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Western and Central Africa

Regional report 2018-2019

Contents

Progress towards the Fast-Track priorities and targets

Regional priorities/ targets (by end-2019)	**Status**	**Results** (end-2019)
Treatment cascade––Overall treatment cascade increased from 48% to 80% for testing, 40% to 70% for treatment, 25% to 60% for viral load suppression, balancing specific needs of men, women and children, including pregnant women. [Baseline year: 2015]	• WITHIN REACH	Western and central Africa countries have achieved around 64%–79%–75% by end 2018.
Prevention—At least 80% of young people, key populations, as well as young women and adolescent girls and other vulnerable groups have access to combination prevention services in 7 Fast-Track countries.	• SLOW PROGRESS	There has been progress among young people, but key populations are still missed in many of the large countries. Sex workers' access to services is well-monitored. Data on combination prevention are not available at regional level. Available data on prevention programme for Sex Worker and MSM for some countries: Female sex workers: Burkina Faso (46.8%), Cote d'Ivoire (96.2%), Niger (59.1%) MSM: Burkina Faso (76.4%), Cote d'Ivoire (39.1%), Guinea (17.1%), Niger (46.4%), Senegal (6.4%) *[Source key population Atlas]*
Enabling Environment—All western and central Africa countries specially the 7 Fast-Track countries demonstrate real progress towards the 10 Fast-track commitments.	• SLOW PROGRESS	Good progress has been made in community and CSO engagement and domestic resources have been mobilized by leaders by the end of 2019. In 2018, US$739 million (24% of HIV total spending) were coming from domestic sources (public and private).

Joint Programme contributions and results

HIV testing and treatment—*technical support, capacity building, policy advice (UNHCR, UNICEF, WHO)*

As of 30 June 2019, 2 714 148 million people were receiving ART in western and central Africa, which is equivalent to 54% of the estimated total number of people living with HIV (5 million). Access to ARVs among those who know their status varies amongst countries in the region—for example, 92% in Democratic Republic of Congo to 52% in Liberia.

In order to promote integration of Nutrition Assessment, Counselling and Support in HIV care, the development of national nutritional guidelines for people living with HIV/TB were supported in five countries (Chad, Guinea, Guinea Bissau, Mali and Sierra Leone), resulting in more than 2200 health workers and community agents being trained on the guidelines.

EMTCT—*technical support (UNICEF, WHO)*

In western and central Africa, 47% of countries are on-track with integrating point-of-care HIV diagnosis and viral load monitoring technology into national laboratory systems to scale-up early infant diagnosis (EID) and improve linkage and retention on ART for children living with HIV and their parents. However, the ARV coverage among children (28%) and rate of EID (29%), in 2018 are still very low in the region.

HIV prevention among young people and key populations—*policy dialogue, coordination and technical support, partnerships (UNDP, UNFPA, UNODC, UN Women, UNESCO, IOM)*

Key populations and their partners represent 64% of all new infections in western and central Africa. At least 80% of key populations in 15 Fast-Track cities in the region have access to HIV combination prevention services, with work ongoing to achieve Ministerial endorsement of a regional ECOWAS strategy for key populations on HIV, TB, viral hepatitis and sexual reproductive health and rights. A draft strategy and monitoring and evaluation framework have been developed and a regional consultative meeting was convened to gather inputs on the draft documents.

Regional efforts to ensure improved access to comprehensive sexuality education and SRHR services for adolescents and young people engaged a broad range of stakeholders (including policymakers, CSOs and youth organizations), who agreed upon a roadmap and work towards a regional Ministerial commitment on CSE and SRH services for adolescent and young people in western and central Africa, which is expected by the end of 2020.

Enabling environment for the HIV response—*policy advice, technical support, capacity building (UNHCR, UNDP, UN Women, UNAIDS Secretariat)*

Seven countries (Benin, Cameroon, Côte d'Ivoire, Ghana, Senegal and Sierra Leone) in the region have been able to develop five-year plans for comprehensive national responses to rights related barriers, with the support from a virtual review team of experts and leveraging the Global Fund Catalytic Rights Initiative. Support provided to country stakeholders during human rights crises facilitated access to rapid response mechanisms and helped ensure that those arrested have legal representation.

The Stigma Index 2.0 has been initiated in three countries, with six other countries selected to pilot the new methodology. Work is ongoing to add more countries, with financial support from USAID.

Six countries in western and central Africa have implemented the HIV/Handicap Projects, including a bio-behavioural survey to better understand the situation of men and women with disabilities in western Africa regarding HIV. The data collected are disaggregated by type of disability and gender. The results have informed advocacy on inclusion of disability in the national strategic plan (Burkina Faso, Guinea Bissau, Mali and Senegal).

Contribution to the integrated SDG

A joint mission to fragile states (including Central African Republic, Cameroon, Chad and Democratic Republic of Congo) in early 2019 facilitated consensus on enhanced integration within the Health Sector, particularly regarding HIV, TB and cancer. User fees were also identified as a critical issue in Cameroon. Following advocacy with the Ministry of Health, progress towards their removal has been made at national level.

The ICASA meeting in Kigali in December 2019 stimulated dialogue, partnership and exchange of best practices on the mobilization of domestic resources between countries in the region (Cameroon, Côte D'Ivoire, Guinea and Nigeria).

Challenges and bottlenecks

A range of challenges have been identified.

- Western and central Africa countries are experiencing several political, social, humanitarian and security crises, which affect their health systems and HIV responses.

- Access to social protection and support for people living with HIV or key populations remain a challenge in the region, with a lack of social insurance, health insurance and social assistance (either cash or in-kind) for people living with HIV—including support for single parents living with HIV or orphans and vulnerable children. Widespread hostile legal and social environments are also creating barriers for key populations accessing standard testing and HIV treatment services. Comprehensive prevention programmes do not sufficiently address key populations' needs.

- Lack of a well-integrated package for PMCT/point-of-care EID in health systems, coupled with weak procurement supply and management in most countries leads to the stock out of diagnostic commodities and medicines for children. This jeopardizes acceleration efforts for PMTCT and paediatric ART.

Key future actions

- Strengthen health system support towards sustainable and resilient systems for health in western and central Africa; support integration of point-of-care, viral load testing and EID in maternal and child health in 10 Fast-Track countries.

- Provide technical support for national "Free to Shine" campaigns, as well as capacity building for stakeholders, adolescent girls and young women and communities for PMTCT/EMTCT in Cape Verde, Côte d'Ivoire and Nigeria.

- Support countries in implementing comprehensive treatment and care packages that include nutrition support.

- Address shortages of funding for humanitarian response in the region.

- Leverage partnerships with private sector and civil society and advocate collectively for social protection mechanisms.

- Support countries in integrating HIV in contingency plans, based on the regional roadmap on HIV in humanitarian contexts.

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