports, the widespread fighting forced almost half of the capital's population to flee into makeshift camps, and more than 100 000

individuals sought refuge in the city's airport. WHO reported that this crisis had exacerbated problems across the country's already struggling health system and left millions without basic services. Ranked as the country with the lowest UNDP Human Development Index, the Central African Republic could not maintain

HIV programmes in a rapidly deteriorating security situation. As infrastructure collapsed and health-care professionals fled, the escalating violence halted the country's AIDS response.

After this substantial setback, rebuilding quickly was vital. To support the new government, UNAIDS worked under the auspices of the National AIDS Council and the Ministry of Health to mobilize partners such as WHO, MSF and the French Red Cross towards renewing the response to HIV. This kick-started an extensive mapping process to take stock of the situation and better focus the use of resources. Observing how people used services, the capacity of clinics and the demands of communities enabled both substantial shortcomings and areas of great potential to be highlighted.

The resulting national strategy focuses on scaling up differentiated and simplified models of care to reach more diverse populations and boost retention rates. In the Central African Republic, this means integrating community support networks with formal health-care systems. Thanks to the mapping communities of people living with HIV, family members and volunteers who were both capable of and willing to play a greater role were identified.

A good example is the community members, who draw on their local knowledge and status as members of the community to spread important information and follow-up with people who begin to miss their treatment appointments. Involving community members also plays a vital role in fighting HIV-related stigma.

To support efforts in simplifying care, UNAIDS is involved in a countrywide effort to transform testing clinics into one-stop shops for holistic health care. The goal is to be able to provide all the necessary services in one place. This integrated care benefits not only people living with HIV but also the entire health system. For example, housing testing and treatment in the same facility makes following the WHO “treat all” recommendation more straightforward, and a more holistic approach improves the integration of HIV and other services, such as TB.

The increasing emphasis on simplifying treatment stems from a more nuanced understanding of the needs and constraints of people living with HIV. By minimizing the number of visits to the health center required of people on ART, the Central African Republic seeks to prevent people from falling between the cracks of the health system.

# Looking ahead

---

Since 2016, a concerted and focused effort has been made to accelerate the response to the HIV epidemic in western and central Africa. More than 10 countries have had new strategies and plans endorsed at the highest political level, laying the foundation for a strong increase in treatment coverage. Treatment scale-up in the western and central African region has been significant. During the first half of 2017, in the eight countries where initial efforts have been first focused, the number of people on treatment has increased by nearly 10% (from 1.6 million to 1.8 million). Moreover, clear targets, goals and strategies have enabled greater funding to be mobilized. The Global Fund and PEPFAR were swift in reallocating approximately USD 220 million over 2016-2017 for the implementation of the catch-up plan in 10 countries.

Nevertheless, the situation remains fragile. UNAIDS now aims to focus on a series of key reforms that have been at the heart of progress in other parts of Africa. These include removing user charges for health-care services, introducing differentiated service delivery models and mainstreaming the WHO test-and-treat guidelines.

Several specific areas require special attention in the future to maintain the current progress.

- HIV testing for infants, adolescents, young girls and adult men.
- Treatment coverage among children needs to be given priority to compliment the gains made in preventing the mother-to-child transmission of HIV.
- Stigma and discrimination remain persistent hurdles in improving access to treatment.
- Increasing the demand for HIV testing services is key to enabled previously underrepresented groups to access treatment.
- The risk of stock-outs must be taken seriously as the number of people starting treatment increases, and there is greater risk of resistance to ART drugs. Urgent attention should be focused on strengthening procurement and supply management across the region.
- Ensuring the highest quality of care for millions of people living with HIV will require further integrating HIV into broader health systems: for example, ensuring that everyone living with HIV is screened for TB and vice versa.

There is also an urgent need to revitalize the place of civil society in the AIDS response, both globally and in the region. The catch-up plan can only succeed through a joined-up approach building upon a strong and coordinated civil society response. UNAIDS will look to establish a strategic coalition gathering the main regional civil society institutions to facilitate the development and implementation of national civil society plans to accelerate efforts in the region.

Limited access to HIV treatment in western and central Africa is not just a public health challenge but also a fundamental injustice. The Sustainable Development Goals centre around the commitment to leave no one behind, and this means redoubling our efforts to reach those most in need. Today, millions of people are living long and healthy lives with HIV. The catch-up plan is a concrete effort to ensure that the gains of the response to HIV benefit everyone in relation to every person's right to health.





Copyright © 2017  
Joint United Nations Programme on HIV/AIDS (UNAIDS)  
All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. UNAIDS does not warrant that the information published in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

UNAIDS/ADVANCED UNEDITED VERSION

**UNAIDS**  
**Joint United Nations**  
**Programme on HIV/AIDS**

20 Avenue Appia  
1211 Geneva 27  
Switzerland

+41 22 791 3666

[unaids.org](http://unaids.org)